Dr. David

RECEIVED JAN 10 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 001
Local Reg. No. 3
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2402 No 28th

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Francis
c. (Last): Oakes

4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ---------
8. DATE OF BIRTH: Mar.3,1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days 28; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ 02
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Frederick Oakes — BIRTHPLACE: Kuna, Ida.
14. MOTHER'S MAIDEN NAME: DeLoa Johnson — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------ (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X James F. Oakes — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

500X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Tracheo-Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetermined. — —
DUE TO (c): — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1952, *to* 1-2, 1952, *that I last saw the deceased alive on* 1-1, 1953, *and that death occurred at* 12:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 08P L C David MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 1-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 002
Local Reg. No. 4
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1114 Alturas Street

3. NAME OF DECEASED (Type or Print)
a. (First): BERNIECE
b. (Middle):
c. (Last): BLOOD

4. DATE OF DEATH (Month) (Day) (Year): January 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 9, 1888

9. AGE (In years last birthday): 64-7-22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectioner 35

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Osborne, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs. C. O. Smith 1811 Wash. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alzheimers Disease — 7 —
DUE TO (c) Arteriosclerosis — 7 —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-19-, 19[illegible], *to* 1-1-, 1953, *that I last saw the deceased alive on* 1-1-, 1953, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson 398

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/5/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 003
Local Reg. 1
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1914 N. 20th.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) EDMUND c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 8, 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Dickens, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Albert O. Miller — BIRTHPLACE: Potsdam, New York

14. MOTHER'S MAIDEN NAME: Bertha I. Stone — BIRTHPLACE: Rutledge, Vermont

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Helen M. Ames — ADDRESS: 1914 N. 20th. Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Cardiovascular Renal disease — 2

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10/6, 1952, *to* 1/2, 1953, *that I last saw the deceased alive on* 1/2, 1953, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Davidson, M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 004
Local Reg. No. 5
Reg. Dist. No. 370

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 905 North 21st Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	E.	DON	COPPLE	Jan. 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov. 4, 1911	41-1-28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian-Blue Cross Animal Hosp.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Okanogan, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elbert R. Copple-Centralia, Illinois — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Sarah Maude Downs-Olena, Illinois — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Alyce Copple — ADDRESS: Boise Idaho 905 N 21

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic anemia — INTERVAL BETWEEN ONSET AND DEATH: (?) 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Dec 30, 1952 to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 10:55 P.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner	M.D.	105 N. 8th St. Boise, Idaho	1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/5/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-8-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 005
Local Reg. No. 6
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1912 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): EDWIN
c. (Last): TUCKER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1878
9. AGE (In years last birthday): 74-1-14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monson, Massachusetts
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilson M. Tucker — BIRTHPLACE: Monson, Mass.
14. MOTHER'S MAIDEN NAME: Cecelia Burtt — BIRTHPLACE: Connecticut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gladys T. Tucker — ADDRESS: Boise Idaho 1912 State St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart Disease — 18 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1937 *19*, *to* Jan 2, 1953, *that I last saw the deceased alive on* Dec 10, 1952 *and that death occurred at* 1:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 056 MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 006
Local Reg. No. 14
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 24 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2111 Courley St.

3. NAME OF DECEASED (Type or Print): a. (First) Veda b. (Middle) Elouise c. (Last) Lonkey

4. DATE OF DEATH (Month) (Day) (Year): January 3-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 29, 1903

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Cokeville, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alonzo L. Roler — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Margaret Herbold, — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary L. Lonkey — ADDRESS: 2111 Gourley St. Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra Cranial Tumor Cerebral Angina — INTERVAL BETWEEN ONSET AND DEATH: unk 15 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intra Caanial Tumor unclassified — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 3, 1953, *that I last saw the deceased alive on* Jan 3, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Kunty MD — **23b. ADDRESS**: Meridian Ida — **23c. DATE SIGNED**: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan. 7, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Canyon Hill — **24d. LOCATION** (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. FUNERAL DIRECTOR**: Peckham-Pakan Chapel — **ADDRESS**: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-15081

Certificate of Death

STATE OF IDAHO

State File No. 007
Local Reg. No. 17
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Brian
b. (Middle): Neil
c. (Last): Doran

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 31, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Noehl Doran — BIRTHPLACE: Burlington, Wash.
14. MOTHER'S MAIDEN NAME: Barbara Hill — BIRTHPLACE: Buhl, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Noehl Doran — ADDRESS: Mtn. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1952, *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3-53, 19___, *and that death occurred at* 800p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank L Fletcher MD
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5, 53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Ida
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Poindexter

Certificate of Death

STATE OF IDAHO

State File No. 008
Local Reg. No. 1
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (If in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1814 Kerr St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1814 Kerr St.

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Nelson
c. (Last) Forrey

4. DATE OF DEATH (Month) (Day) (Year) Jan 4 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 23, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Jewel County, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry B. Forrey — BIRTHPLACE: Marshall C. Ind.
14. MOTHER'S MAIDEN NAME: Julia Ann Reed — BIRTHPLACE: Marshalltown, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Mrs Etta Forrey — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9/8, 1952, *to* 1/4, 1953, *that I last saw the deceased alive on* 12/13, 1952, *and that death occurred at* 10:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. Poindexter, M.D. (Degree or title) 311
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Kuna
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 1-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, boise, idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mather

RECEIVED
JAN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 009
Local Reg. No. 2
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 507 Boise Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 507 Boise Ave

3. NAME OF DECEASED (Type or Print): a. (First) Herbert b. (Middle) Spencer c. (Last) Pirrong

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 53

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 18, 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant retired

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Wewahitchka, Florida

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John D. Pirrong
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Emma Spencer
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE + John L. Pirrong
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ventricular fibrillation — | INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis | 12/2/52
DUE TO (c) arteriosclerotic heart disease with decompensation | Nov 1/52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/24, 1952, *to* Jan 4, 1953, *that I last saw the deceased alive on* Jan 3, 1953, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A Mather (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder Idaho

DATE REC'D BY LOCAL REG.: 1-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell Helyea
ADDRESS: 318 N. Latah
Helyea Mortuary
Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 010
Local Reg. No. 9
Reg. Dist. No. 376

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 512 Shoshone Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LEFFINGWELL
c. (Last): HATCH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1905
9. AGE (In years last birthday): 47-3-19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bio-Chemist. U.S. Vet'ns.Adm.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manhattan, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 82 — BIRTHPLACE: John Leffingwell Hatch-Rochester, N.Y.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Nancy L. Gasser Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 116-09-7703
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Pearl L. Hatch, 512 Shoshone St. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Disease — few yrs.?
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I did not attend the deceased from* —, 19—, *to* —, 19—, *that I never saw the deceased alive on* —, 19—, *and that death occurred at* 2:p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Newcombe M.D.
23b. ADDRESS: 512 N. 16 St. Boise Idaho
23c. DATE SIGNED: 1.6.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/8/53 04
24c. NAME OF CEMETERY OR CREMATORY: St. John's, Morris Hill
24d. LOCATION (City, town, or county) (State): Cemetery, Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-1050

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 011
Local Reg. No. [illegible]
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2211 Division Street

3. NAME OF DECEASED (Type or Print)
a. (First): BABY BOY
b. (Middle):
c. (Last): SCHAFFER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 5, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William L. Schaffer
BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Virginia May Taylor
BIRTHPLACE: Aberdeen, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William L. Schaffer
ADDRESS: 2211 Div.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5, 1953, *to* 1/5, 1953, *that I last saw the deceased alive on* 1/5, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max F. Bell, M.D. 046
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 012
Local Reg. No. 21
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 2 4 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 912 Hays Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDITH	ALICE	MC REYNOLDS	January 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 25, 1878	74-5-11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home 01		Albert Lea, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. B. Wright	West Glover, Vermont	Alice Wood	Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs Harold Ogle	1519 Harrison Blvd. Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — Lifetime
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Jan, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Kirkbride 051 M.D.	401 Idaho St. Boise, Ida	1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/8/53 01	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-20-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 013
Local Reg. No. 16
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 24 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 518 North 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): W.
c. (Last): MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1880
9. AGE (In years last birthday): 72-8-21 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman and farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Golden City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fonce Morgan
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: H. B. Morgan
ADDRESS: Mtn. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Benign Prostatic Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Jan 7, 1953 *that I last saw the deceased alive on* Jan 5, 1953 *and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Clifford md
23b. ADDRESS: Idaho St Boise Ida
23c. DATE SIGNED: Jan 11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-1952

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 014
Local Reg. No. 20
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1300 Owyhee Street

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) GIRL c. (Last) POTTS

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Jan. 12, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours 3½ / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME | BIRTHPLACE: Robert M. Potts | Coeur d'Alene, Idaho

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Shirley Jones | Seattle, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Robert M. Potts | 1300 Owyhee St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 11, 1953 *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953 *and that death occurred at* 3:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T Swinehart MD

23b. ADDRESS: 200 E. Bannock St Boise

23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 1/16/53

24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 015
Local Reg. No. 10
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 24 1953
DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 34 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1720 HELEN ST.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Constance c. (Last) Tadlock

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) '53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	6-19-1870	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country): CLEARFIELD, PENN
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. W. CARNS — BIRTHPLACE: CLEARFIELD, PENNA
14. MOTHER'S MAIDEN NAME: MARTHA JUNE BRADLEY — BIRTHPLACE: CLEARFIELD, PENN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ******
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio Pneumonia 491X — INTERVAL BETWEEN ONSET AND DEATH: Few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 1952, *to* 1-11, 1953, *that I last saw the deceased alive on* 1-11, 1953, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 424	305 Fort St. Boise	1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1-14-52 01	CLOVERDALE MEMORIAL	BOISE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-14-53	Myrtle Palmer	RELYEA MORTUARY [signature] Russell A. Relyea	318 N. LATAH Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 013
Local Reg. No. 13
Reg. Dist. No. 370

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 38 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6125 Fairview Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Victor; b. (Middle); c. (Last) Yee

4. DATE OF DEATH: (Month) Jan. (Day) 11th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Chinese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 4. 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: 1; Days: 7; IF UNDER 24 HRS. — Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Yick Yee — BIRTHPLACE: China

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: China

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred Dettman — ADDRESS: Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital Heart Disease — 6 wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None - Possible Bronchopneumonia 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 19 52, to Jan 12, 19 53, *that I last saw the deceased alive on* Jan 11, 19 53 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 13th. 52

24c. NAME OF CEMETERY OR CREMATORY: Chinese Section. M. Hill.

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson

ADDRESS: Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 017
Local Reg. No. 19
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2141 North 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): P.
c. (Last): PRUITT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 26, 1875
9. AGE (In years last birthday): 77-11-16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wool buyer 36
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Galesberg, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Duke Pruitt — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Athaline Thompson — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-0435
17. INFORMANT'S OWN SIGNATURE: Bertha A. Smith — ADDRESS: 2141 N. 15th St - Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 11/1, 1937, *to* 1/12, 1953 *that I last saw the deceased alive on* 1/6, 1953, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Bainbridge, M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): 2 Cremation
24b. DATE: 1/15/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 016
Local Reg. No. 12
Reg. Dist. No. 370

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City.
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) Melvin; b. (Middle); c. (Last) Wiegel

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 6th. 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Propr. Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sandusky Ohio.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Claude V. Marcus
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years
DUE TO (c) Chronic nephritis — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1953, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe B Ward M.D.

23b. ADDRESS: Boise. Idaho

23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 17.1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS

by J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 019
Local Reg. No. 15
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 4 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 333 North 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANCIS b. (Middle) FREDRICK c. (Last) BINGGELI

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 3, 1882

9. AGE (In years last birthday): 70-8-9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burns, Switzerland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Fredrick Binggeli BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Anna Rupp BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712-03-9090

17. INFORMANT'S OWN SIGNATURE: Warren W. Binggeli ADDRESS: 3123 Treasure Drive Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, with — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) total paralysis — 1 week
DUE TO (c) arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1952 *to* Jan 12 *, 1953, that I last saw the deceased alive on* Jan 12 - 53 *, and that death occurred at* 10 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Binggeli M.D. (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/13/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 020
Local Reg. No. 22
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1505 North 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): ROSINA
c. (Last): STURGIS

4. DATE OF DEATH (Month) (Day) (Year): Jan, 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 9, 1859
9. AGE (In years last birthday): 93-6-3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Snow Hill, Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Clayville — BIRTHPLACE: Maryland
14. MOTHER'S MAIDEN NAME: Priscilla Sturgis — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mabel M. Sturgis — ADDRESS: 1505 N. 15th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* Jan 12, 1953, *that I last saw the deceased alive on _____, 19___, and that death occurred at* 6 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel W. Rushholder, M.D.
23b. ADDRESS: 401 Idaho St., Boise, Ida
23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ~~SUMMERS FUNERAL HOME~~
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 021
Local Reg. No. 11
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. 1:

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W.
c. (Last): Kelly

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1874
9. AGE (In years last birthday): About. 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging Industry. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Logan Wakefield — **18. ADDRESS**: Boise.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct mild - Bilat Renal infarcts mild
A lower lobe pneumonia (mild), Ca of prostate -

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — several yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 11, 1953 *and that death occurred at* alt 2A *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John T Bunn Md
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16. 1953.
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — **ADDRESS**: Schreiber-McCann-Gibson. Boise
J. L. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

3-42

Certificate of Death

STATE OF IDAHO

State File No. 022
Local Reg. No. 7
Reg. Dist. No. 371

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2303 Hartman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2303 Hartman

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Ann
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Newtown, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson Pigg — BIRTHPLACE: Newtown, Mo.
14. MOTHER'S MAIDEN NAME: Mary Barbee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Margaret Brass Field — ADDRESS: 521 N. 13th, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic coronary disease. — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Possible pulmonary embolism.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I* 4.8 not *attended the deceased from* _____, 19__, *to* _____, 19__, *that I* never *saw the deceased alive on* _____, 19__, *and that death occurred at* 2:30 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. L. Lewcombe — (Degree or title): M.D.
23b. ADDRESS: 512 N. 16, Boise, Idaho
23c. DATE SIGNED: 1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 023
Local Reg. No. 18
Reg. Dist. No. 370

RECEIVED
JAN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1218 N. 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1318 North 22nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): SOLOMON
b. (Middle): EMMETT
c. (Last): SEVERE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 28, 1878
9. AGE (In years last birthday): 74-0-16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer 19
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grantsville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyman Severe
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Malinda McIntosh
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Emma Severe
ADDRESS: Boise Idaho 1318 N 22nd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of prostate
INTERVAL BETWEEN ONSET AND DEATH: 2 years +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* death, 19__, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 1:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F B Jeppesen M.D. 191
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/15/53 12
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 024
Local Reg. No. 31
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3305 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RALPH	BERNARD	MOONEY	Jan. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 17, 1884	68-11-29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bedford, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Mooney	Unknown	Mattie E. Falconer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 411 Riverside Drive, Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gunshot wound
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	Home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
1 16 53 12:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted Gunshot wound.

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell C. Kelyea 470	Coroner	318 No. Latah Boise Ida.	1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/31/53 21	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-2-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 025
Local Reg. No. 33
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2918 West Ridenbaugh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 518 North 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First): NOLA
b. (Middle): K.
c. (Last): FAIRMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 17, 1866
9. AGE (In years last birthday): 86-11-2
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee Bellebuckle, Bedford County,
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rizdon Knott
BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. John D. Hood
ADDRESS: #10 Hurll Apartment 45 West Idaho Street

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) uncontrolled diabetes — 1 yr.
DUE TO (c) arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1952, 19__, *to* 1-19-53, 19__, *that I last saw the deceased alive on* 1-19-53, 19__, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer MD 381
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/22/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 026
Local Reg. No. 7
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): A PT # 41 EVERGREEN MOTOR COURT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MINNESOTA
b. COUNTY: BLUEWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINNEBAGO
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): BERYL
b. (Middle): AVERY
c. (Last): GUSTA FSON

4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 2-23-1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LINEMAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
11. BIRTHPLACE (State or foreign country): ALPHA, MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: CHARLES HENRY GUSTAFSON-MANSING, IOWA
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: GERDA YOUNGREN STOCKHOKM, SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ~~[illegible]~~ F
16. SOCIAL SECURITY NO.: No Record.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Darrel W Gustafson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Evergreen Motor Court
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 - 19 - 53 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Smoking in bed, resulting in a fire

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea Coroner
23b. ADDRESS: 318 No. Latah, Boise Ida
23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Jan. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Winnebago
24d. LOCATION (City, town, or county) (State): WINNEBAGO MINN.

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: RELYEA MORTUARY 318 N. Latah BOISE, IDAHO
Russell A. Relyea

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. ...
Local Reg. No. 24
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1821 Edgecliff Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): B
c. (Last): COATS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 11, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Burruss — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Phelps — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE x Max Plunke — ADDRESS: 1 Winston Drive San Francisco 27 Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 dys.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/3, 1953, *to* 1/20, 1953, *that I last saw the deceased alive on* 1/20, 1953, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 028
Local Reg. No. 23
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 4 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 1507 North 10th

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midvale
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Romancy c. (Last) Barbee

4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Oct. 9-1868

9. AGE (If over 1 year last birthday) 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Mt. Carmel, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Klont Knaw — BIRTHPLACE Klont Knaw

14. MOTHER'S MAIDEN NAME Klont Knaw — BIRTHPLACE Klont Knaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Will Clark — ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked Kyphoscoliosis — years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1953, *to* Jan 20, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 11 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Roy C. Ashby M.D.

23b. ADDRESS 1320 Vista Ave. Boise

23c. DATE SIGNED 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-21-53

24c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery

24d. LOCATION (City, town, or county) Cambridge (State) Idaho

DATE REC'D BY LOCAL REG. 1-21-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR C. S. Jones — ADDRESS Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 020
Local Reg. No. 25
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4702 Franklin Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CORA	M.	DEFUR	Jan. 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 7, 1869	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Stewartsville, Indiana	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshua Norris	Indiana	Fanny Gwaltney	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Clarence Defur	4702 Franklin Road Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertrophic Arthritis — 10 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1937, *to* 1-21, 1953 *that I last saw the deceased alive on* 1-21, 1953, *and that death occurred at* 9:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. J. Swindell M. D.	Boise Idaho	1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 23, 1953	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-22-53	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 030
Local Reg. No. 34
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle):
c. (Last): STRODE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1871
9. AGE (In years last birthday): 81-1-17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock 51
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Strode — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Sophia Yost — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John W Strode — ADDRESS: 2320 Foothill Dr. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 20, 1953, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice W. Rubholder, M.D. 051
23b. ADDRESS: 401 Idaho St., Boise Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 031
Local Reg. No. 16
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 111 Wilson Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): KEARNS
c. (Last): BOATRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 28, 1869
9. AGE (In years last birthday): 83-2-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eugene, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. H. Gilbert — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dallil Olson 2319 W Jeff — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Jan, 1953, *to* 22 Jan, 1953, *that I last saw the deceased alive on* 22 Jan, 1953, *and that death occurred at* 10:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE 536 (Degree or title): Stewart J. Merrill Mrs
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 1/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 032
Local Reg. No. 26
Reg. Dist. No. 370

BIRTH NO. JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3818 Albion St.

3. NAME OF DECEASED (Type or Print): a. (First) Jacob; b. (Middle) Ellery; c. (Last) Calkin

4. DATE OF DEATH: (Month) (Day) (Year): Jan 23 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 10, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Crescent, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Samuel Newell Calkin

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Adelaide George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Donald F. Calkin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post operative obstruction — 3 days

19a. DATE OF OPERATION: 1/14/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1952 *to* Jan 23, 1953 *that I last saw the deceased alive on* Jan 23, 1953, *and that death occurred at* 11:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Jan 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Maple Grove

24d. LOCATION (City, town, or county) (State): Milford Illinois

DATE REC'D BY LOCAL REG.: 1-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah

RELYEA MORTUARY — BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Smithson

Certificate of Death

STATE OF IDAHO

State File No. 033
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO. JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Elizabeth
c. (Last): Hanson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17. 1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trinity Co. California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Shanks — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Alice Delphine Leach — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Samuel W Rood — ADDRESS: Horseshoe Bend Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Heart Disease - Myocardial Weakness & decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Art. — unk.
DUE TO (c) Arteriosclerosis — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1953, *to* 1-23, 1953, *that I last saw the deceased alive on* 1-23, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson M.D. 39t
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Horseshoe Bend
24d. LOCATION (City, town, or county) (State): Horseshoe Bend Idaho

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J T McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 034
Local Reg. No. 35
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4820 Albion Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): ALVAH
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1884
9. AGE (In years last birthday): 68-2-28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Trunk Factory
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ottawa County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathan A. Hill — BIRTHPLACE: Mercer County, Pa.
14. MOTHER'S MAIDEN NAME: Clara Willis — BIRTHPLACE: Rock Island, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Agnes C. Hill — ADDRESS: 4820 - Albion - Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 21, 1953, *to* Jan 25, 1953 *that I last saw the deceased alive on* Jan 24, 1953 *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rushholder M.D. 051
23b. ADDRESS: 401 Idaho St. Boise Ida
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/28/53 07
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 035
Local Reg. No. 44
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY ELMORE ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (in this place) 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ALPHONSES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JACOB
b. (Middle) WINFRED
c. (Last) STUMP

4. DATE OF DEATH (Month) JAN. (Day) 26. (Year) 53

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCT. 13 1'8 92
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABEROR 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) EDISON NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ABRAMHAN STUMP
BIRTHPLACE INDIANA
14. MOTHER'S MAIDEN NAME EDITH OSBORN
BIRTHPLACE ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-12-6832
17. INFORMANT'S OWN SIGNATURE Myrtle Robbins
ADDRESS JEROME IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. ~~26~~ 25, 1953, *to* ~~Saturday~~ Jan. 26, 19__, *that I last saw the deceased alive on* Jan. 26, 1953, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Frazier, M.D. 523 (Degree or title)
23b. ADDRESS Eastman Bldg Boise, Idaho
23c. DATE SIGNED 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3
24b. DATE JAN 26. 53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) MOUNTAIN HOME (State) IDA.

DATE REC'D BY LOCAL REG. 2-11-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR BEY MORTUARY
ADDRESS MOUNTAIN HOME
Clyde E. Summers

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 036
Local Reg. No. 18
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2901 Gem Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1022 E. Jefferson St.

3. NAME OF DECEASED (Type or Print): a. (First) LULU b. (Middle) MC VEY c. (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 8, 1865

9. AGE (In years last birthday): 87-11-18 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McVey, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley McVey — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Nancy Patton — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Violet M. Delana Boise Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Jan 26, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Munson 197 (Degree or title): MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/29/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 037
Local Reg. No. 49
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 423 Denver St.

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Ray
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): January 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 20, 1883
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 11, Days 6
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Turlock, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lander, BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Alice Baker, BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Mrs. Earnest Sims, ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ulcerative Colitis — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Ulcerative Colitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-19-53
19b. MAJOR FINDINGS OF OPERATION: Indurated reddened serosa of all colon.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1952, *to* 1-26, 1953, *that I last saw the deceased alive on* 1-26, 1953, *and that death occurred at* 3:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Parkinson 305
23b. ADDRESS: 207 N. 3rd Boise Idaho
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Beckham-Dakan Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 038
Local Reg. No. 45
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 623 S. 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle):
c. (Last): O'SHARN

4. DATE OF DEATH: (Month) (Day) (Year): January 27, 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 2, 1896

9. AGE (In years last birthday): 56-10-25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Clyde E Summers Boise Idaho 1205 Bannock St

18. CAUSE OF DEATH 434.3
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c): Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Never seen alive.

22. *I hereby certify that I attended the deceased from* 27 Jan., 1953, *to* ———, 19—, *that I last saw the deceased alive on* ———, 19—, *and that death occurred at* 6:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.H. Blackburn 532
(Degree or title): M.D.
23b. ADDRESS: 1320 Vista, Boise, Ida.
23c. DATE SIGNED: 3 Feb. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 039
Local Reg. No. 36
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Belgravia Apt. No. 21

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): EUGENE
c. (Last): KENNALY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 1, 1887
9. AGE (In years last birthday): 65-5-26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. State Liquor Warehouse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho City, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Kennaly 74 — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louis W. Kennaly — ADDRESS: Rt #9 Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, *to* Jan 27, 1953, *that I last saw the deceased alive on* Jan 27, 1953, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Shalaugher 056 MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/53 42
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 040
Local Reg. No. 30
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1715 LEADVILLE ST.

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): GUYMON
c. (Last): JEPPSON

4. DATE OF DEATH (Month) (Day) (Year): JAN 27 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7 - 7 - 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BRIGHAM CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HEBER GUYMON — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: MARIA WIGHT — BIRTHPLACE: BRIGHAM CITY, UT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Aaron B. Jeppson — ADDRESS:

18. CAUSE OF DEATH 416X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Respiratory infection

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1949, *to* 1-27, 1953, *that I last saw the deceased alive on* 1-27, 1953, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: 424 Joseph Thomas (Degree or title)
23b. ADDRESS: 305 Fort St. Boise Ida
23c. DATE SIGNED: 1-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1
24b. DATE: JAN 31, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: MORRIS HILL
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. LATAH, BOISE, IDAHO
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 031
Local Reg. No. 28
Reg. Dist. No. 370

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: ADA

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOIS E

c. LENGTH OF STAY (in this place): 24 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 716 WASHINGTON ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: ADA

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,

d. STREET ADDRESS (If rural, give location): 716 WASHINGTON ST.

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) LEE c. (Last) CHILD

4. DATE OF DEATH: (Month) JAN (Day) 28 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 8, 1931

9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS 4 yrs

10b. KIND OF BUSINESS OR INDUSTRY: HYTEL BOISE

11. BIRTHPLACE (State or foreign country): BAKER, OREGON

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NO RECORD — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: NO RECORD — BIRTHPLACE: No RECORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Howard P. Child — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 976X

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 716 Wash

21c. ~~(CITY~~, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho.

21d. TIME OF INJURY (Month) 1 (Day) 24 (Year) 53 (Hour) 2:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: SHOT SELF THROUGH HEAD.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea Coroner

23b. ADDRESS: 318 No Latah Boise

23c. DATE SIGNED: 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: JAN 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: MT. HALE

24d. LOCATION (City, town, or county): BAKER (State): OREGON

DATE REC'D BY LOCAL REG.: 1-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. LATAH

RELYEA MORTUARY — BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 042
Local Reg. No. 42
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 100 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) KATHERINE c. (Last) SKILLERN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 17, 1856

9. AGE (In years last birthday): 96-3-12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soddy, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip M. Roberts
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Almeda McRee
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: J. F. Skillern
ADDRESS: 915 Warm Springs Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

174X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 - 2, 1952, *to* 1 - 29, 1953, *that I last saw the deceased alive on* 1 - 27, 1953, *and that death occurred at* 5:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/31/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 043
Local Reg. No. 32
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3305 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) A. c. (Last) MOONEY

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 20, 1889

9. AGE (In years last birthday): 63-6-9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Red Oak, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel R. Kreidler-Plymouth, Pa.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Maria Leach-Franklin Grove, Illinois
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Edward A. Mooney 411 Riverside Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/17/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas with Common Duct Obstruction and Metastasis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September 8, 1952, *to* January 29, 1953, *that I last saw the deceased alive on* January 29, 1952, *and that death occurred at* 9:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph R. Jones (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 1/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/31/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 014
Local Reg. No. 37
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1408 N. 19th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1408 N. 19th.

3. NAME OF DECEASED (Type or Print): a. (First) Adolph; b. (Middle); c. (Last) Sielaff

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 7?

10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adolph Sielaff, Sr.
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Eckalt
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 712-05-1252

17. INFORMANT'S OWN SIGNATURE: Mrs Gladys Sielaff
ADDRESS: 1408 N. 19th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1½ years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Jan, 1953, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 1 pm m., *from the causes and on the date stated above.*

23a. SIGNATURE: M A Sielaff (Degree or title) MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 045
Local Reg. No. 38
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1020 JEFFERSON ST.

3. NAME OF DECEASED (Type or Print): a. (First) HEBER b. (Middle) GEORGE c. (Last) RICKS

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 11, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BUSINESS MAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LOGAN, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Heber Ricks
BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Mary Ann Nielson
BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Mrs. G. L. Blakesley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-30, 1953, *that I last saw the deceased alive on* 1-29, 1953, *and that death occurred at* 6:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 305 Jon St. Boise

23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/3/53

24c. NAME OF CEMETERY OR CREMATORY: Rosedale

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 2-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 718 N. LATAH

RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 046
Local Reg. No. 4
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 2 4 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 W. Jefferson Street

3. NAME OF DECEASED (Type or Print): a. (First) ALICE; b. (Middle); c. (Last) KROEGER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 27, 1876

9. AGE (In years last birthday): 76-1-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madopolis, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Holdren — BIRTHPLACE: Hartford, Indiana

14. MOTHER'S MAIDEN NAME: Margaret Evans — BIRTHPLACE: Newark, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Edward Guy Roberts 509 Ash Boise Ida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 199X generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-30, 1952, *to* 1-3, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 4 45/a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD

23b. ADDRESS: Meridan

23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/6/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 2
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 54 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2001 North 15th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dewey
b. (Middle): C.
c. (Last): Hindman

4. DATE OF DEATH: (Month) January (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11-10-97

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months 1 Days 24
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Hinaman
BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Iva Wells
BIRTHPLACE: La Grande, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518073884

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 11, 1952, *to* Jan. 4, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE AND TITLE (Degree or title): C. P. STEVENSON, M. D. Chief, Medical Service

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 6. 1952

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 1-6-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Schreiber-McCann-Gibson. Boise

J N McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 048
Local Reg. No. 5
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): EMANUEL
b. (Middle):
c. (Last): KING

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 28, 1877
9. AGE (In years last birthday): 75-5-7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 517-16-7993
17. INFORMANT'S OWN SIGNATURE: Clarence A. King — ADDRESS: Rt. 2 Boise

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ① Coronary infarction — ① 6 yrs; ② Uremia — ② 3 wks
DUE TO (c): ① arterio sclerosis without hypertension; ② Renal infarction — ② 3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral Thrombosis — 2 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov -, 1951, *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/8/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Hardin, Montana

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 049
Local Reg. No. 6
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): CASH
b. (Middle):
c. (Last): MAW

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1883
9. AGE (In years last birthday): 69-7-11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Davenport, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Johnson Fred Maw — BIRTHPLACE: Scott Co., Iowa
14. MOTHER'S MAIDEN NAME: Mary Virdie Dunn — BIRTHPLACE: Scott County, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: John E. Maw 5107 Fairmount Drive Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion sudden — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — ?
DUE TO (c): Hypertensive Cardiovascular disease with aortic insufficiency — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 9/16, 1947, *to* 1/7, 1953, *that I last saw the deceased alive on* 12/20, 1952, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Hawkins M.D. 311
23b. ADDRESS: Boise
23c. DATE SIGNED: 1/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 050
Local Reg. No. 9
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JAN 24 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) A.; c. (Last) Benjamin

4. DATE OF DEATH: (Month) January (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-20-74

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 2; Days 19
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician 14

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Richburg, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anson C. Benjamin
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Myrtie Champlain
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO: Unknown

17. INFORMANT'S NAME, SIGNATURE, ADDRESS: Records, VA Hospital, Boise, Idaho

4 & 3.C

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 7, 1953, *to* Jan. 9, 1953, *that I last saw the deceased alive on* Jan. 9, 1953, *and that death occurred at* 7:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 13. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS

F. S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 054
Local Reg. No. 3
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 333 East Bowers

3. NAME OF DECEASED (Type or Print): a. (First) Silas b. (Middle) Marion c. (Last) Joplin

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 17, 1867

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Benton Co. Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isham Joplin — BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Betty Milton — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Sarah M. Joplin — ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation - Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-11, 1953, *that I last saw the deceased alive on* 1-11, 1953, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD — **23b. ADDRESS**: Meridian Ida — **23c. DATE SIGNED**: 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1-13-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Joplin — **24d. LOCATION** (City, town, or county): Boise (Ada) — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-13-53 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR: B W Robison — **ADDRESS**: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 052
Local Reg. No. 10
Reg. Dist. No. 321

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garden City Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #8

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) LAWRENCE c. (Last) BASSETT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 27, 1887

9. AGE (In years last birthday): 65-11-14
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motel Operator 14

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lawrence Bassett-Salt Lake
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: City, Utah Maggie Freeze-Salt Lake City
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W. W. #1

16. SOCIAL SECURITY NO.: 514-26-4412

17. INFORMANT'S OWN SIGNATURE: R. D. no 8. ADDRESS: Stella G. Bassett Boise Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Coronary thrombosis due to arteriosclerotic heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: several yrs. 13 mos)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23, 1952, *to* 12-22, 1952, *that I last saw the deceased alive on* 12-22, 1952, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title): M.D.

23b. ADDRESS: 105 N. 8th St. Boise Idaho

23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/13/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

24. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 358
Local Reg. No. 8
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JAN 24 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 63 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1820 No. 30th St.

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) May c. (Last) Woodmore

4. DATE OF DEATH: (Month) Jan. (Day) 12th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: July 25. 1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wichita Kansas

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Felix N. Ferrell — BIRTHPLACE: Tenn:

14. MOTHER'S MAIDEN NAME: Nancy Johnson — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ella M Woodmore — ADDRESS: Boise Id

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive heart disease — unk

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 11, 1952, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusby MD — **23b. ADDRESS**: Meridian Ida — **23c. DATE SIGNED**: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan 16th. 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-20-53 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J J McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 054
Local Reg. No. 17
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Almon
b. (Middle): L.
c. (Last): Downing

4. DATE OF DEATH (Month) (Day) (Year): January 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-6-76
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ontario, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Downing — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Emma Lewis — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 76 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis — 5 years plus
DUE TO (c): Fracure, right hip, postoperative

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Hypertensive cardio-vascular disease — 10 years
Benign prostatic hypertrophy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1952, *to* Jan 23, 1953, *that I last saw the deceased alive on* Jan 23, 1953, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stevenson 434 — Chief, Medical Service
C. P. STEVENSON, M. D.
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-53 03
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

State File No. 955
Local Reg. No. 13
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) E.; c. (Last) CONRAD

4. DATE OF DEATH: (Month) (Day) (Year) January 23, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1887

9. AGE (In years last birthday): 65; IF UNDER 1 YEAR Months: 4; Days: 10; IF UNDER 24 HRS. Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Valley County, Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Leam Conrad
BIRTHPLACE: Lewis, Iowa

14. MOTHER'S MAIDEN NAME: Mary Terry
BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Intestinal Obstruction with peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Periappendiceal adhesion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH
(a) I day plus
(b)
(c)
Terminal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 22, 1953, *to* Jan. 23, 1953, *that I last saw the deceased alive on* Jan. 23, 1953, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): JOSEPH BEEMAN, M. D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Glens Ferry
24d. LOCATION (City, town, or county) (State): Glens Ferry, Idaho

DATE REC'D BY LOCAL REG.: 1-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson, Boise
ADDRESS: [signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 056
Local Reg. No. 12
Reg. Dist. No. 371

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Menzo; b. (Middle) D.; c. (Last) Wentworth

4. DATE OF DEATH (Month) (Day) (Year): January 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-25-80

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR — Months: 8 Days: 29
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Youngstown, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Menzo R. Wentworth
BIRTHPLACE: Buffaloe, N. Y.

14. MOTHER'S MAIDEN NAME: Margaret Rhodes
BIRTHPLACE: Pittsburgh, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518 16 1064

17. I HEREBY CERTIFY, THAT I SAW THE DECEASED [illegible] **DIED AT THE HOUR STATED ABOVE, AT THE PLACE AND ON THE DATE STATED ABOVE.**
SIGNATURE [illegible]
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Right Lobar Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-23- , 19 53 *to* Jan. 24 , 19 53, *that I last saw the deceased alive on* Jan. 24, 19 53, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): JOSEPH BEEMAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 27. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-28-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson.

ADDRESS: Boise

J. W. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 057
Local Reg. No. 13
Reg. Dist. No. 371

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 138 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Box 650

3. NAME OF DECEASED (Type or Print): a. (First) Oscar; b. (Middle); c. (Last) Pyle

4. DATE OF DEATH: (Month) (Day) (Year): January 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 2-29-90

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months: 10; Days: 26
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Smith Centre, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Pyle
BIRTHPLACE: Jay County, Indiana

14. MOTHER'S MAIDEN NAME: Alice M. Shaeffer
BIRTHPLACE: Freeport, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Thrombosis of Right Coronary Artery

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 9, *1952, to* Jan. 25, *1953, that I last saw the deceased alive on* Jan. 25, *1953, and that death occurred at* 10:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 29. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise
ADDRESS: F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 052
Local Reg. No. 11
Reg. Dist. No. 371

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt.# 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D.# 1

3. NAME OF DECEASED (Type or Print): a. (First) Glenn; b. (Middle) Maurice; c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26th. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 26, 1908

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 27

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hastings, Nebr.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. Hall
BIRTHPLACE: Peoria, Ill

14. MOTHER'S MAIDEN NAME: Hilda Plum
BIRTHPLACE: Orleans, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-07-9281

17. INFORMANT'S OWN SIGNATURE: Velma Hall
ADDRESS: Meridian, Ida. R.F.D.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1953, *to* Jan 26, 1953, *that I last saw the deceased alive on* DOA, 19____, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (230): Carl D Rusty (Degree or title): M.D.
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-29-53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 1-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Rosier
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 050
Local Reg. No. 14
Reg. Dist. No. 371

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 53 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Courtney b. (Middle) S. c. (Last) Zehner

4. DATE OF DEATH: (Month) (Day) (Year): January 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 2-8-91

9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR: Months 11, Days 19 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin F. Zehner — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Missouri Le Feester — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES | (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Papillary Cancer of Bladder with hemorrhage — 6 mos. plus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 5, 1952, *to* Jan. 27, 1953, *that I last saw the deceased alive on* Jan 27, 1953, *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH FREEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 29. 1953
24c. NAME OF CEMETERY OR CREMATORY: Grangeville
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise

J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 060
Local Reg. No.
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAGLE
c. LENGTH OF STAY (in this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE RT.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAGLE
d. STREET ADDRESS (If rural, give location): RT. 1

3. NAME OF DECEASED (Type or Print)
a. (First): ELWIN
b. (Middle): BRUCE
c. (Last): KNIGHT

4. DATE OF DEATH (Month) JAN (Day) 28 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-21-1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): BARBER, MINNESOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY F. KNIGHT — BIRTHPLACE: GIBBSVILLE, WISC.
14. MOTHER'S MAIDEN NAME: NETTIE FENNO — BIRTHPLACE: FORTSVILLE, ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: No record.
17. INFORMANT'S OWN SIGNATURE: +Esther J. Snyder Bayer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic hypertensive cardio-renal disease — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1952, *to* Jan 28, 1953, *that I last saw the deceased alive on* Jan 27, 1953, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl Dunsty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 01 JAN 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: MERIDIAN
24d. LOCATION (City, town, or county) (State): MERIDIAN IDAHO

DATE REC'D BY LOCAL REG.: 2-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. LATAH, BOISE, ID

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 061
Local Reg. No. 1
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AGNES	SURILDA	KEITHLEY	1-1-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan# 6 1907	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Midvale Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elbridge Pickett	Midvale, Ida.	Anna Mackey	Midvale, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXXXX	Thomas E Holmes	Midvale, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Lung with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 26, 19 52, *to* Jan. 1, 1953, *that I last saw the deceased alive on* Jan. 1, 1953, *and that death occurred at* 9:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J E Edwards	MD	Council, Idaho	1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-2-53	Midvale Cemetery	Midvale, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-2-53		A.D. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 002
Local Reg. No. 2
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) REBECCA c. (Last) TOWELL

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 23 1879

9. AGE (In years last birthday): 73
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iola, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward M. Jackson
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Susana White
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXX

16. SOCIAL SECURITY NO.: XXXXXX

17. INFORMANT'S OWN SIGNATURE: Susana Rhoades
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 12, 19 52, *to* Jan. 2, 19 53, *that I last saw the deceased alive on* Jan. 2, 19 53, *and that death occurred at* 2:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Edwin 113

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5

24b. DATE: 1-2-53 01

24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery

24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 1-2-53

REGISTRAR'S SIGNATURE: J. Edwin

25. FUNERAL DIRECTOR: A. D. Jones

ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3 [illegible]
Local Reg. No. 3
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): P.O:Box # 104

3. NAME OF DECEASED (Type or Print): a. (First) PHILETA b. (Middle) JANE c. (Last) ORGAN

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE:

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 12 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): What Cheer, Iowa

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wm. Estinghausen
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Elmina Adams
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ernest Organ
ADDRESS: Star Rte

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 19 50, *to* Jan. 8, 19 53, *that I last saw the deceased alive on* Jan. 8, 19 53, *and that death occurred at* 12:Noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Council Idaho
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/53
24c. NAME OF CEMETERY OR CREMATORY: Meadows Cemetery
24d. LOCATION (City, town, or county) (State): NewnMeadows, Idaho

DATE REC'D BY LOCAL REG.: 1/12/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: C. E. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 264
Local Reg. No. 2
Reg. Dist. No. 511

BIRTH NO. JAN 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 40 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt. 1, North

3. NAME OF DECEASED (Type or Print): a. (First) EFFIE b. (Middle) ESTELLA c. (Last) FINDLEY

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 23, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Adel Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Nichols
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Mary Peasley
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Eva M. Adamson
ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 40 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Senile atherosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1953 *to* 1-2, 1953, *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 156 So. 6th Pocatello.

23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 5 Jan. '53 01

24c. NAME OF CEMETERY OR CREMATORY: Woodland Cem.

24d. LOCATION (City, town, or county) (State): Des Moines Iowa

DATE REC'D BY LOCAL REG.: JAN 5 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Pownall Funeral Home
ADDRESS
By John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-40621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 065
Local Reg. No. 1
Reg. Dist. No. 510

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 208 W. Clark St.

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): PRIESTLY
c. (Last): BEAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 1, 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Priestly — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Ellen Lingo — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: J. W. Priestly — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Rheumatic Heart Disease, Valvulitis & enlargement — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal uremia & renal insufficiency — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1952, *to* Jan. 2, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 4:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller M.D. 276
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6 Jan, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3 [illegible]
Local Reg. No. 3
Reg. Dist. No. 510

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 53 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 883 WASHINGTON

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) W. c. (Last) Ames

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	NOVEMBER 12, 1869	83	1	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: **
11. BIRTHPLACE (State or foreign country): LOGAN, UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM W. NELSON — BIRTHPLACE: GLASGOW, SCOTLAND
14. MOTHER'S MAIDEN NAME: MARTHA CLEGG — BIRTHPLACE: LIVERPOOL, ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS [illegible] Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma abdomen — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-2, 1952 *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 8:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.C. RAY M.D.	M.D.	Pocatello	1-[illegible]-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JAN. 7, 1953	MOUNTAIN VIEW CEMETERY	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 5 1953	Eva M. Wallin	HALL GRANT MORTUARY	POCATELLO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 7
Local Reg. No. 510
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1125 NO. NINTH STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	MATT	AKERS	JANUARY	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	APRIL 14, 1914	38	8	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
POLICE OFFICER	LAW ENFORCEMENT	McDOWELL, KENTUCKY	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT AKERS	McDOWELL, KENTUCKY	BETTY ELLIOT	McDOWELL, KENTUCKY

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
**	**	547-16-2663	Ruth Akers	POCATELLO, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular fibrillation — 30 months

DUE TO (c) Rheumatic heart disease (mitral stenosis and insufficiency) — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nutritional anemia — 2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 1, 1950, *to* Jan. 3, 1953, *that I last saw the deceased alive on* Jan. 3, 1953, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
ARCH T WIGLE, M.D.	1605 N. Arthur, Pocatello	1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1-7-53	MOUNTAIN VIEW CEMETERY	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (Name and address)
JAN 15 1953	Eva M. Wallin	HALL GRANT MORTUARY POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 068
Local Reg. No. 5
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 S. 8th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 425 S. 8th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIETT
b. (Middle): BEAN
c. (Last): ST. MARIE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. Ben Bean — BIRTHPLACE: Massachusetts
14. MOTHER'S MAIDEN NAME: Mary E. Lynch — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: George St. Marie — ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Heart Disease, Hypertrophy, and Valvulitis with decompensation. — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Hypertension, chronic, essential — yrs.
(2) Chronic nephritis, Glomerular — yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 1-5, 1953, *that I last saw the deceased alive on* 1-5-, 1953, *and that death occurred at* 9:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D. 276
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 Jan. 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 12 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 069
Local Reg. No. 24
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 West Halliday Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 610 West Halliday Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROYAL
b. (Middle): ALLEN
c. (Last): BROWN

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 9, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: High School - retired

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Brown
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Jane Watkins
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jeanne O'Brown
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arterio sclerosis — years
DUE TO (c) Coronary sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Dec. *1949, to* January 6 *1953, that I last saw the deceased alive on* January 6 *1953, and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 463 Arch T. Wigle
(Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 9, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: FEB 2 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 8
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JAN 17 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 40 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 722 NO. 11TH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 722 No. 11 TH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OLUF	BERNARD	LUNDQUIST	JANUARY 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JUNE 18, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RAILWAY CLERK 70	RAILROAD	COPPENHAGEN, DENMARK	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	DENMARK	UNKNOWN	DENMARK

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) **	(If yes, give war or dates of service) **	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		714-10-8339	Mrs H. E. Lewis	Poc.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cirrhosis of Liver — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 00, 1949, *to* 7 Jan, 19 53, *that I last saw the deceased alive on* Jan 6, 19 53, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
RICHARD G. CRANDALL M.D.	MD	804 E. Center Pocatello Ida	9 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL	JAN 10 1953	NEWTON CEMETERY	NEWTON, UTAH

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 15 1953	Eva M. Wallin	Edwin M. Edwards HALL GRANT MORTUARY	E 374 POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 071
Local Reg. No. 9
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 1 1 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517 So. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 517 So. Main

3. NAME OF DECEASED (Type or Print): a. (First) DOLLY; b. (Middle) EUNICE; c. (Last) STANLEY

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 26, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Albion, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Snodgrass
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Pierson
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Wm H. Stanley
ADDRESS: Pocatello Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral Embolus, terminal

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1948 *to* Jan 8, 1953, *that I last saw the deceased alive on* Dec 12, 1952 *and that death occurred at* 4 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Howard MD

23b. ADDRESS: Pocatello

23c. DATE SIGNED: Jan. 12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. '53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.

24d. LOCATION (City, town, or county) (State): Twin Falls Id.

DATE REC'D BY LOCAL REG.: JAN 14 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B Dawnard
ADDRESS: Pocatello Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 873
Local Reg. No. 10
Reg. Dist. No. 510

RECEIVED JAN 17 1953 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 829 N. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 829 N. Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): CLARE
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 6, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 25
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Adamson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nellie C. Hatton — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Grace Ellis — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension Cardio-vascular disease and arteriosclerosis — 10 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1952, *to* 9 Jan, 1953, *that I last saw the deceased alive on* 1 Dec, 1952, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. R. Hearing 176 (Degree or title) M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 12 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-12-'53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 14 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home by John P. Grossman — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [redacted]073
Local Reg. No. [redacted]
Reg. Dist. No. [redacted]

BIRTH NO. FEB 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route 1 South

3. NAME OF DECEASED (Type or Print): a. (First) PEARL b. (Middle) B. c. (Last) NEWMAN

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 24, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home	Thornton	Texas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Bradley	no data	Sally Phillips	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	none	[illegible]	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion — INTERVAL BETWEEN ONSET AND DEATH: 11 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension, cause undetermined — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	State Highway 30	Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	22	1952	m.		Automobile Accident

22. *I hereby certify that I attended the deceased from* Nov. 22, 1952, *to* Jan. 12, 1953, *that I last saw the deceased alive on* Jan. 12, 1953, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
ARCH T. WIGLE, M.D.	Pocatello, Idaho	Jan. 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	Jan. 14, 1953	Rix Funeral Home	Lubbock	Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 2 1953	Eva M. Wallin	[illegible]	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 074
Local Reg. No. 26
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 252 South First Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 252 South First Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE; b. (Middle); c. (Last) CARTMELL

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 1, 1891

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pendleton Oregon

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John R. Rhodes — BIRTHPLACE: Joplin, Missouri

14. MOTHER'S MAIDEN NAME: Melissa Bell — BIRTHPLACE: Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: W. A. Rhodes — ADDRESS: Pendleton, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4427 Cardiorenal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Jan. 13, 1953, *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 326 J C Ray (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 16, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 2 1953

REGISTRAR'S SIGNATURE: Evan M. Wallin

25. FUNERAL DIRECTOR: Jas Anderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 075
Local Reg. No. 12
Reg. Dist. No. 511

BIRTH NO.

JAN 22 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbon
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) PAUL b. (Middle) A. c. (Last) SMITH

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Feb. 11, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Johnstown Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: — Smith
BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Lena Zilioz
BIRTHPLACE: Pa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: L Melvin A Neff
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemorrhag, massive — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ulcers, gastric — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis, Gen. — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 13 Jan 1953 *to* 13 Jan 1953, *that I last saw the deceased alive on* 16 AM/12 1953, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Garnet H Howard MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 17 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-17-53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 19 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Dawnard

ADDRESS: Pocatello Id

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 676
Local Reg. No. 16
Reg. Dist. No. 5 11

BIRTH NO.

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) c. (Last) HULBERT

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 9, 1857

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): (no data) Michigan

12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13. FATHER'S NAME: Oliver G. Decker — BIRTHPLACE: (no data)

14. MOTHER'S MAIDEN NAME: Margaret Jewell — BIRTHPLACE: (no data)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lena Anken Leyton — ADDRESS: Inkom, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Jan 7-15-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Inkom Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 7, *19*53, *to* Jan. 15, *1953*, *that I last saw the deceased alive on* Jan. 15, *19*53, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Kenton M.D

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 16, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 26 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 077
Local Reg. No. 18
Reg. Dist. No. 511

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall
d. STREET ADDRESS (If rural, give location) Indian Reservation

3. NAME OF DECEASED (Type or Print) a. (First) JANNETTE b. (Middle) POCATELLO c. (Last) HARDY

4. DATE OF DEATH (Month) (Day) (Year) Jan., 17, 1953

5. SEX F
6. COLOR OR RACE (Indian) Red
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1874
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chief Pocatello BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME Mary Unknown BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joe Hardy ADDRESS Ft. Hall Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Jan, 1953, *that I last saw the deceased alive on* 16 Jan, 1953, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE 170 (Degree or title) Fannie H. Howard MD
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED 20 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-53
24c. NAME OF CEMETERY OR CREMATORY Cedar Point
24d. LOCATION (City, town, or county) (State) Bannock Co. Idaho

DATE REC'D BY LOCAL REG. JAN 26 1953
REGISTRAR'S SIGNATURE Eva M. Wallis
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVE
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 078
Local Reg. No. 19
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kane Bldg. office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Woolley Apt.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) DR. LELAND SMITH WOOLLEY

4. DATE OF DEATH (Month) (Day) (Year) Jan., 17, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb., 1, 1898
9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist 14
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Paris Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr. H. S. Woolley BIRTHPLACE Hawaii
14. MOTHER'S MAIDEN NAME Mary S. Budge BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Mrs. Kathryn Woolley ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1953, *to* 1-17, 1953, *that I last saw the deceased alive on* 1-17, 1953, *and that death occurred at* — *m. from the causes and on the date stated above.*

23a. SIGNATURE 358 (Degree or title) C. N. Roberts M.D.
23b. ADDRESS Pocatello Ida.
23c. DATE SIGNED 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-53
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JAN 26 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 079
Local Reg. No. 27
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 710 North 4th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 710 North 4th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARIA; b. (Middle) MORALES; c. (Last) ACEVES

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1953

5. SEX: female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1897

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): (no data) Mexico

12. CITIZEN OF WHAT COUNTRY?: Mexico

13. FATHER'S NAME: no data
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no data
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lee Aceves
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3347 Vascular accident, suspected
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Aging

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-21, 1952 *to* 1-5, 1953, *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 640 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 21, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 2 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 080
Local Reg. No. 20
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 24Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 47 Mar Vista Drive

3. NAME OF DECEASED (Type or Print): a. (First) Isaac; b. (Middle) Elmer; c. (Last) Williams

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 16, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry B. Williams
BIRTHPLACE: Lovejoy, Waltes

14. MOTHER'S MAIDEN NAME: Mary Elizabeth (no data)
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 533-20-1569

17. INFORMANT'S OWN SIGNATURE: William E. Williams
ADDRESS: Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 422.1 Acute Cardio vascular Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* January 1919 53, *that I last saw the deceased alive on* Jan. 19, 19 53, *and that death occurred at* 1:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Merrill, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 21, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: Peoa Cemetery

24d. LOCATION (City, town, or county) (State): Peoa, Utah

DATE REC'D BY LOCAL REG.: JAN 26 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Anderson

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 510

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): [illegible] YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 ROOSEVELT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 203 ROOSEVELT

3. NAME OF DECEASED (Type or Print): a. (First) TORVAL b. (Middle) c. (Last) HEMMERT

4. DATE OF DEATH: (Month) (Day) (Year) JANUARY 20, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 13 1877

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 9 Days: 7 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): DENMARK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER NEILSEN HEMMERT BIRTHPLACE: DENMARK

14. MOTHER'S MAIDEN NAME: KIRSTEN MARIE PROISEN BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **

(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Martha Hemmert ADDRESS: POCATELLO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructing Peptic Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1952 *to* Jan 20, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 4:[illegible] P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jay R. Brinkley (Degree or title) M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JAN 24 1953

24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY

24d. LOCATION (City, town, or county): POCATELLO (State): IDAHO

DATE REC'D BY LOCAL REG.: FEB 13 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: HALL GRANT MORTUARY C. E. EDWARD ADDRESS: [illegible] IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 052
Local Reg. No. 21
Reg. Dist. No. 510

111-53-0196
BIRTH NO.

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) ½hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 839 W. Fremont

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) John c. (Last) Youngren Jr.

4. DATE OF DEATH (Month) Jan. (Day) 21 (Year) 1953

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Jan. 21 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - -

10b. KIND OF BUSINESS OR INDUSTRY - -

11. BIRTHPLACE (State or foreign country) Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Thomas J. Youngren Pocatello Idaho

14. MOTHER'S MAIDEN NAME BIRTHPLACE Sybil Madison Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT'S OWN SIGNATURE Thomas Youngren ADDRESS Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia neonatorum — INTERVAL BETWEEN ONSET AND DEATH: at birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) Premature placental separation — 5 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth, 1953, to 21 Jan, 1953, that I last saw the deceased alive on 21 Jan, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth A. Morfman M.D.

23b. ADDRESS 417 E. Center

23c. DATE SIGNED 1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 1-23-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. JAN 26 1953

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS Downard Funeral Home Pocatello Ida.

By John P. Gronman

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 28
Reg. Dist. No. 511

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) La Mar c. (Last) Summers

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 9-1929

9. AGE (If years last birthday): 23
IF UNDER 1 YEAR — Months: 10 Days: 13
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Electrical

10b. KIND OF BUSINESS OR INDUSTRY: Construction work

11. BIRTHPLACE (State or foreign country): Shelly - Idaho

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Ephriam B Summers
BIRTHPLACE: Taylor, Idaho

14. MOTHER'S MAIDEN NAME: Ethel Sessions
BIRTHPLACE: Liberty, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: 519-24-2128

17. INFORMANT'S OWN SIGNATURE: Cleo J. Summers
ADDRESS: Arco - Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

59 5X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulo - Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death (Hypertension, 2 yrs - terminal uremia — 4 months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Jan 22, 1953, *that I last saw the deceased alive on* 1-22, 1953, *and that death occurred at* 4.00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Hillis, M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco Idaho

DATE REC'D BY LOCAL REG.: FEB 2 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco F.D. #19 Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 084
Local Reg. No. 22
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) R.F.D. #2 N.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) O'CONNOR c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan., 24, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar., 18, 1878
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Shops 62
10b. KIND OF BUSINESS OR INDUSTRY Bannock Co.
11. BIRTHPLACE (State or foreign country) County Cork, Ireland
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME James O'Connor BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME abina — BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 518-05-8943
17. INFORMANT'S OWN SIGNATURE Patrick C. O'Connor ADDRESS Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Recto-Sigmoid — INTERVAL BETWEEN ONSET AND DEATH 8 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1953, *to* Jan. 23, 1953, *that I last saw the deceased alive on* Jan. 23, 1953, *and that death occurred at* 29 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 254 R. Werrell MD
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 05, 1-27-53
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JAN 26 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 085
Local Reg. No. 29
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 10 1959

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 N. 8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1542 Alma Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Zoe
b. (Middle): May
c. (Last): Bowcutt

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Edward Bodily — BIRTHPLACE: Kaysville, Ut
14. MOTHER'S MAIDEN NAME: Harriet Ann Oliverson — BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-09-5536
17. INFORMANT'S OWN SIGNATURE: Leslie P. Bowcutt — ADDRESS: Burley R2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Recto-sigmoid — INTERVAL BETWEEN ONSET AND DEATH: under.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 1952, *to* Jan 27, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd L. Call MD 55X
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Jan 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: FEB 2 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 086
Local Reg. No. 38
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 234 East Center Street

3. NAME OF DECEASED (Type or Print): a. (First) WING; b. (Middle) ***; c. (Last) HONG

4. DATE OF DEATH: (Month) (Day) (Year): January 27, 1953

5. SEX: Male

6. COLOR OR RACE: Chinese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant 74

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): No data

12. CITIZEN OF WHAT COUNTRY?: no data

13. FATHER'S NAME: No data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jack Henderson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Respiratory Infection.
INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 24, 1953, *to* Jan. 27, 1953, *that I last saw the deceased alive on* Jan. 27, 1953, *and that death occurred at* 6:35 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Hastings, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 29, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 13 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED FEB 23 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 13*
Local Reg. No. 46
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 850 WEST CLARK

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) JANE c. (Last) GILLIES

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 28, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPTEMBER 15, 1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 4 Days: 13
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): BEAVER, UTAH
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: EBENEZER GILLIES — BIRTHPLACE: SCOTLAND
14. MOTHER'S MAIDEN NAME: ANN GETTIS — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S OWN SIGNATURE: X Edna White — ADDRESS: 850 W. CLARK POCATELLO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 431X Acute Influenza with Severe Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 14 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Arteriosclerotic heart Disease yrs. (2) Dehydration 10 days.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1953, *to* 1-28, 1953, *that I last saw the deceased alive on* 1-28, 1953, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller M.D. — DAVID C. MILLER M.D.
23b. ADDRESS: POCATELLO, Idaho
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JAN 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: BEAVER CEMETERY
24d. LOCATION (City, town, or county) (State): BEAVER UTAH

DATE REC'D BY LOCAL REG.: Feb. 20, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edward — ADDRESS: HALL GRANT MORTUARY/COLIN M. EDWARD POCATELLO,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 510

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 11 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 257 WILSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 257 WILSON

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): VERNON
c. (Last): HENDERSON

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 28 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOVEMBER 3, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. CARMAN - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): CLIFTON, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MARTIN HENDERSON — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: SUSAN BINGHAM — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **
(If yes, give war or dates of service) ***
16. SOCIAL SECURITY NO.: 518-14-1403
17. INFORMANT'S OWN SIGNATURE: Verda Hillman — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, internal injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) deep scalp lacerations
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Maple St. R. R. Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 28 '53 1:45 p
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile and freight train collision

22. *I hereby certify that I attended the deceased from* ----, 19__, *to* ----, 19__, *that I last saw the deceased alive on* ----, 19__, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 2, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: FEB 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edward — ADDRESS: HALL GRANT MORTUARY/COLIN M. EDWARD POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 88C
Local Reg. No. 39
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 South 9th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 425 South 9th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) STEPHEN; b. (Middle) J.; c. (Last) HARRIS

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 23, 1951

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant of

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Alma J. Harris — BIRTHPLACE: Heyburn, Idaho

14. MOTHER'S MAIDEN NAME: Gayle Franks — BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: A. J. Harris — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Drowning - accidental — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

E929.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 28 1953 9 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Slipped in bath tub (tub partially filled with water)

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson, Bannock County Coroner

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery

24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: FEB 13 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Jack Henderson Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 196
Local Reg. No. 30
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 1 YR 10 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MATHEWS REST HOME 1331 N. HARRISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 435 WEST BENTON

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) SMITH c. (Last) ORME

4. DATE OF DEATH: (Month) (Day) (Year) JANUARY 30, 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 26, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 8 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): TOOELE, UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN A. SMITH
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARY MICKELJOHN
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **********
(If yes, give war or dates of service): **********

16. SOCIAL SECURITY NO.: ****

17. INFORMANT'S OWN SIGNATURE: Morgan Hawkes
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage 4 yrs ago paralysis of right side

DUE TO (c) Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fall 18 months ago fracturing right arm and pelvis

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1931, *to* Nov, 1952, *that I last saw the deceased alive on* Nov, 1952, *and that death occurred at* 6:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry G Best D.C.

23b. ADDRESS: 241 S. Arthur Pocatello Idaho

23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: FEBRUARY 2/53

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW

24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: FEB 9 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: HALL GRANT MORTUARY / COLIN M. EDWARDS

ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 091
Local Reg. No. 44
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 18 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Highway 30 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 161½ Wilson Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JOE b. (Middle) JESUS c. (Last) GONZALES

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31 1953

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad (U. P.)

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Gonzales
BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Fannie Santos
BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 518-18-1540

17. INFORMANT'S OWN SIGNATURE: Josephine F Gonzales
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck, internal injuries,
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fractured frontal bone
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

815.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 31 53 11p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile and motorcycle accident

22. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at about 11:10 p.m. from the causes and on the date stated above.

23a. SIGNATURE: Jack Kendrick
(Degree or title): Coroner Bannock County
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 3, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: MountainView Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 17 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Kendrick
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDA

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

111-53-0225

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 52
Local Reg. No. 47
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 5½ HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 224 RANDOLPH

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle): ROBERTS
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 31, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): *******
8. DATE OF BIRTH: JANUARY 31, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 5 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ******
10b. KIND OF BUSINESS OR INDUSTRY: *******
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LLEWELLYN G. ROBERTS — BIRTHPLACE: FISH HAVEN, IDAHO
14. MOTHER'S MAIDEN NAME: BLANCHE P. ROBERTS — BIRTHPLACE: GRANCE, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Llewellyn G. Roberts — LLEWELLYN G. ROBERTS — ADDRESS: POCATELLO, IDAHO

18. CAUSE OF DEATH — 776X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — —

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-31, 1953, *to* 1-31-, 1953, *that I last saw the deceased alive on* 1-31-53, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. E. Merrell, Jr. M.D.
23b. ADDRESS: 1606 E. Center
23c. DATE SIGNED: 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEBRUARY 3/53
24c. NAME OF CEMETERY OR CREMATORY: GRANCE CEMETERY
24d. LOCATION (City, town, or county) (State): GRANCE IDAHO

DATE REC'D BY LOCAL REG.: Feb 20, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: HALL GRANT MORTUARY / COLIN M. EDWARD — ADDRESS: Colin M. Edward — POCATELLO, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 093
Local Reg. No. 31
Reg. Dist. No. 511

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Whitman Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Bluff
d. STREET ADDRESS (If rural, give location): 1055 Jefferson Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ERNEST	VIVIAN	THOMPSON	January 31 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	April 15, 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber 56	Construction	Red Bluff California	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Thompson	Finland	Emma Leiimentinnen	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War II	566-10-8423	Personal records	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

322.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (found dead in bed)

DUE TO (c) Excessive alcohalism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* about *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
+79 Jas. Henderson 4	Bannock County Coroner	Pocatello, Idaho	Feb. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal *	Feb. 2, 1953	W. C. Fickert & Sons Mortuary	Red Bluff Calif

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 2 1953	Eva M. Wallin	Jas. Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 094
Local Reg. No. 4
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 1 dy.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oxford
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eva	Estella	Critser	Jan. 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 13, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Agent 26	U. P. R. R.	Fairfield, Illinois	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Curtis A. McLin	Fairfield, Ill.	Salina Ellen Borah	Fairfield, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Cora M. Stoddart	Fairfield Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastases - Lungs — Sudden

DUE TO (c) Chronic Myocarditis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Date Jan. 4, 1953 7 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 3, 1953, *to* Jan. 4, 1953, *that I last saw the deceased alive on* Jan. 4, 1953 *and that death occurred at* 6:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
150 David C. Harris, M.D.	Lava Hot Springs, Idaho	1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 6, 1953	Montpelier	Montpelier, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 12 1953	Eva M. Wallin	Alburn Webb	Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 508
Local Reg. No. 17
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TYHEE
c. LENGTH OF STAY (in this place): 60 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): H.H. COOK HOME -- FIRST LANE NORTH OF TYHEE JUNCTION EAST SIDE OF HIGHWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: MINIDOKA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT
d. STREET ADDRESS (If rural, give location): 907 F. STREET

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHRISTENA	HAIGLER	DUNCAN	JANUARY	16	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	AUGUST 20, 1864	88	4	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: **
11. BIRTHPLACE (State or foreign country): OLATHE, KANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM PERRY HAIGLER — BIRTHPLACE: WEST VIRGINIA
14. MOTHER'S MAIDEN NAME: MARY HINKLE — BIRTHPLACE: WEST VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ** (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H.H. Cook — ADDRESS: TYHEE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 480X Influenzal pneumonia (Viral) — INTERVAL BETWEEN ONSET AND DEATH: 5 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive* dead on arr., 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D C Ray 32-	M.D.	Pocatello, Idaho	Jan. 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	JAN. 20, 1953	RUPERT CEMETERY	RUPERT IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 26 1953	Eva M. Wallin	HALL GRANT MORTUARY	POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

111-53-0233

Certificate of Death

STATE OF IDAHO

State File No. 096
Local Reg. No. 552
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Ida
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Loertscher

4. DATE OF DEATH (Month) (Day) (Year) Jan 1 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 1, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 hr.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ernest Loertscher BIRTHPLACE Montpelier Ida
14. MOTHER'S MAIDEN NAME Louise La Roco BIRTHPLACE Dingle Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ernest Loertscher ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature 5 1/2 months — INTERVAL BETWEEN ONSET AND DEATH One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-1-53
19b. MAJOR FINDINGS OF OPERATION Physical (Delivery)
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 1, 1953, *that I last saw the deceased alive on* Jan 1, 1953, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 333 Reed Kirk MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 3 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 1/16/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 097
Local Reg. No. 552
Reg. Dist. No.

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Bunny c. (Last) Perkins

4. DATE OF DEATH (Month) (Day) (Year) Jan 11 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 11 1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Perkins BIRTHPLACE [illegible]
14. MOTHER'S MAIDEN NAME Ann Bunny BIRTHPLACE [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-28-8107
17. INFORMANT'S OWN SIGNATURE Gertrude Perkins ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

454X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis right femoral artery - with gangrene
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aneurism right
DUE TO (c) Iliac artery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputation right thigh upper at upper 3rd. Gangrene

INTERVAL BETWEEN ONSET AND DEATH
Sept 24-52
Jan 11-53

19a. DATE OF OPERATION Dec 23-1952
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 1952, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 7a. *m., from the causes and on the date stated above.*

23a. SIGNATURE 471 L. P. Gaskins M.D. (Degree or title)
23b. ADDRESS Montpelier
23c. DATE SIGNED 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 13 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 1/16/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 098
Local Reg. No. 1
Reg. Dist. No. 130

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital, St. Maries, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 423 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Amelia
c. (Last): Roddy

4. DATE OF DEATH (Month) (Day) (Year): January 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-30-1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Underhill, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Rusch — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Jaeger — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Wm Roddy — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp M.D. 346 (Degree or title)
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1-9-53 01
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 099
Local Reg. No. 21
Reg. Dist. No. 130

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lawler's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): none
c. (Last): Friedrich

4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 12-7-1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: USA - 1887

13. FATHER'S NAME: Karl Friedrich — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Edward G Grindstaff — ADDRESS: Dept: Public Assistance St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rt ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 May, 1952, *to* 6 Jan, 1953, *that I last saw the deceased alive on* 6 Jan, 1953, *and that death occurred at* 3:44 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Em Sullivan, MD 623
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 7 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-10-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 2
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Dan; b. (Middle) none; c. (Last) Collins

4. DATE OF DEATH: (Month) January (Day) 12, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	July 24, 1870	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 28
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Point Levi, Quebec, Canada.
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: no data — BIRTHPLACE: -----
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-05-2888
17. INFORMANT'S OWN SIGNATURE: Clara Belgarde — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Primary site-probably lung
DUE TO (c): involving lymph nodes, liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1952 *to* Jan 12, 1953 *that I last saw the deceased alive on* Jan 12, 1953 *and that death occurred at* 5½ P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jergen A. Rapp (Degree or title) MD — 23b. ADDRESS: St. Maries, Idaho — 23c. DATE SIGNED: 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 1-15-53 — 24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — 24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 1-16-53 — REGISTRAR'S SIGNATURE: Esper L. Brebner — 25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 01
Local Reg. No. 3
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries(Riverside)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries, (Riverside Addition).
d. STREET ADDRESS (If rural, give location): - - -

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	none	Maki		1	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-21-1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill-Logging
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Ishpeming, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no data — BIRTHPLACE: - - -
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-05-2539
17. INFORMANT'S OWN SIGNATURE: x Mrs. Martha Maki — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4-20-11

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 1-14, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp 34°	M.D.	St. Maries, Idaho	1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-17-53	Woodlawn Cemetery	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-16-53	Eugene E. Brebner	Gerald E. Browning	St. Maries, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 102
Local Reg. No. 5
Reg. Dist. No. 190

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Spokane Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) Ovide; c. (Last) Gagnon

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 8-20-1887

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner-Woodsman

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Rimouski Co. Province, Quebec

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Gagnon BIRTHPLACE: Rimouski Co., Prov. Quebec

14. MOTHER'S MAIDEN NAME: Virginia Carleau BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Phix Gagnon ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 17, 1953, *to* Jan 17, 1953, *that I last saw the deceased alive on* Jan 17, 1953 *and that death occurred at* 11:58 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 346 Bergen A. Rapp M.D
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Esper B. Brehmer
25. FUNERAL DIRECTOR: Gerald E Browning
ADDRESS: St. Maries Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 103
Local Reg. No. 6
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ------

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Anne
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): January 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 5, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? ---

13. FATHER'S NAME: no data — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x William K Jensen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1953, *to* 1-22, 1953, *that I last saw the deceased alive on* 1-22, 1953, *and that death occurred at* 12 45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp M.D. (Degree or title) 346
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho.

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: Maries, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 104
Local Reg. No. 1
Reg. Dist. No. 600

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 875 North Shilling

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 875 North Shilling

3. NAME OF DECEASED (Type or Print)
a. (First): Brent
b. (Middle): DeLynn
c. (Last): Hiatt

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 2, 1949
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lynn G. Hiatt — BIRTHPLACE: Blackfoot, Idaho
14. MOTHER'S MAIDEN NAME: Beth Wadsworth — BIRTHPLACE: Aberdeen, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lynn G. Hiatt — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chicken pox

DUE TO (c) Hydrocephalus congenital

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

0878

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 4, 1953, *that I last saw the deceased alive on* Jan 3, 1951, *and that death occurred at* 8:45 M *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Packer MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: Jan 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5-1953
REGISTRAR'S SIGNATURE: Mrs Coalter E. Patine
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 05
Local Reg. No. 6
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
c. LENGTH OF STAY (in this place) 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
d. STREET ADDRESS (If rural, give location) 186 N. Spruce.

3. NAME OF DECEASED (Type or Print) a. (First) SHANNON b. (Middle) STAR c. (Last) COSGROVE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Oct. 10, 1951
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hamilton Field, Calif
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin F. Cosgrove, BIRTHPLACE Utica, N.Y.
14. MOTHER'S MAIDEN NAME Ruth Jo DeWitt, BIRTHPLACE Leslie, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Martin F Cosgrove ADDRESS Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Broncho Bilateral — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital cerebral paralasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Jan. 18, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 3:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C Dean Packer (Degree or title) M. D.
23b. ADDRESS Blackfoot, Idaho.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot, Idaho.

DATE REC'D BY LOCAL REG. Jan 20-1953
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR John C. Sandberg ADDRESS Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 106
Local Reg. No. 7
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 936 South Shilling Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 936 South Shilling Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle) Wood; c. (Last) Rowe

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 18, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 16, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morgan Wood
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Harriett Lincoln
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vina R. Rowe
ADDRESS: Blackfoot, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Jan 18, 19 53, *that I last saw the deceased alive on* Jan. 18, 19 53, *and that death occurred at* 8:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/24/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: Jan 22 1953

REGISTRAR'S SIGNATURE: Mrs. Calvin E. Lewis

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 2
Reg. Dist. No. 600

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 8yr, 6mo, 20da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PRESTON
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle):
c. (Last): LAMOREAUX

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 5 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: OCTOBER 27, 1907
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PRESTON, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: FRED LAMOREAUX — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: FLORENCE ALLSWORTH — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

561.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulated Inguinal Hernia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Hernia — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Psychosis, Schizophrenia — 15 yrs

19a. DATE OF OPERATION: Dec 25-1952
19b. MAJOR FINDINGS OF OPERATION: Necrotic Bowel
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JUNE 15, 1944, *to* JAN. 5, 1953, *that I last saw the deceased alive on* JAN. 5, 1953, *and that death occurred at* 5:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 1.5.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial + Rem.
24b. DATE: Rem. 1-5-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Preston (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 5-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 4
Reg. Dist. No. 601

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4mo, 7da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY.
d. STREET ADDRESS (If rural, give location): 421 W. MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): BERNICE
b. (Middle):
c. (Last): NEINDORF

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 7, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 20, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: WILLIAM GIBSON — BIRTHPLACE: ILLINOIS
14. MOTHER'S MAIDEN NAME: CORA BELLE NASH — BIRTHPLACE: COLORADO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 302X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Psychosis Involutional — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 12, 1952 *to* JAN. 7, 1953, *that I last saw the deceased alive on* JAN. 7, 1953, *and that death occurred at* 5:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 1.8.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7 Jan 53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St Anthony Idaho

DATE REC'D BY LOCAL REG.: Jan. 8-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: M S Hansen — ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 601

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BEAR LAKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JESSE; b. (Middle) LAWRENCE; c. (Last) STEWART

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 7 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: APRIL 1 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR — Months: 9 Days: 6
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ST. CHARLES, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN CALVIN STEWART
BIRTHPLACE: ALABAMA

14. MOTHER'S MAIDEN NAME: MARY JANE TAYLOR
BIRTHPLACE: GEORGIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Organic — 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC. 27, 1952, *to* JAN. 7, 1953, *that I last saw the deceased alive on* JAN. 7, 1953, *and that death occurred at* 5:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 1.8.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Jan. 8/53
24b. DATE: Jan. 8/53
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetary
24d. LOCATION (City, town, or county) (State): Montpelier, Idaho

DATE REC'D BY LOCAL REG.: Jan 8 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Paine
25. FUNERAL DIRECTOR ADDRESS: [illegible] Blackfoot
For Nice Mathews, Montpelier Ida

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 3
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 21yr, 10m, 17da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNKNOWN
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle):
c. (Last): BARMETLOR

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 11 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: 12-9-1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months: 1 Days: 2 — IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): SALINA, KANSAS
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: R. A. BARMETLOR — BIRTHPLACE: IOWA
14. MOTHER'S MAIDEN NAME: ADDIE DEAN — BIRTHPLACE: KANSAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lemmont — ADDRESS: RECORDS ST. HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 25 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 9, 1900, *to* JAN. 11, 1953, *that I last saw the deceased alive on* JAN. 11, 1953, *and that death occurred at* 11:45Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Ida State Hosp. So.
23c. DATE SIGNED: 1.12.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/53
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan 15 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 10
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley
c. LENGTH OF STAY (in this place) 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Katie
b. (Middle) Elizibeth
c. (Last) Walker

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) [redacted] WIDOWED
8. DATE OF BIRTH May I 1887
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hunington, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Croft
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ester Croft
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Verga Bradshaw
ADDRESS Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilal. Bronchial Pneumonia 5 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* Jan 14, 1953 *that I last saw the deceased alive on* Jan 13, 1953 *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Dale L. Bridgman (Degree or title)
23b. ADDRESS Shelley Ida
23c. DATE SIGNED 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY Iona Cem
24d. LOCATION (City, town, or county) Idaho Falls RT. # I (State) Idaho

DATE REC'D BY LOCAL REG. Jan 16-1953
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR M. Welden
ADDRESS Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No.
Reg. Dist. No. 601
BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location): Lincoln Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle):
c. (Last): Ingawanup

4. DATE OF DEATH: (Month) Jan. (Day) 20, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	Indian	married	Abt. 1886	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Cattleman
10b. KIND OF BUSINESS OR INDUSTRY: On ranch
11. BIRTHPLACE (State or foreign country): Fort Hall Indian Res., Ida.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Venus Mitchell — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 241X Malignant Asthma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1952 *to* Nov 19, 1952, *that I last saw the deceased alive on* Nov 19, 1952, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-53
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Creek Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln Creek, Bingham, Ida.

DATE REC'D BY LOCAL REG.: Jan 23 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Parsons
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 8
Reg. Dist. No. 801

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Alzina c. (Last) Hatch (Eckersley)

4 DATE OF DEATH: (Month) (Day) (Year) January 20, 1953

5. SEX: Female

6 COLOR OR RACE: White

7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 16, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- Midwife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12 CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elias Smith
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Amy Jane King
BIRTHPLACE:

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Leo L Johnson ADDRESS: Moreland, Idaho.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Died in Sleep. (Probable apoplexy)
INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility with marked arterio-sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~about~~ 1943, *to* Jan. 20, 19 53, *that I last saw the deceased alive on* October, 1952, *and that death occurred at* 6:00a.m., *from the causes and on the date stated above.* Over

23a. SIGNATURE: C. C. Hampton M. D. (Degree or title)
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/53
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Idaho.

DATE REC'D BY LOCAL REG.: Jan 23-1953
REGISTRAR'S SIGNATURE: Mrs Walter E Fatzie
25. FUNERAL DIRECTOR: John C. Sandberg. ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Earnest L.
b. (Middle):
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): Jan 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 6 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: L. M. Walden — ADDRESS: Shelley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Incident to Age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I* [illegible] *deceased from* Was Dead, Upon my arrival, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): +70 A. Frolin Caroner
23b. ADDRESS: Black foot. Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-53
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: 1-26-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M. Walden — ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 12
Reg. Dist. No. 601

BIRTH NO. ____

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South of Blackfoot
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South of Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Gen'l Delivery Salmon, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Stanford; b. (Middle); c. (Last) Ariwite

4. DATE OF DEATH: (Month) Jan (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 16, 1937

9. AGE (In years last birthday): 15
IF UNDER 1 YEAR: Months ____ Days 11
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 7?

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: ____

13. FATHER'S NAME: unknown
BIRTHPLACE: ____

14. MOTHER'S MAIDEN NAME: Lillian Ariwite
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT'S OWN SIGNATURE: Elvena Ariwite
ADDRESS: Blackfoot

18. CAUSE OF DEATH 4 16 X

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease — 15 years

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Edema

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: ____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* never saw him alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3: a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Jan 26,53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Gibson Mission Cemetery

24d. LOCATION (City, town, or county) (State): Bingham Co. Idaho

DATE REC'D BY LOCAL REG.: Jan. 30 1953

REGISTRAR'S SIGNATURE: Mrs. Wallis E. Patmie

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDDLETON.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): S.
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 28, 1953

5. SEX: MALE
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 22, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?: NOT KNOWN

13. FATHER'S NAME: ISSAC JEREMIAH MORRIS — BIRTHPLACE: INDIANA
14. MOTHER'S MAIDEN NAME: FRANCES MORRIS — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH 592X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Hypertrophy — 10 yrs.
DUE TO (c): Chronic Nephritis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 26, 1953, *to* JAN. 28, 1953, *that I last saw the deceased alive on* JAN. 28, 1953, *and that death occurred at* 1:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 1.28.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 29 Jan 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Jan. 29-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Willard Carper — **ADDRESS**: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 14
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 12Y.11M.5D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVUE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): M.
c. (Last): CARPENTER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 29, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not Given
8. DATE OF BIRTH: 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Not Given
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Namar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 15 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* FEB. 25, 1940, *to* JAN. 29, 1953, *that I last saw the deceased alive on* JAN. 29, 1953, *and that death occurred at* 5:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spearman M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 1.29.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 15
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1yr 2mo23days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl.
d. STREET ADDRESS (If rural, give location): 13 Birch Street.

3. NAME OF DECEASED (Type or Print)
a. (First): Gilliat
b. (Middle):
c. (Last): Hitchcock

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29 53

5. SEX: male.
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: June 23, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Erie, Pennsylvanie
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Otto Hitchcock. BIRTHPLACE: Pennsylvania.
14. MOTHER'S MAIDEN NAME: Martha Heyl Raser BIRTHPLACE: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: Effie Thomas — ADDRESS: Records State Hos. South, Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 9 1 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Cardiac Sclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 2 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1951, *to* 1-29, 1953, *that I last saw the deceased alive on* 1-29, 1953, *and that death occurred at* 3:28P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hospital So. Blackfoot
23c. DATE SIGNED: 1.30.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Feb. 2-1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City & Co. Utah

DATE REC'D BY LOCAL REG.: Feb. 3-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie
25. FUNERAL DIRECTOR: Willard Casper — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hitchcock

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 16
Reg. Dist. No. 601

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Blackfoot, Ft. Hall Res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. of Blackfoot, Ft. Hall Reservation
d. STREET ADDRESS (If rural, give location): Rural- So. of Blackfoot

3. NAME OF DECEASED (Type or Print): a. (First) Benson; b. (Middle) Lyle; c. (Last) Crow

4. DATE OF DEATH: (Month) Jan. (Day) 29, (Year) 1953

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: August 7, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 5 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ray Crow
BIRTHPLACE: Denio, Oregon

14. MOTHER'S MAIDEN NAME: Alice George
BIRTHPLACE: Lemhi, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ray Crow
ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7730

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Upper Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ____

DUE TO (c): ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not attend deceased - did not see him alive *to* ____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Gibson Mission Cemetery
24d. LOCATION (City, town, or county) (State): Gibson, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb 2-1953
REGISTRAR'S SIGNATURE: Mrs Galen E. Patrick

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 1
Reg. Dist. No. 601

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4mo, 24da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) WILLIAM; c. (Last) STARTIN

4. DATE OF DEATH: (Month) JAN. (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 19, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months | Days: 12
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOVEL OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PROVO, UTAH

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: HARRY STARTIN
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: MARY SKINNER
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-0847

17. INFORMANT'S OWN SIGNATURE: [signature illegible]
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy — 20 years
DUE TO (c) Arteriosclerosis — 30 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-7, 19 52, *to* JAN. 31, 19 53, *that I last saw the deceased alive on* JAN. 31, 1953, *and that death occurred at* 3:07 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles N. Spraguer M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 1.31.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb. 5-1953
REGISTRAR'S SIGNATURE: Mrs Walter E Adams
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2
Local Reg. No. 2
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (in this place) 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S-V. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NORTH FORK STORE No. of
d. STREET ADDRESS (If rural, give location) Ketchum on U.S. 93.

3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) JACK. c. (Last) REINSCH

4. DATE OF DEATH (Month) (Day) (Year) 1 - 14 - 53

5. SEX F

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH MAY 8, 1908

9. AGE (In years last birthday) 44
IF UNDER 1 YEAR Months 8 Days 6
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chicago, Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME MARTIN FISHER BIRTHPLACE BOHEMIA

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE BOHEMIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Jack E. Reinsch ADDRESS Ketchum

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/12, 19 53, *to* 1/14, 19 53, *that I last saw the deceased alive on* 1/14, 19 53, *and that death occurred at* 3 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE John R. Morris (Degree or title) M D

23b. ADDRESS Sun Valley Idaho

23c. DATE SIGNED 1/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 1-17-53

24c. NAME OF CEMETERY OR CREMATORY Ketchum

24d. LOCATION (City, town, or county) Ketchum (State) Idaho

DATE REC'D BY LOCAL REG. Jan-20-1953

REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.V.

25. FUNERAL DIRECTOR Ray Mayfield Hailey

ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 3
Reg. Dist. No. 410

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena Store
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) Skerner c. (Last) Cook

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: unknown

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Construction Machinery

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Lesion - Died at Galena Store -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): This is all the information obtainable -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Inst -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470
23b. ADDRESS: Blaine Co. Coroner - Hailey Idaho
23c. DATE SIGNED: Jan. 17 1953

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 1-19-53
24c. NAME OF CEMETERY OR CREMATORY: Hailey Co.
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Jan 26-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.V.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 123
Local Reg. No. 4
Reg. Dist. No. 410

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE		BROOKS	1-17-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	MARRIED	Aug 4 1910	42	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HARD Rock MINER		Hailey Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Geo. R. Brooks	Mo	Cassie Walker	Galena Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW 2	518-09-9606	Del Brooks.	Butte Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Block. — INTERVAL BETWEEN ONSET AND DEATH inst.

Found dead in home.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine Co. Coroner.	Hailey Idaho.	Nov. 20-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
	1-23-53	Hailey Eagle	Hailey	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 28-1953	Robert H. Wright - per Ler B.W.	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 410

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place): 73.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) c. (Last) McNARY

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): THOMAS

8. DATE OF BIRTH: 8-7-1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR — Months: 5 Days: 16
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SIOUX CITY IOWA

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: SAMUEL MORRIS
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: —
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no.

17. INFORMANT'S OWN SIGNATURE: Sam McNary
ADDRESS: Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral vascular accident
INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c) Hypertension
INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Nov 1952 *to* Jan 1953, *that I last saw the deceased alive on* Jan 2, 1953 *and that death occurred at* 1:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.L. Hawks MD
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 24 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 1-25-53
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue Ida

DATE REC'D BY LOCAL REG.: Jan. 31-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per LeBr.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 125
Local Reg. No. 2
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural - Wrencoe
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NANCY	ALETHEA	WILSON	January 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Oct. 8 1949	-3-				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Childhood
11. BIRTHPLACE (State or foreign country) Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel A. Wilson — BIRTHPLACE San Diego, Calif.
14. MOTHER'S MAIDEN NAME Hazel Alice Smith — BIRTHPLACE New London, Conn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Samuel A. Wilson — ADDRESS Sandpoint

241X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric bleeding

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 1-1, 1953 *to* 1-2, 1953 *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 7:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W Smith	MD	Sandpoint, Ida	1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	January 6, 1953	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 6-1953	Merlene Oates	[illegible]	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 126
Local Reg. No. 109
Reg. Dist. No. 110

RECEIVED JAN 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1223 Pine Street

3. NAME OF DECEASED (Type or Print)
a. (First): MERLEE (MERLIE)
b. (Middle): JEAN
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Jan 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 23, 1935
9. AGE (In years last birthday): -17-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sophomore student
10b. KIND OF BUSINESS OR INDUSTRY: Public schools
11. BIRTHPLACE (State or foreign country): Klamath Falls, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George K. Smith
BIRTHPLACE: Pea Ridge, Arkansas
14. MOTHER'S MAIDEN NAME: Lucille Osborn
BIRTHPLACE: Council, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Marvin W. Osborn
ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 871.0 Barbitonite poisoning — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Undetermined
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint, Bonner co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1953 *to* 1-4, 1953, *that I last saw the deceased alive on* 1-4, 1953, *and that death occurred at* 7:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith (Degree or title): MD
23b. ADDRESS: 109½ N. First Ave Sandpoint, Ida
23c. DATE SIGNED: 1-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Council Cemetery
24d. LOCATION (City, town, or county) (State): Council Idaho

DATE REC'D BY LOCAL REG.: Jan. 5-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 127
Local Reg. No. 3
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 427 North Ella

3. NAME OF DECEASED (Type or Print)
a. (First): MARK
b. (Middle):
c. (Last): HUNT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15, 1874
9. AGE (In years last birthday): -78-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor 19
10b. KIND OF BUSINESS OR INDUSTRY: real estate
11. BIRTHPLACE (State or foreign country): Schoolcraft County, Mich.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: L.G.Hunt
BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Henrietta C. Hill
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-07-0944
17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Rt. 1. Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion c̄ — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocardial infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1952 *to* Jan 6, 1952 *that I last saw the deceased alive on* Jan 6, 1952 *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 659 J.A. Munson (Degree or title): MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 1/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Jan. 8, 1953 09
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Jan. 7-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: [signature] Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 108
Local Reg. No. 4
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1106 Larch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) LYMAN b. (Middle) CHESTER c. (Last) CLARY

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan. 9, 1866

9. AGE (In years last birthday): -86- | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Dairy farming

11. BIRTHPLACE (State or foreign country): Sigourney, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown Clary — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Mrs Fred Clary — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

430.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 25, 1953, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953 *and that death occurred at* 11:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 659 Munson — (Degree or title): M.D. — **23b. ADDRESS**: Sandpoint, Ida. — **23c. DATE SIGNED**: 1/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan. 10, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinecrest Cemetery — **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan-7-1953 — **REGISTRAR'S SIGNATURE**: Merlene Oates — **25. FUNERAL DIRECTOR**: Moon Funeral Home — **ADDRESS**: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 5
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 321 South Lavina Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 321 South Lavina Ave.

3. NAME OF DECEASED (Type or Print): a. (First) MABELL b. (Middle) M. c. (Last) MURRAY

4. DATE OF DEATH (Month) (Day) (Year): January 7 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 28, 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Alliance Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kay Briggs	Lancaster, England	Helen Mortz	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Ed Bridge	Sandpoint, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteria Sclerosis — 5 yrs

DUE TO (c) Carcinoma left breast, mid. Metastasis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Secondary anaemia — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1 1952	Carcinoma left breast	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 5, 1953, *to* Jan 7, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Tyler 431	M D	Sandpoint Idaho	Jan 8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 12, 1953	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 14-1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 130
Local Reg. No. 6
Reg. Dist. No. 110

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNER General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 212 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) MOSE b. (Middle) c. (Last) LA FOND

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 4, 1876

9. AGE (In years last birthday): -76- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): Little Falls, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mitchel La Fond BIRTHPLACE: St. Polin, Canada

14. MOTHER'S MAIDEN NAME: Marance Brule BIRTHPLACE: St. Polin, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Minnie A La Fond ADDRESS: Sandpoint

18. CAUSE OF DEATH 157X

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteria Sclerosis — 5 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1952, *to* Jan 14, 1953, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Tyler MD (Degree or title) 431 — 23b. ADDRESS: Sandpoint Idaho — 23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Jan 14 1953 — 24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery — 24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan. 15-1953 — REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 131
Local Reg. No. 9
Reg. Dist. No. 110

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 526 South Florence

3. NAME OF DECEASED (Type or Print): a. (First) MYRTLE ANN b. (Middle) FERGUSON c. (Last) ANDERSON

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2, 1909
9. AGE (In years last birthday): -43- IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Victor, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Charles Ferguson — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 522-28-1508
17. INFORMANT'S OWN SIGNATURE: Orval Anderson — ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt. lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Interstitial carcinoma — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Secondary anaemia — 2 yr.

19a. DATE OF OPERATION: March 1952
19b. MAJOR FINDINGS OF OPERATION: Very large cystic adenoma left ovary. Dermoid cyst right ovary
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1952, *to* Jan 29, 1953, *that I last saw the deceased alive on* Jan 28, 1953, *and that death occurred at* 6:46A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 431 W. F. Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 4-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Lyon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

State File No. 138
Local Reg. No. 7
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no street address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR		FROST	January 15 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Dec. 7 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cedar shingle packer	Shingle mill	unknown	unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Frost	unknown	Josephine Masterson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	535-01-8096-A	L. D. Moon Jr.	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — Expired Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis. — Several Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Found dead. _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
470 Laurence E. Moon Coroner	Sandpoint, Idaho.	Jan. 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/20/53	Evergreen Cemetery	Priest River, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 22-1953	Merlene Oates	L. D. Moon Jr.	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 133
Local Reg. No. 8
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): King Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): King Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): Phillip
c. (Last): HOWE

4. DATE OF DEATH (Month) (Day) (Year): January 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 29, 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gambler 35
10b. KIND OF BUSINESS OR INDUSTRY: Gambling
11. BIRTHPLACE (State or foreign country): Bonners Ferry, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Howe — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Oro Gray — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 575-16-4039
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs. Oro Howe, Entiat, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

874.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Paraldehyde Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Found dead.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hotel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Priest River, Bonner co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 18, 1953-8:30a m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Took large dose in soda-water, while under influence liquor

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence [signature] 470 (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Jan. 19, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/19/53 4
24c. NAME OF CEMETERY OR CREMATORY: Wenatchee Cemetery
24d. LOCATION (City, town, or county) (State): Wenatchee, Wash.

DATE REC'D BY LOCAL REG.: Jan. 23, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 5
Reg. Dist. No. 610

BIRTH NO. 111-52-10284

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Dean c. (Last) Middleton

4. DATE OF DEATH (Month) (Day) (Year): Jan 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 16, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 16; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Val D. Middleton — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Jean Munsee — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Val D. Middleton Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 590X Acute glomerulo-Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 18 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Polycystic Kidney

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 16 Dec, 1952, *to* 2 Jan, 1953, *that I last saw the deceased alive on* 2 Jan, 1953, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): John E. Worlton M.D.

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 15 Jan '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/4/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20 1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 6-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 105 Corner Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CALISTA	HARRIET	SCHWARTZ	January	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	October 6, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Delance Sutlief — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Rachel Winters — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: P J Schwartz — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25-52 *19__, to* 1-4 *, 1953, that I last saw the deceased alive on* 1-4 *, 1953, and that death occurred at* 12:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Blair Ellsworth	M.D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Jan. 8, 1953	Rose Hill	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.: Jan. 13, 1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orlando LeBuck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 459 I Street

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) R. c. (Last) Telford

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centerville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles W. Rockwood
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Anna Rockwood
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Ralph Stevenson
ADDRESS: Washington, D. C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis
INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and endocarditis with
DUE TO (c) Consolidation of L. upper lung of Bilat. old unresolved broncho pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 48 *to* Jan. 4, 53, *that I last saw the deceased alive on* Jan. 3, 53 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John O. Meller MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: Jan. 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/8/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20 - 53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Idaho

Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-U021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 649 -12th Street

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) H. c. (Last) Brown

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 28, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Brown
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Ellen Burnett
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ralph Brown
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5-6 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Age & Gen. Condition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Recent Transurethral Prostatectomy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy & CA of Prostate.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/17, 1952, *to* 1/4, 1953, *that I last saw the deceased alive on* 1/4, 1953, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon W. Reynolds, M.D.

23b. ADDRESS: 357 F St. Idaho Falls, Idaho

23c. DATE SIGNED: 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/7/53

24c. NAME OF CEMETERY OR CREMATORY: Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20-'53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Ida
Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 138
Local Reg. No. 16
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Infant
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Stine

4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Jan 3 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ririe, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Donald Stine BIRTHPLACE Mackay, Ida
14. MOTHER'S MAIDEN NAME Grace Rowley (?) BIRTHPLACE Lyons, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE George Stine ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre maturity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fetal Atelectasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1953, *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. L. Reed Jr. MD
23b. ADDRESS 1396 South Boulevard
23c. DATE SIGNED Jan 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 6/1953
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Jan. 27-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Milton Rees
148 N Corner

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 139
Local Reg. No. 1
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Mae
c. (Last): Jones Higgins

4. DATE OF DEATH (Month) (Day) (Year): Jan 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Granite Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hyrum Smith Despain
BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Ruth Griffith
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Philip Jones
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac decompensation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1WK

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 10, 1952 *to* Jan 5, 1953, *that I last saw the deceased alive on* Jan 5, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 329 (Degree or title): Milton T. Rees M.D.
23b. ADDRESS: 148 N. Corner Idaho Falls, Ida
23c. DATE SIGNED: 1-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-9-53
24c. NAME OF CEMETERY OR CREMATORY: So Cottonwood
24d. LOCATION (City, town, or county) (State): Murray Utah

DATE REC'D BY LOCAL REG.: Jan. 6-1953
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Lloyd M Walker
ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1661
Local Reg. No. 8
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 392 Ash Street

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Lou c. (Last) C.Brainard

4. DATE OF DEATH (Month) (Day) (Year) Jan.6,1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 14,1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Paulsen BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Not Knowm BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ted Carter ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1953, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/9/53
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Jan. 26-1953
REGISTRAR'S SIGNATURE Anna Rudgers
25. FUNERAL DIRECTOR Jack A. Wood ADDRESS Idaho Falls, Idaho
Jack A. Wood

Federal Security Agency
United States Public Health Service
Form DPH-5021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 10
Reg. Dist. No. 610

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 392 Ash Street

3. NAME OF DECEASED (Type or Print): a. (First) Clyde b. (Middle) A. c. (Last) Brainard

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 8, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ted Clinton
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Toxic — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Frostbite — 2 wk
DUE TO (c) Renal disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 25 1952 6 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Freezing

22. *I hereby certify that I attended the deceased from* Dec 25, 1952 *to* Jan 6, 1953 *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible], (Degree or title) M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 20 1953
REGISTRAR'S SIGNATURE: Verna Rudges

25. FUNERAL DIRECTOR: Jack A. Wood, Idaho Falls, Idaho
ADDRESS: Jack A. Wood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 18
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1265 Albany

3. NAME OF DECEASED (Type or Print): a. (First) Douglas b. (Middle) K. c. (Last) Bates

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 17, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 5 Days: 20 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reed A. Bates — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Marjorie Freeman — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. C. Bates — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Was recovering from upper Respiratory tract Infection & Bronchitis — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Jan. 13 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/10/53

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Jan. 29-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Woodcock — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 434 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): KARL
c. (Last): JAHN

4. DATE OF DEATH (Month) January (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: October 14, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Jahn — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-1175
17. INFORMANT'S OWN SIGNATURE: Dick Jahn — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 1) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days
ANTECEDENT CAUSES 2) Uremia — 1 wk
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* 8:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W E Guyett (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls, (State) Idaho

DATE REC'D BY LOCAL REG.: Jan. 24-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 144
Local Reg. No. 19
Reg. Dist. No. 610

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1055 Bear Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Elizabeth
c. (Last): Muncey

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 25, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John G. Griner — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Kernhand — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A E Muncey — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — Several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 26, 1952, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 4:08 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Godinquist MD. 377
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/53 01
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Pk.
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 29, '53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack K. Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 23
Reg. Dist. No. 6/D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 455 "J" Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 455 "J" Street

3. NAME OF DECEASED (Type or Print)
a. (First): MAX
b. (Middle): A.
c. (Last): FRANZ

4. DATE OF DEATH (Month) (Day) (Year): January 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Franz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Bertha Mattine — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-20-3468
17. INFORMANT'S OWN SIGNATURE: Mrs Max Franz — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary
~~DUE TO (c)~~ Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on 1/10/53, 19__, and that death occurred at 3:30A. m., from the causes and on the date stated above.*

23a. SIGNATURE: John S. McMillin — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pine View
24d. LOCATION (City, town, or county): Ashton — (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 31-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 03
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 285 E. 20th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 285 E. 20th Street

3. NAME OF DECEASED (Type or Print): a. (First) JoAnn; b. (Middle); c. (Last) Nelson

4. DATE OF DEATH: (Month) (Day) (Year) January 13, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dedember 12, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 1; Days 1
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 0 2

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Russell E. Nelson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty J. Arneson
BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Russell E. Nelson
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 763.0 Bilateral Confluent Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Body dead on Arrival 1-13-53, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Reed Zobell M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Jan. 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan-13-1953

REGISTRAR'S SIGNATURE: Anna Snipes

25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 120 10th St.

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Sylvester c. (Last) Mooney
4. DATE OF DEATH (Month) (Day) (Year) January 14, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 29, 1918
9. AGE (In years last birthday) 34 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Wk.
10b. KIND OF BUSINESS OR INDUSTRY Monument Co.
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Edward Mooney BIRTHPLACE Montana
14. MOTHER'S MAIDEN NAME Nellie Allard BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 480X
17. INFORMANT'S OWN SIGNATURE Nancy L. Mooney ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 5 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. C. Erickson M.D.
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/16/53
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Jan. 20-1953
REGISTRAR'S SIGNATURE Anna Rudges
25. FUNERAL DIRECTOR Jack A. Wood ADDRESS Idaho Falls, Idaho
Jack A. Wood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 516 Capital

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) EDWARD c. (Last) BRAY

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 14, 1885

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watermaster

10b. KIND OF BUSINESS OR INDUSTRY: Irrigation Canal

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Jackson Bray — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Elizabeth Jane Shelton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-0438

17. INFORMANT'S OWN SIGNATURE: Dora L. Bray — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arterial fibrillation

DUE TO (c): myocardial infarction — 2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls — Bonn. — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1952, *to* 1-18, 1953, *that I last saw the deceased alive on* Jan. 17, 1953, *and that death occurred at* 2:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 24-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Rees

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 24
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 394 - H. St.

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Olsen c. (Last) Bischoff

4. DATE OF DEATH (Month) (Day) (Year) Jan - 19 - 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 7 - 1877
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 8 Days 12 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fountain Green - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hans Peter Olsen BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Ellen Agard BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Rex Bischoff ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of Stomach Metastatis to Liver — INTERVAL BETWEEN ONSET AND DEATH 8 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31-52, *1952, to* Jan. 19, *1953, that I last saw the deceased alive on* Jan. 19, *1953, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Milton T. Rees M.D. (Degree or title)
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 22 1953
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Jan. 31-1953
REGISTRAR'S SIGNATURE Anna Budges
25. FUNERAL DIRECTOR Geo A Williams ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 150
Local Reg. No. 25
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 340 "G" Street

3. NAME OF DECEASED (Type or Print): a. (First) MAY b. (Middle) c. (Last) FITZ GERALD

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 28, 1873
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick FitzGerald BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Margaret Tighe BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — many yrs.
DUE TO (c) Aortic Aneurysm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1953, *to* Jan. 20, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan 31 1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland E. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-400B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 51
Local Reg. No. 15
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
c. LENGTH OF STAY (in this place): 40 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth R#1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Lewis
c. (Last): Lockyer

4. DATE OF DEATH (Month) (Day) (Year): Jan 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 21, 1928
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamett, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert D. Lockyer — BIRTHPLACE: Shelley, Idaho
14. MOTHER'S MAIDEN NAME: Laura B Fowler — BIRTHPLACE: Salt Lake City Uta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R D Lockyer — ADDRESS: Firth R#1 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure with anasarca — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tuberculous peritonitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1/18, 1953 *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harley Sell M.D.
23b. ADDRESS: 500 Walnut - Idaho Falls, Ida
23c. DATE SIGNED: 1/20/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-53
24c. NAME OF CEMETERY OR CREMATORY: Firth
24d. LOCATION (City, town, or county) (State): Firth Bingham Idaho

DATE REC'D BY LOCAL REG.: Jan. 24-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25 FUNERAL DIRECTOR: Floyd McNalder — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 610

BIRTH NO. JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 317 Basalt

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) c. (Last) Sauer

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 21, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 12, 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Milbeta, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Sauer — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Henry — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Army-World War II

16. SOCIAL SECURITY NO.: 519-09-3460

17. INFORMANT'S OWN SIGNATURE: Mrs Harry Sauer — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 9 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952.

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of Stomach.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* 21 Jan, 1953 *that I last saw the deceased alive on* 20 Jan, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland T. Franz MD

23b. ADDRESS: 798 So Boulevard Idaho Falls Id.

23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/26/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 29-'53

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR — ADDRESS: Jack A. Wood, Idaho Falls.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 153
Local Reg. No. 12
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 278 8th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 278 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): FORREST
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): January 22 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 20, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas M. Forrest — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jeanne Cochrane — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Jeff Pratt — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Neuritis, undermarished
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. High blood pressure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 22, 1953, *to* Jan. 22, 1953, *that I last saw the deceased alive on* Jan. 22, 1953, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jennie M. Gardner, D.O. 702 (Degree or title)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Jan. 24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & burial
24b. DATE: Jan. 25, 1953 01
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 24-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 610

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 160 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 160 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE; b. (Middle) MARCELLUS; c. (Last) ISENBURG

4. DATE OF DEATH: (Month) January (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 18, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Retail drug store

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gustavus Adolphus Isenburg — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Jennie Betcke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marian J. Mooney — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 14 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1948, *to* Jan. 23, 1953, *that I last saw the deceased alive on* Jan. 22, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson — (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 31-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 610

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 N. Eastern Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Gen Del -

3. NAME OF DECEASED (Type or Print): a. (First) Terry b. (Middle) c. (Last) Collins -

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married -

8. DATE OF BIRTH: April 4 1869

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months: 9 Days: 21 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Collins - BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Nora D'Hoty BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: State Records - ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) & Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo A. Williams Coroner

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 1-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 27 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan 31-1953

REGISTRAR'S SIGNATURE: Emma Rudges

25. FUNERAL DIRECTOR: Geo A Williams ADDRESS: Idaho Falls Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hosp. Idaho Falls Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle): Greenwood
c. (Last): Pate

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26 - 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Jan. 15 - 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Union, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Greenwood Pate Sr. — BIRTHPLACE: Hancock Ill.
14. MOTHER'S MAIDEN NAME: Ruth Johnson Still — BIRTHPLACE: Tenny Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Hortense Johnson — ADDRESS: Moore - Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gen. Debility of Old Age

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Uremia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1952, *to* 1/26, 1953, *that I last saw the deceased alive on* 1/26, 1953, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon W. Reynolds M.D.
23b. ADDRESS: 357 F St. Idaho Falls, Idaho
23c. DATE SIGNED: 1/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30-53
24c. NAME OF CEMETERY OR CREMATORY: Lost River Cem.
24d. LOCATION (City, town, or county) (State): Moore - Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Ida.
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 9 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 17 yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter-Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 947 Cassia Ave,

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Alfred
c. (Last): Corbit

4. DATE OF DEATH (Month) (Day) (Year): January 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 9, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Mason #1
10b. KIND OF BUSINESS OR INDUSTRY: Construstion
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ira Alfred Corbit — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Susy Arminda Mead — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 545-14-2942
17. INFORMANT'S OWN SIGNATURE: Ray A. Corbit Jr. — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9190

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wound abdomen

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1-25-53
19b. MAJOR FINDINGS OF OPERATION: Laceration liver, pancreas, small intestine & Colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan, 25 1953 pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gun went off. Bullet entered abdomen

22. *I hereby certify that I attended the deceased from* 1-25-, 1953, *to* 1-28-, 1953, *that I last saw the deceased alive on* 1-28-, 1953, *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Steven Hatch MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: February 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 5-1953
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: Orland [illegible] — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITA...

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 15...
Local Reg. No. 32
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1435 Pnderosa Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 226 Concord Street

3. NAME OF DECEASED (Type or Print): a. (First) ELLEN b. (Middle) S. c. (Last) HAGLUND WESTERBERG

4. DATE OF DEATH (Month) (Day) (Year): Jan 30, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov., 3, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months: 2 Days: 27
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Veinocker, Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Haglund BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Johanna Johnson BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elva Walker ADDRESS: 226 Concord St Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Advanced Age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wendell L. Nielsen MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 1-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7 Feb 53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1953

REGISTRAR'S SIGNATURE: Lenna Bridges

25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 159
Local Reg. No. 4
Reg. Dist. No. 611

BIRTH NO.

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte.#1 Falls Idaho
c. LENGTH OF STAY (in this place): 15 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1 Idaho Falls, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte. #1 Idaho Falls, Idaho.
d. STREET ADDRESS (If rural, give location): Rte. #1 Idaho Falls, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) THOMAS c. (Last) BOWLES

4. DATE OF DEATH: (Month) (Day) (Year) January 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-16-1882	70	7	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Nephi, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Edward Bowles — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Louisa Bale — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs H. J. Hard — ADDRESS: 227 8th Street, Idaho Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420 11

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. , 1937, *to* Jan 9 , 1953, *that I last saw the deceased alive on* Jan 3 , 1953, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon Hall M.D.	Rigby Leon Hall M.D.	1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/14/1953	Milo Cemetery	Milo Bonneville Idaho.

DATE REC'D BY LOCAL REG.: Jan. 16-1953
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 611
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Oliver		Kunz	Jan. 13-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In Years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married -	July-18-1902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bern - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Kunz -	Berne - Switzerland	Louise Jacobs	Berne - Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lavaun Kunz ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. McMillin M.D.	365 F. St.	1/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 17-1953	Fielding Mem. Park	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Jan. 27-1953	Irma Bridges	Leo A. Williams Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be Answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1953 DIVISION OF VITAL STATISTICS

State File No.
Local Reg. No. 1-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): District 15

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Frances c. (Last) Shearer

4. DATE OF DEATH (Month) (Day) (Year): January 10, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/9/1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Richfield Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Hughes
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Nancy Pollard
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ruth E Clark
ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 23, 19 52, *to* Jan 10, 19 53, *that I last saw the deceased alive on* Jan 10, 19 53, *and that death occurred at* 6 P. M. *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Bonser (Degree or title): M.D
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 1-10-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grandview cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 1/16/53
REGISTRAR'S SIGNATURE: Nicholas Stone

25. FUNERAL DIRECTOR: E W Whitney
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2-53
Reg. Dist. No. 100

BIRTH NO. FEB 10 1953

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF [illegible]: 6months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Albert	Thomas	Rohlf	January 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Nov. 8 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumber salesman
10b. KIND OF BUSINESS OR INDUSTRY: lumbering
11. BIRTHPLACE (State or foreign country): Davenport Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Rohlf
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO. 519-22-1091
17. INFORMANT'S OWN SIGNATURE: Louisa S. Rohlf ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 13 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis - Senile georo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — 4 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 29, 1952, *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Bonners Ferry Idaho	1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan 16, 1953	Grandview Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.: 2/4/53
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: E. H. Whitney ADDRESS: Bonners Ferry Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Loella b. (Middle) Adaline c. (Last) Larson

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 31 - 1877

9. AGE (Years last birthday): 75
IF UNDER 1 YEAR: Months 5 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Blue Hill - Nebraska

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: William Cole
BIRTHPLACE: Belfast Ireland

14. MOTHER'S MAIDEN NAME: Sarah Applegate
BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Merle Larson
ADDRESS: Howe, Idaho

18. CAUSE OF DEATH 443X

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): hypertension — 5 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* Jan 4, 1953, *that I last saw the deceased alive on* Jan 4, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Reines (Degree or title): M.D.

23b. ADDRESS: Box 546, Arco Idaho

23c. DATE SIGNED: 1/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan-8-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: Jan-12 53

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. FUNERAL DIRECTOR: Betty J. Marvel

ADDRESS: Arco

F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-40021

#670

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 26 - 20 Mi E. of Arco
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leslie
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Danny b. (Middle) ✓ c. (Last) Bragg

4. DATE OF DEATH (Month) (Day) (Year): Jan 28 - 53.

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, MIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: June 7-1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 7 Days 21; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Idaho Falls - Ida.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Bragg BIRTHPLACE: Basalt - Idaho
14. MOTHER'S MAIDEN NAME: Ila Salverson BIRTHPLACE: Wapello - Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No ✓ (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James M. Bragg ADDRESS: Leslie Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

824.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Punctured lung — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Falling from back seat of moving car
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 26 - 20 Mi E. Arco.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Butte Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 28 - 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Baby thrown from back of car as it stopped.

22. *I hereby certify that I attended the deceased from* Jan 28, 1953, *to* Jan 28, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:40 a. m., *from the causes and on the date stated above.*

DOA

23a. SIGNATURE (Degree or title): J. Garth Chatterley MK
23b. ADDRESS: Arco - Idaho
23c. DATE SIGNED: Jan. 29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Jan. 31-53
24c. NAME OF CEMETERY OR CREMATORY: Shelley - Cemetery
24d. LOCATION (City, town, or county) (State): Shelley - Idaho

DATE REC'D BY LOCAL REG.: Jan. 29-53
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Betty J. Marvel ADDRESS: Arco Idaho
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Mariano
b. (Middle): Escedro
c. (Last): Martinez Jr.

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: Dec. 3-1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 27; IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Arco - Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mariano E. Martinez Sr. BIRTHPLACE: Springer, N. Mex

14. MOTHER'S MAIDEN NAME: Helen Weesman BIRTHPLACE: Rigby - Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: Mrs. Mariano E. Martinez Sr. ADDRESS: Arco - Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Streptococcal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ___

DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 30, 1953, *to* Jan 30, 1953, *that I last saw the deceased alive on* Jan 30, 1953, *and that death occurred at* 9 3/4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Reines (Degree or title): M.D.

23b. ADDRESS: Box 566, Arco, Idaho

23c. DATE SIGNED: 2/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Feb. 2-53

24c. NAME OF CEMETERY OR CREMATORY: City Cemetary

24d. LOCATION (City, town, or county) (State): Salt Lake City - Utah

DATE REC'D BY LOCAL REG.: Feb 4-1953

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. FUNERAL DIRECTOR: Betty J. Marvel ADDRESS: Arco Idaho

F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-43021

#670

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 5
Reg. Dist. No. 360

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 35yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 Elgin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 406 Elgin

3. NAME OF DECEASED (Type or Print)
a. (First): Annabelle
b. (Middle):
c. (Last): McDaniel

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/28 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 9 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Ellis Thompson
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-09-0332

17. INFORMANT'S OWN SIGNATURE: Hugh B. McDaniel
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular dis years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-1, 1953, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-1, 1953, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Hubler (Degree or title) MD
23b. ADDRESS: 221 E. Logan St, Caldwell Ida
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/8/53
REGISTRAR'S SIGNATURE: Agnes McDermas

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Lucy M. Flahiff Caldwell Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

BIRTH NO. JAN 12 1953

State File No.
Local Reg. No. 4
Reg. Dist. No. 360

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1202 Arthur St

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): E.
c. (Last): Woodhouse

4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 13, 1876
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 10 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Boan Gap, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Bircket — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Lucinda A. Bircket — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Clyde A Woodhouse — ADDRESS: Huntington

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart attack — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous small Coronary attack — 1 year
DUE TO (c) Mild diabetes mellitus — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-13, 1952, *to* 1-6, 1953, *that I last saw the deceased alive on* 1-6, 1953, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Fenwick M.D.
23b. ADDRESS: 220 E Logan
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/8/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flahiff Funeral Chapel — ADDRESS: Lucy M. Flahiff, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 160
Local Reg. No. 60
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) William; c. (Last) Stiehl

4. DATE OF DEATH: (Month) (Day) (Year): January 7-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 24-1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months: 6; Days: 13
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Magnoloa, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otto W. Stiehl
BIRTHPLACE: Black River Falls, Wisconsin

14. MOTHER'S MAIDEN NAME: Allie B. Coffman
BIRTHPLACE: Pisgah, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 483-12-9676

17. INFORMANT'S OWN SIGNATURE: Mrs Allie B. Stiehl
ADDRESS: Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-30-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 19 53, *to* Jan 7, 19 53, *that I last saw the deceased alive on* Jan 7, 19 53, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Hubler 613 (Degree or title): MD
23b. ADDRESS: 231 East Logan St Caldwell, Idaho
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 1/15/53
REGISTRAR'S SIGNATURE: Agnes M Glenman

25. FUNERAL DIRECTOR: C. V. Beckham
ADDRESS: Beckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

State File No. 3
Local Reg. No. 3
Reg. Dist. No. 660

BIRTH NO.

JAN 12 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 18 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 West Elm St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Davis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bountiful
d. STREET ADDRESS (If rural, give location): 96 West 1st North

3. NAME OF DECEASED (Type or Print)
a. (First): Cathrine
b. (Middle): R.
c. (Last): Pace

4. DATE OF DEATH: (Month) Jan. (Day) 7, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 9, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bountiful, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Rampton -- BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Francis Dinwoodey BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --- --

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Walter Pace ADDRESS: Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 20 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture L. hip & L. wrist — 6 wks.

19a. DATE OF OPERATION: 4 Dec 52

19b. MAJOR FINDINGS OF OPERATION: Fracture Hip

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 3 1952 10½ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Slipped on ice & fell.

22. *I hereby certify that I attended the deceased from* 3 Dec, 1952, *to* 7 Jan, 1953, *that I last saw the deceased alive on* 7 Jan, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Simpson (Degree or title): M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 8 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Masatch Lawn

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 1/8/53

REGISTRAR'S SIGNATURE: Agnes M. Glenn

25. FUNERAL DIRECTOR ADDRESS: Davis Warrick Funeral Home Merrill & Lucas Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 173
Local Reg. No. 7
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Florida Ave., Rt.3

3. NAME OF DECEASED (Type or Print): a. (First) Marion b. (Middle) Andrew c. (Last) Sanderson

4. DATE OF DEATH (Month) (Day) (Year): January 8-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 2-1887

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR Months: 2 Days: 6 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: c4

11. BIRTHPLACE (State or foreign country): Santaquin, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Nils Sanderson, BIRTHPLACE: Brevik, Norway

14. MOTHER'S MAIDEN NAME: Mary Marie Boukerson, BIRTHPLACE: Malomhus, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-18-7185

17. INFORMANT'S OWN SIGNATURE: A. M. Sanderson ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocardial infarction — 1 day
DUE TO (c): coronary sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1953, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Hufler 613 MD

23b. ADDRESS: 221 E. Logan St Caldwell Idaho

23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 12-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/16/53

REGISTRAR'S SIGNATURE: Agnes M. Denman

25. FUNERAL DIRECTOR: Peckham-Dekan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 10
Local Reg. No. 10
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Caldwell Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Margret b. (Middle) A c. (Last) Bradford

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/7/1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 0 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Fanning Co. Georgia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur Kiker
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Jane Cochran
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Silas Bradford
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 4, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 5:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 1-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/17/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Geo. M. Flahiff Caldwell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 172
Local Reg. No. 9
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 61 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 712 Fillmore St.

3. NAME OF DECEASED (Type or Print)
a. (First) Susan
b. (Middle) Grace
c. (Last) Ames

4. DATE OF DEATH (Month) (Day) (Year) January 10, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 19-1890
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months 8 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Summerville, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ezer Evans, BIRTHPLACE Mississippi
14. MOTHER'S MAIDEN NAME Mary McKay, BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Harry Ames, ADDRESS Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer uterus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1948, *to* Jan. 10, 1952, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 118 (Degree or title) [signature] M.D.
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 13, 1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1/17/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel, ADDRESS [signature] Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 173
Local Reg. No. 8
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 602 Fillmore St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mead	Frank	Hull	January 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 11, 1871	81	5	—		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wapello, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Trieston Hull	Illinois	Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ida Edo mary Hull ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardio Vascular Disease	20 years
DUE TO (c)	422.1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, 19___, *to* Jan 11, 19 53, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
370 Lester Shupe	Caldwell	1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 14, 1953	Mountain View	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
1/16/53	Agnes M Denmas	J. W. Beckham-Dekan Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 174
Local Reg. No. 11
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Park Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Ann c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) January 13, 1953

5. SEX Female

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH January 21, 1867

9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 11 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Colon, St. Joseph Co., Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Elias Wagner, Colon, Michigan

14. MOTHER'S MAIDEN NAME BIRTHPLACE Anner Arney, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Roy J. Smith ADDRESS Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident. — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1953, *to* Jan. 13, 1953, *that I last saw the deceased alive on* Jan. 13, 1953, *and that death occurred at* 1:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Krause (Degree or title) M.D.

23b. ADDRESS Caldwell, Idaho

23c. DATE SIGNED Jan. 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 16, 1953

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1/19/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dekan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 175
Local Reg. No. 13
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 824 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Dumas
c. (Last): Ewing

4. DATE OF DEATH (Month) (Day) (Year): January 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: February 19, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney at Law 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Batavia, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Ewing — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Lucy Sawin, Loxa, Illinois — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Mr. Ewing — ADDRESS: Caldwell, 824 Chicago

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1953, *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 13, 1953, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Montgomery MS
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/22/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
R. J. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 176
Local Reg. No. 12
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3 (Big Bend Community)

3. NAME OF DECEASED (Type or Print): a. (First) Alda b. (Middle) Pearl c. (Last) Teter

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 23, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR Months: 10 Days: 21
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lexington, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Hooper
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Alice Embree
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. M. Teter
ADDRESS: Parma, Rt. 3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1953, to 1-14, 1953, that I last saw the deceased alive on 1-14, 1953, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE: Oake H. Hoover (Degree or title): M.D.
23b. ADDRESS: 906½ Main St. Caldwell, Ida.
23c. DATE SIGNED: Jan. 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 1/19/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Pakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 177
Local Reg. No. 10
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 509 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First) Floyd
b. (Middle)
c. (Last) Robertson

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH April 10-1884
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 9 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter and Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clover Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph B. Robertson, 56 BIRTHPLACE DesMoines, Iowa
14. MOTHER'S MAIDEN NAME Elizabeth Holliday, BIRTHPLACE Shelbyville, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-0019
17. INFORMANT'S OWN SIGNATURE D B Robertson, ADDRESS Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-16, 1952, *to* 1-16, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 118 [signature] M.D. Caldwell Idaho
23b. ADDRESS
23c. DATE SIGNED 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1/24/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS [signature] Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 16
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. 6, South Kimball Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Irvin
b. (Middle): Robert
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 13, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 11, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A.R. Thomas, Marietta, Ohio — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Mary Smith, England — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Ruby Thomas — ADDRESS: Caldwell, Idaho Rt.6

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Generalized — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/16, 1952, *to* 8/7, 1952, *that I last saw the deceased alive on* 8/7, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: 370 [signature] (Degree or title)
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/24/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: G. V. Peckham — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 179
Local Reg. No. 14
Reg. Dist. No. 36-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 9yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 901 Belmont

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Allen c. (Last) Beals

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1, 1902

9. AGE (In years last birthday): 50 IF UNDER 1 YEAR Months: 7 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Almeria, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Beals BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Ella Alvira Strohl BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-1039

17. INFORMANT'S OWN SIGNATURE: X Ruth Beals ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heavy shoveling — 4 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19, 1953, *to* 1-19, 1953, *that I last saw the deceased alive on* 1-19, 1953 *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: (Degree or title):
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 1/24/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flaniff Funeral Chapel ADDRESS: Caldwell, Idaho
Lucy M. Flaniff

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 180
Local Reg. No. 18
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1710 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): J.
c. (Last): Blake

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 6, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months – Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nauvoo, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tomkins Blake, BIRTHPLACE: Dublin, Ireland
14. MOTHER'S MAIDEN NAME: Alice Murphy, BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-0945
17. INFORMANT'S OWN SIGNATURE: Mrs Thomas J Blake — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1953, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 23, 1953, *and that death occurred at* 3:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lester Shupe (Degree or title) 370
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 24, 1953 03
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/28/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4 C 4
Local Reg. No. 22
Reg. Dist. No. 960

BIRTH NO. 111-53-0443

RECEIVED
FEB 7 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1803 1st St. North

3. NAME OF DECEASED (Type or Print)
a. (First): Marcia
b. (Middle): Jo
c. (Last): Duvall

4. DATE OF DEATH (Month) (Day) (Year): January 24-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: January 20-1953

9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —, Days 4
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Norman J. Duvall, Vernonia, Oregon

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Christina Pearl Foreman, Bozeman, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Infant

17. INFORMANT'S OWN SIGNATURE: Norman J Duvall — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 764.4 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 24, 1953, *to* Jan. 24, 1953, *that I last saw the deceased alive on* Jan. 24, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 [signature]

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 2/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/5/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: [signature] Peckham-Dalton Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 293
Local Reg. No. 29
Reg. Dist. No. 360

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 405 North Kimball Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) F.; c. (Last) Hamlin

4. DATE OF DEATH (Month) (Day) (Year): January 28-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: August 1-1874

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 5, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David F. Hamlin, — BIRTHPLACE: Chicago, Ill.

14. MOTHER'S MAIDEN NAME: Virginia Ingersoll, — BIRTHPLACE: Connecticut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John D Young — ADDRESS: Caldwell

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia, Chronic Passive Congestion Liver

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 19, 1953, *to* Jan. 28, 1953, *that I last saw the deceased alive on* Jan. 28, 1953, *and that death occurred at* 1:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Krause M.D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: Feb. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/5/53

REGISTRAR'S SIGNATURE: Agnes M Clemmas

25. FUNERAL DIRECTOR: C. V. Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 183
Local Reg. No. 27
Reg. Dist. No. 360

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1807 Montana Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Bates	Gibson	January 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 4, 1880	72	5	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Former City Park Employee, Caldwell		Fayetteville, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Gibson, 62	Arkansas	Katherine Weir,	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Clyde G. Gibson	Caldwell

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490 X Pneumonia, Right Lower Lobe — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Emphysema, Myocardial Insufficiency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 27, 1952, *to* Jan. 29, 1953, *that I last saw the deceased alive on* Jan. 29, 1953, *and that death occurred at* 2:48 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
669 Charles E. Krause	Caldwell, Idaho	Feb 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/5/53	Agnes Mdenman	E. V. Peckham	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 184
Local Reg. No. 20
Reg. Dist. No. 360

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location): 519½ Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Betty	Frances	Golden	January 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	August 2, 1918	34	5	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis M. Thomas, BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Morgan, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Peter F. Golden ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremic Poisoning	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Tuberculosis Kidneys — cystic	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	one Kidney removed 2 yrs ago	2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 29, 1953, *to* Jan 29, 1953, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 259 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/5/53
REGISTRAR'S SIGNATURE: Agnes M Dinman
25. FUNERAL DIRECTOR: E. V. Peckham ADDRESS: Packham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 36-3

BIRTH NO. 111-53-0462 JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	JUDE	HAYES	January 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Jan. 1, 1953				8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant or
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James C. Hayes	Scotland	Priscilla E. Hoff	McCall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x James C. Hayes ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Prematurity	8 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Erythroblastosis Fetalis	8 hrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Placenta Previa	

*770.5

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan *19*53*, to* 1 Jan *, 19*53*, that I last saw the deceased alive on* 1 Jan *, 19*53*, and that death occurred at* 6:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Farber	M.D.	311½ 14th Ave So Nampa, Idaho	7 Jan '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/2/53	Mt. Calvary	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 17, 1953	Mrs. Jane Stack	Lewis Edmunds LEWIS EDMUNDS MORTUARY	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 1
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 207 10th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Hampson

4. DATE OF DEATH: (Month) (Day) (Year): January 5, 1953

5. SEX: Male

6. COLOR OR RACE: Whit e

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 26-1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months: 6; Days: 9
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Green County, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Hampson
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known Baldwin,
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Elija E. Hampson
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26-, *1952, to* 1-5-, *1953, that I last saw the deceased alive on* 1-5-, *1953, and that death occurred at* 11A *m., from the causes and on the date stated above.*

23a. SIGNATURE 392 (Degree or title): Samuel Wayne M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 8-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: January 12, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Peckham-Dakan Co.
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No.
Local Reg. No. 7
Reg. Dist. No. 362

BIRTH NO. JAN 21 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nus. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 6

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): G
c. (Last): POWERS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 8, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Gregory — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Mary Linden — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Corinne Hunt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerotic C-V Dis. yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1-5-, 1953, *to* 1-6, 1953 *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Hatche MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Portland Cem
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: Jan. 17, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Fleck
25. FUNERAL DIRECTOR: Paul L. Pytman Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1311 Schley Street

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDWARD c. (Last) RAMSEY

4. DATE OF DEATH (Month) (Day) (Year) January 6, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 24, 1934

9. AGE (In years last birthday) 18
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Payette, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George H. Ramsey
BIRTHPLACE Virginia

14. MOTHER'S MAIDEN NAME Maymie McCabe
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 34 5247

17. INFORMANT'S OWN SIGNATURE Mrs. George H. Ramsey
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.0 Destruction of Brain — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/5/53

19b. MAJOR FINDINGS OF OPERATION Brain destruction

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) Nampa (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) 1 (Day) 5 (Year) 53 (Hour) A-m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Playing w gun or cleaning it

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joe Saltzer M D

23b. ADDRESS Nampa

23c. DATE SIGNED 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/10/53

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 28, 1953

REGISTRAR'S SIGNATURE Marjorie Steck

25. FUNERAL DIRECTOR Alsip Funeral Chapel

ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 511 Ivy Street

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER
b. (Middle) EMERY
c. (Last) DAYTON

4. DATE OF DEATH (Month) (Day) (Year) January 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 22, 1885
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) Fairbury, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Willis Dayton BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Lillie Bancroft BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 07 2231
17. INFORMANT'S OWN SIGNATURE Laura I Dayton ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

411X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolic hemiplagia, right — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic stenosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5-53, *19*___, *to* 1-7-53, *19*___, *that I last saw the deceased alive on* 1-7-53, *19*___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Thos E. Marquis (Degree or title) M.D.
23b. ADDRESS 1/14½ 1st St. So. Nampa, Ida.
23c. DATE SIGNED 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/10/53
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 27, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Seick
25. FUNERAL DIRECTOR John F. Alsip, Jr. Alsip Funeral Home
ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 190
Local Reg. No. 8
Reg. Dist. No. 362

BIRTH NO. JAN 21 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Wyatts Nus. Home -16th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): J.
c. (Last): DRAKE

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 11, 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Amos W. Drake
BIRTHPLACE: New Jersey
14. MOTHER'S MAIDEN NAME: Charity Cummins
BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive Heart failure Yrs. Benign Prost. Hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* 1-7-, 1953, *that I last saw the deceased alive on* 1-7-, 1953, *and that death occurred at* 8:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Welch MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: January 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul E. Rybarczyk
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 191
Local Reg. No. 17
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 3 So. side Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) LOYD b. (Middle) WILLIAM c. (Last) BUFFINGTON

4. DATE OF DEATH (Month) (Day) (Year): January 11, 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Elba, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Buffing
BIRTHPLACE: Red Oak, Iowa

14. MOTHER'S MAIDEN NAME: Edna Crowley
BIRTHPLACE: Cambridge, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 28 6817

17. INFORMANT'S OWN SIGNATURE: Gladys Buffington
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

502.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis & Fibrosis of Lung.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis with Decompensation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Jan 11, 1953, that I last saw the deceased alive on Jan 11, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: J. B. Marquiss (Degree or title) MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-23-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Jan 27, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Ida
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. C-C
Local Reg. No. 30
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) A. c. (Last) GOODYEAR

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 23, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aurora, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesche BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Brennicke BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Henry W Goodyear ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 3327

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1952, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 9, 1953, *and that death occurred at* 11:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 1-16-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/16/53

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 10, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stack

25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Ida.

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 911 Fairview Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLEY
b. (Middle): MARTIN
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): Jan 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 15, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Polk County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William White
BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William L. White
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Occlusion Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 36 hr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 14, 1953, *to* Jan 15, 1953, *that I last saw the deceased alive on* Jan 15, 1953, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Koehne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Jan. 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: Jan. 28, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 36-2

BIRTH NO. 111-52-0494

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 511 15th Ave N.

3. NAME OF DECEASED (Type or Print): a. (First) Marla b. (Middle) Grace c. (Last) Moore

4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 14 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

or

11. BIRTHPLACE (State or foreign country): Nampa Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Howard M Moore
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Ellen Catherine Noble
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Howard M. Moore
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1/14/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity — 1/14/53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/14, 1953, *to* 1/15, 1953, *that I last saw the deceased alive on* 1/15, 1953 *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday 144 (Degree or title): M.D.
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 1/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: Jan 18, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: B W Robison
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 195
Local Reg. No. 25
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 134 High

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) RICHARD; c. (Last) HURST

4. DATE OF DEATH: (Month) (Day) (Year): January 17, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 1, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): The Dalles, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Hurst
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Malinda Davis
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William R. Hurst Jr.
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 199H Cancer of neck & chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 1, 1952 *to* Jan 17, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 285 W C Nolte MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/21/53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1953

REGISTRAR'S SIGNATURE: Marjane Stuck

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 33
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 423 15th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First) MARGRET
b. (Middle) CATHERINE
c. (Last) AVEN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 12, 1872
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Green Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William G. Dennis — BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME Frances Arazella Pippin — BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ralph Aven — ADDRESS Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1946, *to* Jan 20, 1953, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche M.D. (Degree or title) 443
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/23/1953
24c. NAME OF CEMETERY OR CREMATORY Kphlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Feb 17 1953
REGISTRAR'S SIGNATURE Mrs Jane D Steck
25. FUNERAL DIRECTOR John F Alsip, Jr. Alsip Funeral Chapel — ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 19
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1104 14th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
POLLY	MISHLER	MILLER	Jan 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 4, 1857	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middlebury, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Mishler — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Gertrud Garber — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Elvis Miller — ADDRESS:

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	Nampa	1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/22/53	Kohlerlawn Cemetery	Nampa, Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 27 1953	Mrs Jane Steck	[illegible] E	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 3 . 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1015 11th St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1015 11th St. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	BENJAMIN	LAYTON	Found dead 1/20/53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 18, 1924	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Pharmaceutical Sup/	Republic, Kansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Layton	Blue Rapids, Kansas	Hildred Aspegren	Sway City, Ia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	460 20 0019		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute barbiturate
DUE TO (c) poisoning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Found dead 1/20/53 4:45 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Overdose barbiturates

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Alsip Jr Coroner	Nampa, Idaho	1/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/24/1953	New Meadows Cemetery	New Meadows, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 31, 1953	Mrs Jane Stark	John F Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

State File No. 06
Local Reg. No. 21
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 807 - 8th St South

3. NAME OF DECEASED (Type or Print)
a. (First): Lillian
b. (Middle): Ellen
c. (Last): Blair

4. DATE OF DEATH (Month) (Day) (Year): Jan 22 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 13 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sautuck Mich.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Shriver
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Katherine Greenaugh
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: D N Blair
ADDRESS: Nampa Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cardiac failure with

DUE TO (c): Generalized Anasarca due to Coronary Sclerosis

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 361 Jos Saltzer MD

23b. ADDRESS: Nampa, Idaho.

23c. DATE SIGNED: 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-26-53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Jan 31 1953

REGISTRAR'S SIGNATURE: Mrs Jesse Steck

25. FUNERAL DIRECTOR: Bill Robinson

ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No. 29
Reg. Dist. No. 362

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 216 Maple St.,

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Emory
c. (Last): Spencer

4. DATE OF DEATH (Month) (Day) (Year): January 25-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 15, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edmond C. Spencer, BIRTHPLACE: Wilmington, Vermont
14. MOTHER'S MAIDEN NAME: Anna Morgan, BIRTHPLACE: Oskaloosa, Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nellie G. Spencer, ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis & Fibrosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* Jan 25, 1953, *that I last saw the deceased alive on* Jan 25, 1953, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum MD (Degree or title) 241
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Canyon Hill
24c. NAME OF CEMETERY OR CREMATORY: January 28, 1953
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: T. V. Peckham, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 363

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): P. O. Box 44

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) c. (Last) TEARE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 6, 1906

9. AGE (In years last birthday): 46-8-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signalman for U.P.R.R. Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shoshone, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel D. Teare-Auburn, Nebraska
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Minnie Watson-Chicago, Illinois
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-20-2595

17. INFORMANT'S OWN SIGNATURE: Katherine Teare ADDRESS: Kuna Box 44

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4168 Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Cardiac Decompensation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1953, *to* Jan 27, 1953, *that I last saw the deceased alive on* Jan 27, 1953, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: Jan 30, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 4 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Floyd E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 34
Local Reg. No. 34
Reg. Dist. No. 36 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Midby Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LILLIAN	M	THOMAS	Jan. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Febr. 1, 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: George L Thomas — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lobar Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	
DUE TO (c)	Cardiac Decompensation.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma breast — right	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1947, *to* Jan 30, 1953, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 9. A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D.	Nampa — Idaho	2-3-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Febr. 2, 53	Kohlerdawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 17 1953	Mrs. Jane Leick	John F Alsip Jr Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 203
Local Reg. No. 31
Reg. Dist. No. 363

BIRTH NO.

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2002 North 28th Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) HENRY c. (Last) BLOM

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 26, 1867
9. AGE (In years last birthday): 85-2-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Baptist Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sheboygan Falls, Wisconsin USA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Blom
BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Helen Wilderick
BIRTHPLACE: Rochester, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Howard Blom
ADDRESS: Boise, Ida 1410 N 25 St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 4 50 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c Cerebral Changes.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1953, to Jan 31, 1953, *that I last saw the deceased alive on* Jan 31, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 241 [signature]
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/3/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 11, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane [illegible]
25 FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 9
Reg. Dist. No. 363

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 8mo. 10 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): ALLEN
c. (Last): PAYTON

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 7/2/51
9. AGE (In years last birthday): 1 year — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: STANLEY PAYTON — BIRTHPLACE: JEROME, IDAHO
14. MOTHER'S MAIDEN NAME: LESHA PAYTON — BIRTHPLACE: TWIN FALLS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

481X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Mental Deficiency

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22, 1952, *to* 1/9, 1953, *that I last saw the deceased alive on* 1/9, 1953, *and that death occurred at* 9:35 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H H Canney 359, M. D., Supt.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 1/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/10/1953
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell Idaho

DATE REC'D BY LOCAL REG.: Jan 17, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 005
Local Reg. No. 92
Reg. Dist. No. 361

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
c. LENGTH OF STAY (in this place) 46 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elsie Schultz residence, Parma

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Namcy
b. (Middle) E.
c. (Last) Graber

4. DATE OF DEATH (Month) (Day) (Year) January 10-1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Jahuary 10-1865

9. AGE (In years last birthday) 88
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kingston, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Bowman
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Sophia Barnes
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Edgar Graber
ADDRESS Wilder, Ida,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypo STATid Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Broncho Pneumonia~~ Bronchitis — 3 weeks
DUE TO (c) ARTERIOsclerotic CARDIOVASCULAR DISEASE — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age

422.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952 *to* 8 JAN, 1953, *that I last saw the deceased alive on* 8 JAN, 1953, *and that death occurred at* 7 m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald E 472 Soli (Degree or title) M. D.

23b. ADDRESS Parma Idaho

23c. DATE SIGNED 2 Feb 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY Wilder

24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. 2/18/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel
ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 006
Local Reg. No. 78
Reg. Dist. No. 362

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 11 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School ~~State School & Colony~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 455 North 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN
b. (Middle): ELIZABETH
c. (Last): BOLLIGER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 19, 1951

9. AGE (In years last birthday): 1-6-22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert R. Bolliger
BIRTHPLACE: Hailey, Idaho

14. MOTHER'S MAIDEN NAME: Karen E. Wennstrom
BIRTHPLACE: Gooding, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Robert R Bolliger
ADDRESS: 455 N 16th East

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Virus Influenza-Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Microcephalus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/7, 1952, *to* 1/11, 1953, *that I last saw the deceased alive on* 1/10, 1953 *and that death occurred at* 12:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. N. Wennstrom 473 M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 1/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stack
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 362

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Geneva	Estelle	Lynskey	1	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never married	Aug. 20, 1949	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (-0-)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Otis P. Lynskey — BIRTHPLACE: Norma, N. D.
14. MOTHER'S MAIDEN NAME: Emma R. Manus — BIRTHPLACE: Chickasha, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Madilyn C Wright — ADDRESS: Box 531, Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Influenza — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mental Deficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-13, 1952, *to* 1-12, 1953, *that I last saw the deceased alive on* 1-12, 1953, *and that death occurred at* 2:10P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Wentworth M.D. M. D.	Box 531, Nampa, Idaho	1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/15/1953	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel — ADDRESS: Nampa, Ida.
John F Alsip, Jr

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 12
Reg. Dist. No. 362

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JETTA		HALE	1	16	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never married	10/18/32	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Moreland, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Owen M. Hale — BIRTHPLACE: Smithfield, Utah
14. MOTHER'S MAIDEN NAME: Illa Beus — BIRTHPLACE: Yost, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - -
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT'S OWN SIGNATURE: Hazel Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

480 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spastic - Idiot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 19 50, *to* 1/16, 19 53, *that I last saw the deceased alive on* 1/16, 1953, *and that death occurred at* 9:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Wentworth M.D.	Box 531, Nampa, Idaho	1/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1/16/53		Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: January 19, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Nampa State School~~ State School and Colony

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 506 E. 5th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Katherine	Liefeld	Jan. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 HR. Hours / Min.
female	white	never married	Sept. 13, 1911	41	4 / 12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brookfield, Conn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor Adolph Liefeld — BIRTHPLACE: Brooklyn, N.Y.
14. MOTHER'S MAIDEN NAME: Valena Ada Kempskie — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Victor Adolph Liefeld — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Low Grade Idiot

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 19 50, *to* 1/25, 19 53, *that I last saw the deceased alive on* 1/25, 1953, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Wentworth M.D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 1/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2194
Local Reg. No.
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell R-1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt I

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): H
c. (Last): Geer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Knute Lund — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Geer — ADDRESS: Caldwell Ida RF

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* one consultation only on Jan 29-1953, *19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 2:P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE 443 (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 1-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-53
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: Jan 31, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Bill Robison — ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 218
Local Reg. No. 5
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Vern b. (Middle) c. (Last) Clegg

4. DATE OF DEATH (Month) (Day) (Year) 1-30-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 17, 1905
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months 3 Days 13 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Foreman
10b. KIND OF BUSINESS OR INDUSTRY Mines
11. BIRTHPLACE (State or foreign country) Pershingville Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Clegg
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Eliza Harris
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-07-7076
17. INFORMANT'S OWN SIGNATURE X Mrs. Vern Clegg
ADDRESS Soda Springs Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

54010

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peptic ulcer — Indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Jan, 1953, *to* 1-30-, 1953, *that I last saw the deceased alive on* 1-30-, 1953, *and that death occurred at* 12 7/8 m., *from the causes and on the date stated above.*

23a. SIGNATURE Russell Egbert J. (Degree or title) MD
23b. ADDRESS Soda Springs Idaho
23c. DATE SIGNED 31 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 2-53
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) Soda Springs (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 31, 1953
REGISTRAR'S SIGNATURE Betty Mae Everton
25. FUNERAL DIRECTOR C D Whitman
ADDRESS Soda Spgs, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 212
Local Reg. No. 109
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. 3 (Wicks)

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) AGUSTUS c. (Last) POWELL

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Caplinger Mills, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Powell — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Annie Guinn — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Hemo~~ Cerebral hemorrhage — 5 days
DUE TO (c) Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 29, 1952, *to* January 2, 1953, *that I last saw the deceased alive on* January 2, 1953, *and that death occurred at* 9:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W. Davis (Degree or title) M. D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 1/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan 3, 1952
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 213
Local Reg. No. 110
Reg. Dist. No. 470

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1534 Burton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1534 Burton Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) Briggs c. (Last) Pence

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Flagpond, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bulo L. Briggs
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Susie Jentry
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — 420.1
INTERVAL BETWEEN ONSET AND DEATH: Dec 22-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Jan 4, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E. Doan 089 (Degree or title) M.D.

23b. ADDRESS: Burley Ida.

23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan 5 1953

REGISTRAR'S SIGNATURE: R. F. Nilson

25. FUNERAL DIRECTOR: J. Garth Payne

ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 214
Local Reg. No. 13
Reg. Dist. No. 470

BIRTH NO. 111-53-0541

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 8 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Bruce; b. (Middle) C; c. (Last) Woodbury

4. DATE OF DEATH: (Month) Jan. (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 5, 1953

9. AGE (In years last birthday): — | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roger Carlyle Woodbury — BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Darlene Anderson — BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S OWN SIGNATURE: Roger Carlyle Woodbury — ADDRESS: Route #2 Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs at Birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Infant

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

773.5

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1953, *to* 6 Jan, 1953, *that I last saw the deceased alive on* 5 Jan 1953, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 423 — (Degree or title): MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 8 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-7-53

24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 12 1953

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 120
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 41 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn - rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): M
c. (Last): Beaver

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 4, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Packenham, Ontario Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Bole, BIRTHPLACE: Ontario Canada
14. MOTHER'S MAIDEN NAME: Merie Stein, BIRTHPLACE: Ontario Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. V. Beaver — ADDRESS: Heyburn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	422.1 Myocarditis	2 yrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 12, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Kelly 204 M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-53 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: Jan. 28 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Wm B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 216
Local Reg. No. 115
Reg. Dist. No. 470

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Rural
d. STREET ADDRESS (If rural, give location): 2 Mi. E. 2 Mi. So. 2 E.

3. NAME OF DECEASED (Type or Print)
a. (First): Myrl
b. (Middle):
c. (Last): Bingham

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 9, 1891
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 11, Days 3
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Thomas Jones, Yorkshire, England
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Maria Loveless, Provo, Utah
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ezra Bingham R1 Burley Ido
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1952, *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kyle E. Dean M.D. 089
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Jan 12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-16-53 01
24c. NAME OF CEMETERY OR CREMATORY: Provo City Cemetery
24d. LOCATION (City, town, or county): Provo (State): Utah

DATE REC'D BY LOCAL REG.: 1-15-53
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach Burley Ido
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 217
Local Reg. No. 119
Reg. Dist. No. 476

BIRTH NO.

RECEIVED DIVISION OF VITAL STATISTICS 4 1953

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 26 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 Conant Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 811 Conant Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Freda
b. (Middle): Maxine
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 19, 1926
9. AGE (In years last birthday): 26
IF UNDER 1 YEAR: Months 4, Days 28
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Kidd
BIRTHPLACE: Oakley, Idaho
14. MOTHER'S MAIDEN NAME: Bertha Williams
BIRTHPLACE: DeSoto, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-22-2181
17. INFORMANT'S OWN SIGNATURE: Albert Fred Lee
ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* april, 1949, *to* 2-25-, 1952, *that I last saw the deceased alive on* 2-25-, 1952, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 241 (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 28 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Tom B. McCulloch
ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 218
Local Reg. No. 116
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Adolph c. (Last) Bischoff

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Higgensville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Bischoff — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Augusta Temple — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 420-1

17. INFORMANT'S OWN SIGNATURE: Bill Bischoff — ADDRESS: Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1953 *to* Jan 18, 1953 *that I last saw the deceased alive on* Jan 18, 1953 *and that death occurred at* 20 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/21/53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan 21 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. Smith Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 219
Local Reg. No. 122
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 13 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 237 West 21st Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 237 West 21st Street

3. NAME OF DECEASED (Type or Print): a. (First) Elva b. (Middle) Repurta c. (Last) Camp

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 31, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Albion, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Robins
BIRTHPLACE: Massachusetts

14. MOTHER'S MAIDEN NAME: Dora Moon
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene of foot — 6 mos
DUE TO (c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 21, 1953, *and that death occurred at* 10½ a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/24/53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 26 1953
REGISTRAR'S SIGNATURE: B. K. Nelson

25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
-B 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 220
Local Reg. No. 117
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 5 Mi. S. ½ Mi. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Millie
b. (Middle): Claudeen
c. (Last): Rombach

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George Henry — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard Rombach — ADDRESS: R.F.D. Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 10 yr.
DUE TO (c): Arteriosclerosis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* Jan. 22, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 12:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Dean 089 M.D. (Degree or title)
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-53 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 28 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Kim B. McCullach — ADDRESS: Burley - Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. R. Kircher

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 221
Local Reg. No. 113
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Southeast 2 Mi.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
d. STREET ADDRESS (If rural, give location): Rural - Southeast 2 Mi.

3. NAME OF DECEASED (Type or Print)
a. (First): Rolland
b. (Middle):
c. (Last): Baird

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 15, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Heber, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME / BIRTHPLACE: Daniel Baird, Greenack, Scotland
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary Alice Barnes, Coalville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: 519-22-6739
17. INFORMANT'S OWN SIGNATURE / ADDRESS: x Seth Baird - Heyburn Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never attended *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 11 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Kircher 215 M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Jan 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-12-53 01
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: Jan. 14 1953
REGISTRAR'S SIGNATURE: R. A. Wilson
25. FUNERAL DIRECTOR / ADDRESS: Fern B. McCulloch, Burley, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 222
Local Reg. No. 172
Reg. Dist. No. 471

BIRTH NO.

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. Oakley
c. LENGTH OF STAY (in this place): 72 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. Oakley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle); c. (Last) McIntosh

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 25, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Grantsville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman P. McIntosh - Kentucky

14. MOTHER'S MAIDEN NAME: Mary Bancroft - England

BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - ?.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary obstruction due to Enl Prostate. — 1-2 Mo.

19a. DATE OF OPERATION: 12-23-52.

19b. MAJOR FINDINGS OF OPERATION: Benign Enlarged Prostate.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 DEC, 1952, *to* 31 DEC, 1952, *that I last saw the deceased alive on* 31 DEC, 1952, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Sutton 391 (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 1-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/14/53

24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery

24d. LOCATION (City, town, or county) (State): R.F.D. Oakley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 15, 1953

REGISTRAR'S SIGNATURE: B A Wilson

25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 223
Local Reg. No. 12
Reg. Dist. No. 470

RECEIVED FEB 1 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural 2 Mi.E. ½ Mi. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 2 Mi. E. ½ Mi. So.

3. NAME OF DECEASED (Type or Print): a. (First) Ingrid b. (Middle) Kathrine c. (Last) Meline

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 29, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 3 Days: 18
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Smoland, Sweden

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Johannesson Nelson BIRTHPLACE: ----, Sweden

14. MOTHER'S MAIDEN NAME: Ellen Gustafson BIRTHPLACE: ---, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S SIGNATURE AND ADDRESS: Carl Melin Rt 1 Burley Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 48 to Jan 16, 19 53 that I last saw the deceased alive on Jan 15, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE: Colon W. Davis (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-20-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Jan. 28 1953
REGISTRAR'S SIGNATURE: R A Wilson
25. FUNERAL DIRECTOR: Pem B McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 284
Reg. Dist. No. 471

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Isaac
c. (Last): Norton

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 26, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Nephi, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Norton, BIRTHPLACE: Shelby County, Tennessee
14. MOTHER'S MAIDEN NAME: Sarah Jane Cummings, BIRTHPLACE: Liberty, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry L. Norton — ADDRESS: Declo Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 m.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artero Sclerosis — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1950, *to* Jan 22, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyde E. Dean M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Jan. 28 1953
REGISTRAR'S SIGNATURE: B. T. Wilson
25. FUNERAL DIRECTOR: Wm B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 1
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
JAN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cleorwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 15 mo 8d.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 411 Second St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) North

4. DATE OF DEATH (Month) (Day) (Year): June 2 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10 1872

9. AGE (In years last birthday): 80
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ©7

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeremiah North BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Blackwell BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 03 9483

17. INFORMANT'S OWN SIGNATURE: E. R. Berry M.D. ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinsons disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1951, *to* June 2, 1953, *that I last saw the deceased alive on* June 2, 1953, *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Berry M.D. (Degree or title) 023

23b. ADDRESS: Orofino Ida

23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1-5-53

24c. NAME OF CEMETERY OR CREMATORY: Mannings Fun. Home

24d. LOCATION (City, town, or county) (State): Seattle Wash. Idaho

DATE REC'D BY LOCAL REG.: 1-5-53

REGISTRAR'S SIGNATURE: Vernon E Danley

25. FUNERAL DIRECTOR: W. E. Gilbert ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 2
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 7yr 7mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jack b. (Middle) c. (Last) Stout

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 3 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prospector

10b. KIND OF BUSINESS OR INDUSTRY: mining

11. BIRTHPLACE (State or foreign country): Canada Ont

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George W. Stout
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Rachel Allen
BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unk

17. INFORMANT'S OWN SIGNATURE: E. L. Burrus
ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chron myocarditis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 8 yrs

332X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-16, 1945, *to* 1-4, 1953, *that I last saw the deceased alive on* 1-4, 1953, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Burrus MD

23b. ADDRESS: Orofino, Ida

23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-8-53

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Ida.

DATE REC'D BY LOCAL REG.: 1-7-53

REGISTRAR'S SIGNATURE: Vernon E Smiley

25. FUNERAL DIRECTOR: W. E. Gilbert

ADDRESS: Orofino, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 227
Local Reg. No. 3
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 7 yr 3 1/2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) moscow
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) L. c. (Last) Gilliam

4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 53

5. SEX m
6. COLOR OR RACE w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov 21 1919
9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Potlatch Ida
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alfred J. Gilliam BIRTHPLACE Wn.
14. MOTHER'S MAIDEN NAME Mayme A — unk BIRTHPLACE Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT'S OWN SIGNATURE E. L. Burrym D ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

353.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy — INTERVAL BETWEEN ONSET AND DEATH 26 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20, 1945, *to* 1-5, 1953, *that I last saw the deceased alive on* 1-4-53, 19__, *and that death occurred at* 8 15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE E L Burrym D (Degree or title) 023
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3
24b. DATE 1-6-53
24c. NAME OF CEMETERY OR CREMATORY Potlatch Cemetery
24d. LOCATION (City, town, or county) (State) Potlatch Idaho

DATE REC'D BY LOCAL REG. 1-6-53
REGISTRAR'S SIGNATURE Vernon E Fairley
25. FUNERAL DIRECTOR H E Kimball ADDRESS Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 4
Reg. Dist. No. 210

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Erickson's Inn

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Orofino Creek

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) B. c. (Last) Mellom

4. DATE OF DEATH (Month) (Day) (Year): 1-7-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	9-20-1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods worker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 518037188
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: Few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High blood pressure. — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 7:40p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert	Coroner	Orofino, Idaho	1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	1-12-53	Riverside cemetery	Orofino	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-17-53	Vernon E Dooley	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 229
Local Reg. No. 5
Reg. Dist. No. 210

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-Orofino Cr.
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Orofino Creek

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) E. c. (Last) Reed

4. DATE OF DEATH: (Month) (Day) (Year) 1-7-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	1-17-1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister 61	Retired	New York	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren Reed	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518036768A	X Clement W. Reed	Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: Few wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis. — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 10:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert Coroner 4	Orofino, Idaho	1-9-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-11-1953	Weseman cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-7-53	Orman E Dooley	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 6
Reg. Dist. No. 210

BIRTH NO. JAN 22 1953

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 10 yr - 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Daugherty c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan 12-53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 26 1872
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Lumber Jack + woods worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Hamp.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unk. BIRTHPLACE unk
14. MOTHER'S MAIDEN NAME unk BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT'S OWN SIGNATURE E. L. Berry MD ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chron. myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1943, *to* 1-12, 1953, *that I last saw the deceased alive on* 1-12, 1953, *and that death occurred at* 6 40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-14-53
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 1-14-53
REGISTRAR'S SIGNATURE Elmer E Dowley
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 231
Local Reg. No. 9
Reg. Dist. No. 210

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN Orofino
LENGTH OF STAY (in this place) 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 113 "B" Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) 113 "B" Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	F.	GAFFNEY	Jan. 17 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 7, 1905	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scaler	Lumber	Weippe, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Gaffney	California	Belle Steele	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 20 1155	X Frank Gaffney	Orofino

420.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal disease. — INTERVAL BETWEEN ONSET AND DEATH: Few wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion. — Instant.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 12:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 470	Coroner	Orofino, Idaho	1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-20-1953	Weippe, Cemetery	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
~~1-20-53~~ 2-4-53	Vernon E. Fairley	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No. 7
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Kelsey

4. DATE OF DEATH (Month) (Day) (Year): 1-20-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-20-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods work
11. BIRTHPLACE (State or foreign country): Fall City Nebr.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518039663
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1952, *to* 1-20, 1953, *that I last saw the deceased alive on* 1-13-, 1953, *and that death occurred at* 10:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. Blappenhagen (Degree or title) M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 1-23-53
REGISTRAR'S SIGNATURE: Vernon E. Dowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 233
Local Reg. No. 8
Reg. Dist. No. 210

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS STATE OFFICE

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): [redacted]

3. NAME OF DECEASED (Type or Print): a. (First) Ellen b. (Middle) Louisa c. (Last) Bennett

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 20 1862

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR Months — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oneida Co. New York

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Russell H. Williams — BIRTHPLACE: Wal Eng.

14. MOTHER'S MAIDEN NAME: Mercy maria Waters — BIRTHPLACE: Wal Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Bennett md — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-9 *,19*53*, to* Jan 22 *19*53*, that I last saw the deceased alive on* Jan 22 *,19*53*, and that death occurred at* 4 28 *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Bennett md — (Degree or title):

23b. ADDRESS: Orofino Ida

23c. DATE SIGNED: Jan 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 1-22-53

24c. NAME OF CEMETERY OR CREMATORY: Short Fun. Home

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1-22-53

REGISTRAR'S SIGNATURE: Vernon E Dawley

25. FUNERAL DIRECTOR: H. P. Short — **ADDRESS**: Moscow, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

111-53-0584

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 466
Reg. Dist. No. 680

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis - Rural
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Linda b. (Middle) Kay c. (Last) Peel

4. DATE OF DEATH (Month) (Day) (Year): Jan 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan 25, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 1 / 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Challis, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Kenneth Carlisle Peel — BIRTHPLACE: Pocatello, Ida
14. MOTHER'S MAIDEN NAME: Bertha LaNell Fairchild — BIRTHPLACE: Pocatello, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Kenneth Peel — ADDRESS: Mackay, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Born enroute with Caul — 1 hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

762.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 25, 1953, *to* Jan 25, 1953, *that I last saw the deceased alive on* Jan 25, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Barker MD
23b. ADDRESS: Challis, Ida.
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/28/53
24c. NAME OF CEMETERY OR CREMATORY: Nt. McCaleb
24d. LOCATION (City, town, or county): Mackay (State): Idaho

DATE REC'D BY LOCAL REG.: Jan 27, 1953
REGISTRAR'S SIGNATURE: Eleanor McKinney
25. FUNERAL DIRECTOR: Marvel's Funeral Home — ADDRESS: Arco Ida.
V. F. Marvel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 235
Local Reg. No. 46
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Siglar c. (Last) Waters

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 3, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rosehill, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ella E. Tappan — ADDRESS: Challis, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov., 1952, *to* Jan. 25, 1953, *that I last saw the deceased alive on* Jan 25, 1953, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Barker M.D.
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Jan. 27, 1953
REGISTRAR'S SIGNATURE: Edna M. Kenney
25. FUNERAL DIRECTOR: Albert C. Jones
ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 236
Local Reg. No. 2
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grandview
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grandview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pedro	Mario	Asla	Jan	21	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	May 14, 1935	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheepherder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arrieta Spain
12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Augustine Asla — BIRTHPLACE: Arrieta Spain
14. MOTHER'S MAIDEN NAME: Basellesia Olarra — BIRTHPLACE: Arrieta Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Pablo Asla — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Falling from back of Truck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Grandview Highway	Rural Grandview	Elmore	Ida

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒	NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
1	21	53	8:45 a.m.			Fell from Truck

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philo F. Grieve Coroner	Mtn Home Ida	1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1953	Mountain View	Mountain Home Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 29, 1953	A.F. Anderson	Bey Mortuary D.A. Stevenson	Mt Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

State File No. 237
Local Reg. No. 1
Reg. Dist. No. 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): R.F.D. (Glencoe)

3. NAME OF DECEASED (Type or Print)
a. (First): GUSTAF
b. (Middle): E
c. (Last): OLSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 12, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Vingoker, Sweden.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lars E. Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Pearson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Delmer L. Olson — ADDRESS: Preston Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza Neumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arterio sclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1953, *to* Jan 21, 1952, *that I last saw the deceased alive on* Jan 21, 1952, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Robt Cutler (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial,
24b. DATE: 1-24-53
24c. NAME OF CEMETERY OR CREMATORY: Providence
24d. LOCATION (City, town, or county) (State): Providence, Utah.

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 238
Local Reg. No. 2
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 13 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 South 1st West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 11 South 1st West St..

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): RACHEL ROWE
c. (Last): BASSETT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 2, 1871.
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Mendon, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Manning Rowe — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Elizabeth Richards — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mae Tingey — ADDRESS: Weston Idaho

18. CAUSE OF DEATH 480X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 1 wk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1940, *to* Jan 23, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 3:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D. 158
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-53. 01
24c. NAME OF CEMETERY OR CREMATORY: Mendon
24d. LOCATION (City, town, or county) (State): Mendon, Utah.

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 239
Local Reg. No. 3
Reg. Dist. No. 540

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 153 North State

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle):
c. (Last): Jorgensen

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 1, 1943
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Victor Jorgensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Sabina Woodward — BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Preston, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory + Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenza — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1953, *to* Jan 28, 1953, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R L Smith 396 (Degree or title) M.D.
23b. ADDRESS: Preston, Idaho
23c. DATE SIGNED: 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 1-29-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Cherum Webb — ADDRESS: Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 240
Local Reg. No. 4
Reg. Dist. No. 540

BIRTH NO.

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): R.F.D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): LUCY BAKER
c. (Last): LUND

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 20, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Franklin, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Benjamin C. Baker — BIRTHPLACE: Utah.
14. MOTHER'S MAIDEN NAME: Lucy Evans — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Fred B Lund — ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 10:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D. 158
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 1/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-2-53
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Effie W. Brown
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 241
Local Reg. No. 3
Reg. Dist. No. 650

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EMIL	FRANK	LUNDGREN	January 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	January 31, 1870	82	11	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor ob	Self-Employed	Bjorkoby, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl J. Lundgren	?	Caroline ----------	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	None	Ted Burton	St. Anthony, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probably T.B as he had

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): been bothered with it for
DUE TO (c): years - Had not been under

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: care of physician for 8-9 months

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never attended, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. D. Hansen 470	Coroner	St. Anthony Ida	5 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7 Jan 53	Riverview cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6 Jan 53	M. D. Hansen	M. D. Hansen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 242
Local Reg. No. 4
Reg. Dist. No. 6 50

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GRACE	ELLA	DE VOL FELTIS	January 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	August 23, 1889	63	4	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Receptionist 25	IITS	Yankton, S. D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore S. DeVol	----	Georgetta Case	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		A. L. Callow	St. Anthony, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Failure	3 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auricular Fibrillation	3 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* 16 Jan, 1953, *that I last saw the deceased alive on* 16 Jan, 1953, *and that death occurred at* 11:30 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J O Bunton MD	St anthony Idaho	20 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	19 Jan 53	Riverview	St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
20 Jan 53	M L Hansen	M L Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 243
Local Reg. No. 8
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 317 N 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SARAH SYLVESTIA b. (Middle) ROSE c. (Last) WOODFIELD

4. DATE OF DEATH: (Month) Jan., (Day) 22, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept., 7, 1875

9. AGE (In years last birthday): 87
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): North Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph Rose
BIRTHPLACE: Lake Ontario, Canada

14. MOTHER'S MAIDEN NAME: Sophronia Ann Hammond
BIRTHPLACE: Malone, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mabel Andrasen
ADDRESS: St. A. Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac failure — 2 years
DUE TO (c): arteriosclerotic heart — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1949 *to* 22 Jan, 1953, *that I last saw the deceased alive on* 22 Jan, 1953, *and that death occurred at* 12 Noon m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.O. Bunter M.D.

23b. ADDRESS: St Anthony, Idaho

23c. DATE SIGNED: 24 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 26 Jan 53

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony Fremont RFD, Idaho

DATE REC'D BY LOCAL REG.: 26 Jan 53

REGISTRAR'S SIGNATURE: M.L. Hansen

25. FUNERAL DIRECTOR: M.L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 6244
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY FREMONT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ASHTON
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ASHTON MEMORIAL HOSPITAL.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY FREMONT.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ASHTON.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARY.
b. (Middle) A. (GORDON)
c. (Last) MARSDEN

4. DATE OF DEATH (Month) (Day) (Year) JAN. 5TH 1953.

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.
8. DATE OF BIRTH MAY. 15th 1888
9. AGE (In years last birthday) 64. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD
11. BIRTHPLACE (State or foreign country) TOOLE UTAH.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN. A. GORDON, BIRTHPLACE SCOTLAND.
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) * (If yes, give war or dates of service) **
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Rhena Smith ADDRESS ASHTON IDAHO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

254 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laryngospasm — " "
DUE TO (c) Paralysis of vocal cords due to old thyroidectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5 Jan 53
19b. MAJOR FINDINGS OF OPERATION Tracheotomy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 5 Jan., 1953, *to* _____, 19__, *that I last saw the deceased alive on* 5 Jan, 1953, *and that death occurred at* 7 P m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 2/3 Dugan M.D. (Degree or title)
23b. ADDRESS Ashton - Idaho.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY PINEVIEW.
24d. LOCATION (City, town, or county) ASHTON (State) IDAHO.

DATE REC'D BY LOCAL REG. 5 Feb 53
REGISTRAR'S SIGNATURE [signature] Hansen
25. FUNERAL DIRECTOR [signature] Kiser ADDRESS ASHTON IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 245
Local Reg. No. 4
Reg. Dist. No. 6-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD# 2 (Heman)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) RFD#2 (Heman)

3. NAME OF DECEASED (Type or Print) a. (First) LESTER b. (Middle) J. c. (Last) DAVENPORT

4. DATE OF DEATH (Month) (Day) (Year) January 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept., 17, 1905
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Parker, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Elmer Davenport
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Gertrude Eugenie Mason
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Gladys L. Hansen ADDRESS St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure - acute — INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Chronic — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1952, *to* Jan 23, 1953, *that I last saw the deceased alive on* Jan 23, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 378 E. L. Soule M.D. (Degree or title)
23b. ADDRESS St. Anthony
23c. DATE SIGNED 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 31 Jan 53
24c. NAME OF CEMETERY OR CREMATORY Parker
24d. LOCATION (City, town, or county) (State) Parker, Idaho.

DATE REC'D BY LOCAL REG. 30 Jan 53
REGISTRAR'S SIGNATURE M. L. Hansen
25. FUNERAL DIRECTOR M. L. Hansen ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 246
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) Mae c. (Last) Knox

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 19, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months: 10 Days: 12
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Strattonvill, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hugh H. Fulton
BIRTHPLACE: Strattonvill, Pa.

14. MOTHER'S MAIDEN NAME: Elizabeth I. Myers
BIRTHPLACE: Strattonvill, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Walter Knox
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 15 years
DUE TO (c) Hypertensive cardiovascular disease — 40 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec 31, 1952, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard, M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Jan 12 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rec'd [illegible]

Certificate of Death

STATE OF IDAHO

State File No. 217
Local Reg. No. 2
Reg. Dist. No. 340-341

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Frint's Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Walter; c. (Last) Hollar

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Oct. 18, 1864	88	2	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
minister 61	Methodist church	Franklin Co., Penn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob C. Hollar	Penn.	Mary JaneGillan	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Mrs. Werner Schneider	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia 4 22,1 — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — year
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility (psychosis)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible] *to* Jan 5, 1953; *that I last saw the deceased alive on* Jan 3, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald F. Lawhorn MD	Emmett Idaho	1/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 8, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 8 1953	Jess A. Beatty	Beatty Funeral Home	Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 248
Local Reg. No. 4
Reg. Dist. No. 340-341

BIRTH NO. JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Payette Mill Yard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 317 west 4th St

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Louis c. (Last) Androes

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 15, 1895

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR Months: 10 | Days: 2 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hoister driver

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Inman, Kansas

12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: John Androes — BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Helennia Loewn — BIRTHPLACE: Prussia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518 07 3400

17. INFORMANT'S OWN SIGNATURE: Verna L. Androes — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis — 7 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Autopsy only, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* —— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 14 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan 14 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — **ADDRESS**: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 249
Local Reg. No. 6
Reg. Dist. No. 340-341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 609 No. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Gladys b. (Middle) Floy c. (Last) Hamilton

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 24, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 11, 1887

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR Months: 10 | Days: 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): LeRoy, Mich.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry Klingensmith — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Annetta Biggs — BIRTHPLACE: Indiania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x John S Hamilton — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction, left — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mural thrombus left ventricle — 10 yrs.
DUE TO (c) Rheumatic endocarditis — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Solitary cyst of rt. kidney — ?

414X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], 1946, *to* 1953, *that I last saw the deceased alive on* Jan. 24, 1953, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 25 Jan 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 25 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 250
Local Reg. No. 7
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 19 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Beal

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 22, 1861

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months: 2 Days: 3
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jake Grimes
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Emily Byers
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: X Verne Skelton
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

447X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 years
DUE TO (c) Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 76, *to* Jan 25, 19 53, *that I last saw the deceased alive on* Jan 23, 19 53, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 29, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 251
Local Reg. No. 9
Reg. Dist. No. 340-341
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 321 So. Comm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 321 So. Comm.

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) B.; c. (Last) Montgomery

4. DATE OF DEATH: (Month) Jan. (Day) 31, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: May 20, 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR — Months: 8 Days: 11
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): DeKalb, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C. C. Montgomery
BIRTHPLACE: Plate Co., Mo.

14. MOTHER'S MAIDEN NAME: Anna M. Critchfield
BIRTHPLACE: Plate Co. Mo.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Lucile Robb
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4/16X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — 37 Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Feb 30, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 11:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Feb 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Feb 5 1953
REGISTRAR'S SIGNATURE: Jan A. Beatty
25. FUNERAL DIRECTOR: Beatty Mortuary
ADDRESS: Emmett, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 1576
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 326 Wyoming

3. NAME OF DECEASED (Type or Print): a. (First) CLIFFORD b. (Middle) CHARLES c. (Last) ESTERBROOK

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20, 1911

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer ok

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cherry box, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Claude E. Esterbrook
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: May D. Patterson
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. No. 2

16. SOCIAL SECURITY NO.: 517-03-4136

17. INFORMANT'S OWN SIGNATURE: D. Wilden Esterbrook
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Self inflicted gun shot wound — INTERVAL BETWEEN ONSET AND DEATH: instant death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home in bed

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding co., Gooding, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 4, 1953-10am m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Gunshot wound in temple

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner of Gooding County
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 1/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/8/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 1/4/53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Geo. Jerred Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 253
Local Reg. No. 1580
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): –
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1251 Oriental Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Ellen
c. (Last): Brandon

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 15, 1936
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gillette, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jack Arthur Brandon, BIRTHPLACE: West Virginia, Point Pleasant
14. MOTHER'S MAIDEN NAME: Georgia Pearl Keck, BIRTHPLACE: Gillette, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-36-9439
17. INFORMANT'S OWN SIGNATURE: Jack A. Brandon — ADDRESS: 1251 Oriental Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 7 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Multiple Contusions
Shock.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding 5 miles No. Gooding Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 4, 1953 3:00 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* Jan 4, 1953, *to* Jan 4, 1953 *that I last saw the deceased alive on* Jan 4, 1953, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Barrett M.D. 021
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 1/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-4-53 3
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 1-9-53
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: Geo. Jerrard Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 254
Local Reg. No. 1581
Reg. Dist. No. 42-2

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gooding
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) GRAY; c. (Last) BRIGGS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 11, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mc Minnville, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Silas P.M. Briggs
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Wagley
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Juhan R. LeMayne
ADDRESS: Hagerman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Leukemia (myeloid) — INTERVAL BETWEEN ONSET AND DEATH: 12 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. , 1952, *to* Jan. , 1953, *that I last saw the deceased alive on* Jan 8 , 1953, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Anderson (Degree or title) M.D.

23b. ADDRESS: Gooding, Ida.

23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/10/53

24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery

24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 1-9-53

REGISTRAR'S SIGNATURE: J. H. Cromwell

25. FUNERAL DIRECTOR: Geo. Jewell Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 255
Local Reg. No. 16-852
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
LENGTH OF STAY (in this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Luke b. (Middle) O c. (Last) Ferry

4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 23-1879
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 4 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook 47
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Columbus Ohio
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME: Margaret L. Garrett BIRTHPLACE = Informant

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 530-01-3839
17. INFORMANT'S OWN SIGNATURE: ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* 1/8, 1953, *and that death occurred at* 6 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. E. Burritt (Degree or title) M.D
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 11-53
24c. NAME OF CEMETERY OR CREMATORY: Richfield
24d. LOCATION (City, town, or county): Richfield (State) Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: J. H. Cunnell
25. FUNERAL DIRECTOR: Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 256
Local Reg. No. 1584
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 1 yr. 8 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): DENNY
c. (Last): DEAN

4. DATE OF DEATH (Month) 1 (Day) 15 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 21, 1921
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Breckenridge, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Dean — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Bessie — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 573-26-9593
17. INFORMANT'S OWN SIGNATURE: Helen G. Dean — ADDRESS: Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 002X Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/14/52
19b. MAJOR FINDINGS OF OPERATION: Left Pneumonectomy for Pulmonary Tuberculosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1952, *to* Jan. 15, 1953 *that I last saw the deceased alive on* Jan. 15, 1953 *and that death occurred at* 2:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eloise M. Larson, M.D.
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-18-53
24c. NAME OF CEMETERY OR CREMATORY: Ashton Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: Jan 31-55
REGISTRAR'S SIGNATURE: J A Cromwell
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 257
Local Reg. No. 15-83
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) MELVINA c. (Last) CONDIT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 18, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR Months: Days
IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Knoxville, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Dennis
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Charlotte Ellsworth
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Wm Ulrican
ADDRESS: Tuttle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension
DUE TO (c) Art. sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1953, *to* 1-20, 1953, *that I last saw the deceased alive on* 1-19, 1953, *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice C. Schad M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 24, 53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman
24d. LOCATION (City, town, or county) (State): Hagerman Idaho

DATE REC'D BY LOCAL REG.: 1-27-53
REGISTRAR'S SIGNATURE: H Comwell

25. FUNERAL DIRECTOR: Ruth Bird
ADDRESS: THOMPSON CHAPEL BUHLING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 258
Local Reg. No. 1-588
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CRAIG b. (Middle) BRUCE c. (Last) SPACKMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 21, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas M. Spackman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Neoma Palmer
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Thomas M. Spackman
ADDRESS: Fairfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 758.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cranioschisis

DUE TO (c) Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Jan, 1953, *to* 21 Jan, 1953, *that I last saw the deceased alive on* 21 Jan, 1953, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion J. Kerns (Degree or title) MD

23b. ADDRESS: San Jose Idaho

23c. DATE SIGNED: 27 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: see back

24c. NAME OF CEMETERY OR CREMATORY: Menard Cemetery

24d. LOCATION (City, town, or county) (State): Fairfield Idaho

DATE REC'D BY LOCAL REG.: 2-7-53

REGISTRAR'S SIGNATURE: J. A. Cranwell

25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS: [illegible], IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 259
Local Reg. No. 1585
Reg. Dist. No. 420

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): M.
c. (Last): Root

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1-1910
9. AGE (In years last birthday): 43 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Nowlin S. Dakota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli Mercy — BIRTHPLACE: Belgium
14. MOTHER'S MAIDEN NAME: Anntoinette Von Hom — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Edward Root — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 3rd degree burns 90% Body — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

916.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dietrich Ida Lincoln Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 24-53 7 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fire

22. *I hereby certify that I attended the deceased from* 1/24, 1953, *to* 1/29/53 19__, *that I last saw the deceased alive on* 1/29, 1953, *and that death occurred at* 8:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: T. E. Garrett M.D. (Degree or title) 021
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30 01
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Jan 31
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 260
Local Reg. No. 18
Reg. Dist. No. 240

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Clark; c. (Last) Briggs

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7 1862

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Gold + Silver Mining

11. BIRTHPLACE (State or foreign country): Southwest Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chester Briggs — BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Gertrude M. Murphy — ADDRESS: Stites, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Several days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Dec., 1952, *to* 9 Jan, 1953, *that I last saw the deceased alive on* 8 Jan, 1953, *and that death occurred at* 1:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Altman — (Degree or title): M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 12 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 12 1953
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Jan 11 1953
REGISTRAR'S SIGNATURE: Lena Cone

25. FUNERAL DIRECTOR: Claude Tenney — ADDRESS: Kooskia, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 261
Local Reg. No. 19
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Golden
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle):
c. (Last): Leach

4. DATE OF DEATH (Month) (Day) (Year): 1 – 19 – 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3 – 31 – 1865
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months 9 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Glenn Acker
ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with congestive failure.
INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Dec. *19*52 *to* 18 Jan *19*53 *that I last saw the deceased alive on* 18 Jan *19*53 *and that death occurred at* 6:45 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Kaltman (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 21 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-53
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Grangeville. Ida-Ida

DATE REC'D BY LOCAL REG.: Jan. 22, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Glenn Acker
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 262
Local Reg. No. 28
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 8 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 420 No. A

3. NAME OF DECEASED (Type or Print): a. (First) JESSE b. (Middle) B. c. (Last) McCOMAS

4. DATE OF DEATH: (Month) January (Day) 20, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 19, 1877

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman Live 51

10b. KIND OF BUSINESS OR INDUSTRY: Live stock

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo. C. McComas BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Virlinda McMurray BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Ellen [illegible] ADDRESS: Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 152X Carcinoma of small intestine (Jejunum) — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 20 Jan, 1953, *that I last saw the deceased alive on* 20 Jan, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Saltmon (Degree or title) M.D.

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 20 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Harpster

24d. LOCATION (City, town, or county) (State): Harpster Idaho Idaho

DATE REC'D BY LOCAL REG.: Jan 21, 1953

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: [signature] ADDRESS: Grangeville,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 263
Local Reg. No. 2
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek
c. LENGTH OF STAY (in this place): 55 yrd
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): A. J. Morris farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) MAE c. (Last) MATTOX,

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 29, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Farmington, Wash.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathaniel Morris, BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Margaret A. Propst, BIRTHPLACE: Sugar Grove, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: J W Morris ADDRESS: Greencreek, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Jan. 19, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Kaltman (Degree or title) M.D

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 29 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion, Winona.

24d. LOCATION (City, town, or county) (State): Kamiah, R.F.D. Idaho

DATE REC'D BY LOCAL REG.: Jan. 21 1953

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Jos Robertson

ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Information. Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 204
Local Reg. No. 22
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD
c. LENGTH OF STAY (In this place): 13yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NezPerce Nat'l Forest.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) KATHERINE b. (Middle) O. c. (Last) MAYNARD,

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 2, 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Spokane, Wash.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Owen Jones, BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ellen J. Galbraith, BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Josephine F. Gray ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypo-Thermia — INTERVAL BETWEEN ONSET AND DEATH: 12-18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exposure — 12-18 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

932.9

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Free Use Ridge Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 20 53 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Exhaustion in Snowy Cold

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard A. Lowell (Degree or title): Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Ida

DATE REC'D BY LOCAL REG.: Jan. 23, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Joseph Johnson ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

State File No. 265
Local Reg. No. 12
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Idaho Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Tautenhahns Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	H.	Page	Jan. 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 8, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farms	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Page	N. York	Mary Cezik	Bohemia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Edna Thompson	Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic hypertensive cardio vascular renal disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 1-22-53, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Moseley, M.D.	Coeur d'Alene Ida	1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 23, 1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-23-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 266
Local Reg. No. 7
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) GILES c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): January 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 28 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retail hardware
11. BIRTHPLACE (State or foreign country): Newport, Tenn
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: PEARIN GILES, BIRTHPLACE: TENN.
14. MOTHER'S MAIDEN NAME: REBECCA McGAHA, BIRTHPLACE: TENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----- ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edith Giles — ADDRESS: Craigmont, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis — ?
DUE TO (c) Arterio Sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-25, 1953, *that I last saw the deceased alive on* 1-25, 1953, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins (Degree or title): M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/25/53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: 1-27-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by TB
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 267
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO.

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
c. LENGTH OF STAY (in this place): 3½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 250 W. 2nd No.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) BUSH

4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: William James Bush. England.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Adgeline Adeline Ludington. Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Clifford Bush — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs.
DUE TO (c): Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Eczema + dermititis — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 19 52 , *to* Jan 8 , 19 53 , *that I last saw the deceased alive on* Jan. 8 , 19 53 , *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 422 Carl Tall — (Degree or title): M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 1/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 1-12-53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 1/12/53

REGISTRAR'S SIGNATURE: Mrs A B Okerlof

25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 268
Local Reg. No.
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mud Lake
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. So. ½ mi. W.Mud Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho.
d. STREET ADDRESS (If rural, give location): 1710 S. Higbee Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LOTTIE
b. (Middle): JANE
c. (Last): RICKMAN

4. DATE OF DEATH (Month) (Day) (Year): January 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 29,-1890
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 2, Days 26
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Melvern, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Sidney Smith
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Phebie Ann Moore
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles R. Higgins
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound in Head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None Performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mud Lake Jefferson Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 25, 1953 8 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self Inflicted

22. *I hereby certify ~~that I attended the deceased from~~ ----------, ~~19--, to~~ ----------, ~~19--~~, that I last saw the deceased ~~alive on~~ Jan.25, 1953, and that death occurred at 8:00A m., from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall 4 (Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: Jan.26,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 29,1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Bonneville Idaho

DATE REC'D BY LOCAL REG.: Jan 26 1953
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

State File No. 269
Local Reg. No. 3
Reg. Dist. No. 640

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
d. STREET ADDRESS (If rural, give location): RFD#1 (Twin Groves)

3. NAME OF DECEASED (Type or Print): a. (First) RASMUS b. (Middle) MICHAEL c. (Last) MICKELSEN

4. DATE OF DEATH: (Month) Jan., (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19, 1873

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rasmus Mickelsen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mary Catherine Petersen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lorin D. Mickelsen — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Myocardial Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that ~~I attended the deceased from ———, 19—, to ———, 19—, that I last saw the deceased alive on ———, 19—, and that~~ death occurred at* 11:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE Norman Hall 470 — (Degree or title) Coroner

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 2/3/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 31 January 53

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: Feb 4 1953

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR — ADDRESS: M L Hansen — St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 270
Local Reg. No. 61
Reg. Dist. No. 440

BIRTH NO. JAN 12 1953

1. PLACE OF DEATH
a. COUNTY Lincoln Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone Jerome
c. LENGTH OF STAY (in this place) 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. ~~STREET~~ ADDRESS (If rural, give location) Mc Fall Hotel

3. NAME OF DECEASED (Type or Print) a. (First) Arista b. (Middle) c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Jan - 5 - 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Mar-12 1874

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 9 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (State or foreign country) Buchanan Co. Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward William Smith BIRTHPLACE ?

14. MOTHER'S MAIDEN NAME Elizabeth Burns BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Hospital Record ADDRESS Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4-53, 19___, *to* 1-5-53, 19___, *that I last saw the deceased alive on* 1-5-53, 19___, *and that death occurred at* 12:00 noon., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD

23b. ADDRESS Shoshone Idaho

23c. DATE SIGNED 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 9 ?

24c. NAME OF CEMETERY OR CREMATORY Shoshone

24d. LOCATION (City, town, or county) (State) Shoshone Idaho

DATE REC'D BY LOCAL REG. Jan. 8, 1953

REGISTRAR'S SIGNATURE Sister M. Rose, OSB

25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 271
Local Reg. No. 62
Reg. Dist. No. 40

BIRTH NO. 111-53-0625

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): Ida
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	David	Summy	Jan	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Jan 7 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Summy — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Evelyn Maupin — BIRTHPLACE: Mo-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: David R Summy — ADDRESS: Jerome

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis and pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration of amniotic fluid — 22 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-8-53	Bronchoscopy	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-7-53, 19—, *to* 1-8-53, 19—, *that I last saw the deceased alive on* 1-8-53, 19—, *and that death occurred at* 7:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	Shoshone Idaho	1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 14 1953	Parma Cemetery	Parma Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 13, 1953	Sister M. Rose, O.S.B.	Glen Buehler	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 272
Local Reg. No. 63
Reg. Dist. No. 440

BIRTH NO. JAN 22 1953

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 412 1st Ave E

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Thomas c. (Last) Wilson

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer of
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Cincinata Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Curtis Wilson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Martha Webster — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Raymond G. Wilson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14-, 1953, *and that death occurred at* 8:40 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee, Lehr, M. D.
23b. ADDRESS: Jerome
23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 01 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 273
Local Reg. No. 64
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 28 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Eden

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle):
c. (Last): CHANDLER

4. DATE OF DEATH (Month) (Day) (Year): January 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mountain Home, Arkansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Jim Siemens — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis & prostatitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1952, *to* Jan 14, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Hopper 165
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 30
24b. DATE: 1-15-53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Jan 19, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Dyke Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 274
Local Reg. No. 67
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 6 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Johannah b. (Middle) Bertha c. (Last) Mietzner

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 16. 1891

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 1 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): os

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hildreth Nebraska

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Siebert Schmitz
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Johannah ..arquis
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Emmett H.S. Mietzner
ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Carcinoma of left breast
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & metastasis to abdomen & chest.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-14, 1953, *to* 1-21, 1953, *that I last saw the deceased alive on* 1-21, 1953, *and that death occurred at* 9:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson 245 M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 23.53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kearney Nebraska

DATE REC'D BY LOCAL REG.: Feb. 3, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J.R. Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 947
Local Reg. No. 647
Reg Dist. No. 440

111-53-0711
BIRTH NO.

RECEIVED
JAN 28 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): Ida.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jewel	LaRue	Gentry	Jan	22	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	single	Jan 21 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Gentry — BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Jewel Glover — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Charles Gentry — ADDRESS: Kimberly Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following difficult birth
DUE TO (c) 760.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-21, 1953 *to* 1-22, 1953, *that I last saw the deceased alive on* 1-22, 1953, *and that death occurred at* 10:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	24. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson M.D.		Jerome Ida	1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 25 1953	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.: Jan. 23 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Jerome, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 276
Local Reg. No. 69
Reg. Dist. No. 440

BIRTH NO. 111-53-0714

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 5 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) LINDA b. (Middle) RE c. (Last) HEITZMAN

4. DATE OF DEATH: (Month) Jan. (Day) 24, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Newborn

8. DATE OF BIRTH: Jan. 24, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Premature Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Harve Heitzman — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Lydia Marguerite Moss — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS Rt. # 2 Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

774X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Delivered 5½ mo. gestation — INTERVAL BETWEEN ONSET AND DEATH: 3-4 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Not known.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* death, 19__, *that I last saw the deceased alive on* Jan. 24, 1953, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: Jan. 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Feb. 5, 1953

REGISTRAR'S SIGNATURE: Lester M. Row, O.D.

25. FUNERAL DIRECTOR: J. R. Wirley

ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 277
Local Reg. No. 70
Reg. Dist. No. 440

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 1 1;DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENIDECT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RT. I
d. STREET ADDRESS (If rural, give location): HAGERMAN

3. NAME OF DECEASED (Type or Print)
a. (First): LAURIE
b. (Middle): LLOYD
c. (Last): COOK

4. DATE OF DEATH (Month) (Day) (Year): 1/29/1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: 1/17/1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 14; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: VAY COOK — BIRTHPLACE: HAGERMAN
14. MOTHER'S MAIDEN NAME: JEAN SALISBURY — BIRTHPLACE: BUHL IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: VAY COOK — ADDRESS: HAGERMAN RT. I IHAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): congenital heart
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1953, *to* 1-29, 1953, *that I last saw the deceased alive on* 1-28-, 1953, *and that death occurred at* 5-A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Maurice E. Sched M.D. (Degree or title)
23b. ADDRESS: WENDELL IDAHO
23c. DATE SIGNED: 1-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/31/1953
24c. NAME OF CEMETERY OR CREMATORY: HAGERMAN
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Feb. 5, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. Forrest Thrasher — ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 270
Local Reg. No. 62
Reg. Dist. No. 4-L

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Jerome~~ 3-5-17 W-4-5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN: Rural - 3-5-1½ W-¼-5
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Laurrennia b. (Middle) — c. (Last) Dixon

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 6, 1885

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 2 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Oakley Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H. J. Wells
BIRTHPLACE: Ore.

14. MOTHER'S MAIDEN NAME: Elizabeth Hale
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Forest B. Dixon Jerome Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Severe cerebral accident
INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C.V.R. disease yrs -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1945, *to* 1-22, 1953, *that I last saw the deceased alive on* 1-21, 1953, *and that death occurred at* 6 05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence M. Heber, M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Jan 23, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: Tilman A. Harris
ADDRESS: Jerome, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Moseley

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 279
Local Reg. No. 5
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 2½-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1119-Spokane st.

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle) J.
c. (Last) Weaver

4. DATE OF DEATH (Month) (Day) (Year) Jan 2, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 1, 1869

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Parsons
BIRTHPLACE No. Carolina

14. MOTHER'S MAIDEN NAME Unknown Sturgill
BIRTHPLACE North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE x Jessie Weaver
ADDRESS Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443x Repeated Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic cardio vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19 '29, *to* _____, 19___, *that I last saw the deceased alive on* 1-2-53, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don Moseley M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-5-53

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. 1-5-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Hughes

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 280
Local Reg. No. 3
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 2-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 320-N-20th, st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Valencia	E.	Hammerly	Jan. 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	Feb. 23, 1892	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	South Dakota	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Margaret Hammerly	Coeur d' Alene Idaho

446X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolar nephrosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uremia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-27, 1952 *to* 1-3, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard S Hughes MD	Coeur D' Alene Idaho	1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-5-53	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-5-53	Lorraine K. Bruce	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 231
Local Reg. No. 4
Reg. Dist. No. 120

Dr. D. Moseley

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 12-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. C. G. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): B.
c. (Last): Moore

4. DATE OF DEATH: (Month) 1-3 (Day) (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 29, 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Woodbury Moore
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Jennie McKay
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ida Williams
ADDRESS: Ellensburg Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage or occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerotic disease — 13 Days

DUE TO (c) +/or Embolism from fracture — 13 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Fracture pelvis bilateral — Broncho pneumonia Bilateral — 10 Days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 5 Mi west

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene, Kootenai, Idaho

21d. TIME OF INJURY (Month) 12 (Day) 22 (Year) 52 (Hour) 1 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 1-3-53, 19____, *that I last saw the deceased alive on* 1-3-53, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don Moseley, M.D.

23b. ADDRESS: Coeur d'Alene, Ida

23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Manhatten, Montana

DATE REC'D BY LOCAL REG.: 1-3-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 282
Local Reg. No.
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marine Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Marine, Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	J.	Ball	Jan	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	Mar 26, 1904	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Homestead Wis.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Ball	Wis.	Francis Fink	Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II 4201			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 36 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia Both bases — 7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-2-53, 19___, *to* 1-3-53, 19___, *that I last saw the deceased alive on* 1-3-52, 19___, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-8-53	Riverside Park Cemetery	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-53	Lorraine K. Brueck	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-49021

This man is a Veteran
2 Copies Please.

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

APPLICATION FOR A DEATH CERTIFICATE

Address correspondence and make money order payable to
BUREAU OF VITAL STATISTICS
Department of Public Health
Boise, Idaho

To avoid errors and unnecessary delays, write or print clearly in ink.

FULL NAME OF DECEASED Charles J. BALL

CITY AND COUNTY OF (DEATH) Coeur d'Alene Kootenai

DATE OF DEATH 1-4-53.

PERSON MAKING REQUEST Mrs Edith Ball

PRESENT P.O. ADDRESS Star Route # 2 Harrison Ida

Certified copies are 50¢ each, payable by money order in advance.
NO copies made C O D or without remittance in hand.

THIS IS NOT A DEATH CERTIFICATE

on the death Certificate under item # 7 I have that Mr Ball was divorced will you change that to marrie. Signed Gilbert Gates

Dr. Woods

Certificate of Death

STATE OF IDAHO

State File No. 283
Local Reg. No. 6
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3-WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 614-N-15th, st.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) W. c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 2, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Prospecting

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: W. C. Williams
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Florence Nichols
ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of the Stomach.
INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-1, 1953, *to* 1-4, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D.
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 1-5-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-6-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Von English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 284
Local Reg. No. 8
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Glen	Dashiell		1	6	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	8-11-1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Gibson — ADDRESS: Davenport, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vasc. accident — INTERVAL BETWEEN ONSET AND DEATH: 2 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — unknown
DUE TO (c): Art. Sclerosis — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-4, 1953, *to* 1-6, 1953, *that I last saw the deceased alive on* 1-6, 1953, *and that death occurred at* 10 50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Brandon Barclay	M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-11-53	Mount Hope Cemetery	Mount Hope, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-10-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Greenwood

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 285
Local Reg. No. 7
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 501-Garden ave.

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): M.
c. (Last): Cathcart

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 5, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claim Adjuster
10b. KIND OF BUSINESS OR INDUSTRY: Ida Comp. Co.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Cathcart — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Angeline Thomas — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-0382
17. INFORMANT'S OWN SIGNATURE: Eleanor Cathcart — ADDRESS: Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-3-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 15 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1934, *to* Jan. 7, 1953, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton H. Greenwood M.D. 138
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10. 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 1-9-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 266
Local Reg. No. 10
Reg. Dist. No. 120

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3313 N. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 3313 N. 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Calista		Lease		1	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	5-11-1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Canton, S. Dak.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Daby	Canada	Margaret Davis	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Enola Pagel	Coeur d'Alene, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 27, 19 50, *to* Jan 12, 19 53, *that I last saw the deceased alive on* Jan 12, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Barker M.D.	Coeur d'Alene, Idaho	Jan 16 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-16-1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-16-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 287
Local Reg. No. 9
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 510-Davidson avenue

3. NAME OF DECEASED (Type or Print): a. (First) Philip; b. (Middle) F.; c. (Last) Johnson

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Mgr. 74

10b. KIND OF BUSINESS OR INDUSTRY: Seeber Motors

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George W. Hicks
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-22-2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 8, 1953 *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 12, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Rankin M.D.
23b. ADDRESS: Coeur d' Alene Idaho
23c. DATE SIGNED: Jan 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 30 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 288
Local Reg. No. 13
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 205 Indiania

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) F. c. (Last) Farr

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-25-1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: City Police

11. BIRTHPLACE (State or foreign country): Boston, England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Glen Farr, Spokane, Washington
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive arteriosclerotic cardio vascular renal disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 1-16-19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. G. Barcla... RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 289
Local Reg. No. 15
Reg. Dist. No. 120

BIRTH NO. 111-53-0747 JAN 30 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d(Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1200-Sherman avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Wayne	Panabaker	Jan. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Jan. 19, 1953				4	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Panabaker — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Yvonne M. Westersund — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE R. A. Panabaker ADDRESS Coeur d' Alene Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fatigue
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. birth wt 1# 13 oz

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19-53, 19___, *to* 1-19-53, 19___, *that I last saw the deceased alive on* 1-19-53, 19___, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-53
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 1-21-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR [signature] ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 290
Local Reg. No. 20
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alenek
d. STREET ADDRESS (If rural, give location): 112 Lakes Side

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	W.	McGuire	Jan 24 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Unkown	June 19, 1892	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook 4-1	Forest Service	Unkown	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown		Unkown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	543-18-3600	Hosp Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4221 (?) Chronic myocarditis c Hearty failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac & allergic asthma — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene	1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-29-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-3-53	Lorraine K. Brush	[signature]	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. J. Hawkins

Certificate of Death

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 291
Local Reg. No. 21
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 902-Front ave.

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Joseph c. (Last) Kelly

4. DATE OF DEATH (Month) (Day) (Year): Jan 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-12-8301

17. INFORMANT'S OWN SIGNATURE: Howard J. Kelly
ADDRESS: Spokane, Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Pyelonephritis — 5+ yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* 1/26, 1953, *that I last saw the deceased alive on* 1/26 1953 *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Hawkins M.D.

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 1-28 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 1-30-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 292
Local Reg. No. 16
Reg. Dist. No. 120

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte. # 1

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Carl c. (Last) Sears

4. DATE OF DEATH: (Month) (Day) (Year): 1-26-53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 7-16-1938

9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Grade School

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl Sears
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Irene Feldman
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mr. Earl Sears
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 224X convulsive seizure, secondary — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) to chronic degen. changes in brain. (?)

DUE TO (c) small adenoma pituitary (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 12:15 P.M., *from the causes and on the date stated above.*

did not

23a. SIGNATURE (Degree or title): Florence Barclay M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-29-53
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-5-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 293
Local Reg. No. 25
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Rt# 2

3. NAME OF DECEASED (Type or Print) a. (First) Adin b. (Middle) T. c. (Last) Peck

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 26, 1870
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY Methodist Church
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward L. Peck BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Lydia Tilly BIRTHPLACE New Yourk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Mrs Era J. Peck ADDRESS Cd'a Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis failure 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 1-28-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. D.
23b. ADDRESS Coeur d'Alene, Ida
23c. DATE SIGNED 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 2-5-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Mosely

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 294
Local Reg. No. 27
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 18-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1944-Govt way

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): V.
c. (Last): Sense

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 12, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X C J Hughes — ADDRESS: Dietman Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis c̄ Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES — Hypertensive
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cardio-vascular renal disease — 5 yrs
DUE TO (c) arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1-29-53 *, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Mosely M.D.
23b. ADDRESS: Coeur d'alene, Ida
23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 2-5-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 295
Local Reg. No. 2
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake Idaho
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake, Idaho
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): a. (First) Cassius b. (Middle) c. (Last) Chatfield

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 4, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mount Morse Mich

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Chatfield
BIRTHPLACE: Mich

14. MOTHER'S MAIDEN NAME: Margurite Eveo
BIRTHPLACE: Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mr. Arthur Chatfield
ADDRESS: Spokane, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9/6/0 Conflagration with Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 3, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Cabin caught fire with occupant asleep

22. *I hereby certify that I attended the deceased from* did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* Am m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood Cororner & M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Lane Cemetery
24d. LOCATION (City, town, or county) (State): Lane, Idaho

DATE REC'D BY LOCAL REG.: 1-6-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR:
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 298
Local Reg. No. 14
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootena i
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls Rte. #1
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahn's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ananids
b. (Middle): Francis
c. (Last): Weeks

4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-26-1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Floyd, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bob Weeks — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sally Howchin — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Angie Weeks — ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular renal disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 1-16-53, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 270 (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-20-53
24c. NAME OF CEMETERY OR CREMATORY: Post Falls Cemetery
24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: [signature] Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 297
Local Reg. No. 11
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 10-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt# 1

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): Willard
c. (Last): Horton

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman 32
10b. KIND OF BUSINESS OR INDUSTRY: Kaiser Aluminum
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Horton — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Phillipines 1912
16. SOCIAL SECURITY NO.: 537-07-2350
17. INFORMANT'S OWN SIGNATURE: + Rose Marie Ward — ADDRESS: Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Urinary Trampsis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 5th
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-53
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-27-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 288
Local Reg. No. 19
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY in this place: 5 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt #. 1.

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle); c. (Last) Lindbloom

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 19, 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Mont

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Lindbloom
BIRTHPLACE: Minn

14. MOTHER'S MAIDEN NAME: Jessie Rob
BIRTHPLACE: Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 530-05-1260

17. INFORMANT'S OWN SIGNATURE: Mrs. Marjorie Lindbloom
ADDRESS: Hayden Lk.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Unknown Disease.
INTERVAL BETWEEN ONSET AND DEATH: Sudden.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner
23b. ADDRESS: Coeur d'alene Idaho.
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-31-53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-3-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 299
Local Reg. No. 17
Reg. Dist. No. 12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahn's Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Frank	Ed ward	Howard		1	29	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1-3-1864	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas Howard	Pennsyl vania	UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Fred Howard	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Chronic myocarditis c failure	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Hypertensive Cardio-vascular disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile dementia	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 1-29-53, *and that death occurred at* 4:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alne, Idaho	2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-3-53	Pleasant View Cemetery	Post Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-5-53	Lorraine K. Brush	[signature]	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 300
Local Reg. No. 18
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahn's R te#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edwin		Doty	1-30-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	7-9-1858	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor	Veter anarian	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Doty	Unknown	Eliza Coffey	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no none	none	Mr. Charles Doty	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral accident	2 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive cardio. vascular disease	5 yrs
DUE TO (c)	arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile dementia	1 yr

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 1-30, 19 53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-2-53	Post Falls Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-5-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 301
Local Reg. No.
Reg. Dist. No. 200

BIRTH NO. Armstrong

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1928
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 So. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 503 So. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Walter
c. (Last): Bullock

4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Eng., ret.
10b. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): Stratford, Ont., Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Bullock 16 — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Fannie Flood — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Ida Hunthack — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 46, *to* 1-6, 1953, *that I last saw the deceased alive on* 1-5, 1953, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Thurhoney 004 M.D.
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 1-10-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-8-1953 03
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/15/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Feb. 15, 1967

Certificate of Death

STATE OF IDAHO

State File No. 302
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 So. Asbury

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 323 So. Asbury

3. NAME OF DECEASED (Type or Print): a. (First) Lula; b. (Middle); c. (Last) Hollada

4. DATE OF DEATH: (Month) (Day) (Year) January 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 28, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant Hill, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Howe
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah E. Hoosier
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Florence M. Hollada
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 19 52, *to* 7 Jan, 19 53, *that I last saw the deceased alive on* 6 Jan, 1953, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Culp, M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-14-53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 1-15-53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. EMBALMER: H. R. Short, Moscow, Idaho
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JAN 16 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 53-302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Lula Hollada (Name on Original Certificate) who died (Was Born or Died) on Jan 7, 1953 (Date of Event)

in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Knowledge (Bible Record, Insurance Policy, Etc.) prepared on 1-7-53 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#13 Father's Name	Arthur Hollada	William B. Howe
#14 Mother's Name	Lula Howell	Sarah E. Hoosier - England
#13 Father's birthplace	Illinois	~~Missouri~~ England

Subscribed and sworn to before me this 13th day of January, 1967

Notary Public, residing at Moscow

My commission expires 4-26-1970

(Seal)

Signed Florence M Hollada

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

323 So Asbury Moscow Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 1967

Notary Public, residing at Moscow

My commission expires 4-26-1970

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

Box 353 Moscow Idaho

(Street Address, City, State)

FORM DH 60-155 WWB

4-12-50-55 AP

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 302
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO. W-1

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1928
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 So. Asbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 323 So. Asbury

3. NAME OF DECEASED (Type or Print): a. (First) Lula; b. (Middle); c. (Last) Hollada

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 28, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasant Hill, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: AArthur Hollada
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lula Howell
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Herman M. Hollada
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/12, 1952, *to* 7 Jan, 1953, *that I last saw the deceased alive on* 6 Jan, 1953, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070
(Degree or title): MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-14-53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/15/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4002

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 303
Local Reg. No. 3
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO. Dunn

RECEIVED JAN 19 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 915 So. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): O.
c. (Last): Walker

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 22, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Asheville, N.C.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Walker — BIRTHPLACE: N.C.
14. MOTHER'S MAIDEN NAME: Elizabeth Robinson — BIRTHPLACE: N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Russell Mathews — ADDRESS: Moscow

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1953, *to* 1-9, 1953, *that I last saw the deceased alive on* 1-9, 1953 *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N. Dunn MD 095
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: 1/15/53
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dunn

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 304
Local Reg. No. 4
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 253 Circle Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 253 Circle Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Elmer	Martin	Jan	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 15, 1895	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jacksonville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Martin — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Fernands — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Theodore B. Foss — ADDRESS: Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 295 X acute gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemophilia — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): C
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1953, *to* 1-14, 1953, *that I last saw the deceased alive on* 12-10, 1952, *and that death occurred at* 16. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edwd D. Dunn M.D 095	Moscow, Idaho	1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan 17, 1953	Hazen & Jaeger	Spokane Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/22/53	Lois E Angel	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 305
Local Reg. No. 5
Reg. Dist. No. 202

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 711 No. Main

3. NAME OF DECEASED (Type or Print): a. (First) Marie; b. (Middle); c. (Last) Gehrke

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 10, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 61

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick Cast — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Karoline Kuebler — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Maybelle Gehrke — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1-14-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Stomach — 12-24-52

DUE TO (c) with Perforation of Stomach

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Cholecystitis with Gallstones; Hypostatic Pneumonia

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-16-, 1944, *to* 1-18-, 1953, *that I last saw the deceased alive on* 1-18-, 1953, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph H Wilson MD — **23b. ADDRESS**: Moscow Ida — **23c. DATE SIGNED**: 1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-21-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/22/53

REGISTRAR'S SIGNATURE: Laird E. Angel

25. FUNERAL DIRECTOR: H R Short — **ADDRESS**: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 306
Local Reg. No. 7
Reg. Dist. No. 200

BIRTH NO. K Klaaren JAN 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 5

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) A. c. (Last) Olson

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 18, 1870

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer, ret. 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: O. Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: William B Olson — ADDRESS: Spokane

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility & generalized arterial sclerosis. — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 19 44, *to* January, 19 53, *that I last saw the deceased alive on* Jan. 18, 19 53, *and that death occurred at* 5:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 208 R F Klaaren MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 1-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/27/53
REGISTRAR'S SIGNATURE: Lois E. Angell
25. FUNERAL DIRECTOR: W R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 307
Local Reg. No. 8
Reg. Dist. No. 200

BIRTH NO. Toch JAN 31 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Beda; b. (Middle); c. (Last) Nilsson

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried

8. DATE OF BIRTH: May 15, 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank Brocke — ADDRESS: Troy [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: About 3 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

493 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13 1953 *to* Jan 19, 1953, *that I last saw the deceased alive on* Jan 19, 1953, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M Evelin MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Westdala Cemetery
24d. LOCATION (City, town, or county) (State): Troy Idaho

DATE REC'D BY LOCAL REG.: 1/27/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: UR Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 308
Local Reg. No. 39
Reg. Dist. No. 200

BIRTH NO. Locke JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Crane

4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 13,1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos J. Gehrett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Colter — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Julius Crane — ADDRESS: Bovill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

631X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Anuria — 6 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION: 1/12/53
19b. MAJOR FINDINGS OF OPERATION: Repair of Cystocele and rectocele
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About 12/21/52, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 21, 1953, *and that death occurred at* 2:P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 228 Doyle M Locke MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/27/53
REGISTRAR'S SIGNATURE: Lois E Angel
25. FUNERAL DIRECTOR: W R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 309
Local Reg. No. 13
Reg. Dist. No. 200

BIRTH NO. Locker

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 47 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 712 East D St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 712 East D St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Eleanor
c. (Last): Wilson

4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 21, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Milton, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Melvin E. Washburn — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Kittie S. Gafton — BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH 450.0

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 15 Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1940, *to* January, 1953, *that I last saw the deceased alive on* Jan. 26, 1953, *and that death occurred at* 2:00 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: D. M. Locker (Degree or title) MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 2/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-29-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/12/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dunn

Certificate of Death

STATE OF IDAHO

State File No. 310
Local Reg. No. 1
Reg. Dist. No. 220

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 414 So. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Frank	Joseph	Weber		Jan	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 29, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, ret. 04		Near Colfax, Wn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Weber	Germany	Mary Schamel	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Lena Weber	Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 25 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	O	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-10, 1940, *to* 1-26, 1953, *that I last saw the deceased alive on* 1-26, 1953, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward N. Dunn M.D	Moscow, Idaho	1-28-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-30-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/6/53	Lois E Angell	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Armstrong

Certificate of Death

STATE OF IDAHO

State File No. 311
Local Reg. No. 17
Reg. Dist. No. 2a5

BIRTH NO.

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 204 East D St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) T. c. (Last) French

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 10, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Readville, N.C.

12. CITIZEN OF WHAT COUNTRY? U SA

13. FATHER'S NAME: James Danials
BIRTHPLACE: N.C

14. MOTHER'S MAIDEN NAME: Caroline Hudson
BIRTHPLACE: N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Caroline F. Wiebe
ADDRESS: Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris. — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sclerosis of Coronary Vessels. — 10 yrs.

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 2/21, 1952, *to* 1/30, 1953, *that I last saw the deceased alive on* 1/30, 1953, *and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 2/4/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/17/53
REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: W R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 312
Local Reg. No. 10
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Genesee
c. LENGTH OF STAY (in this place): 65yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) c. (Last) Klemm

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov, 28 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Virgil Klemm — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Jan 26 1953, *that I last saw the deceased alive on* Jan. 17, 1953, *and that death occurred at* 6 30/A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Genstler MD
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 28, 53
24c. NAME OF CEMETERY OR CREMATORY: St Mary's Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Genesee, Idaho.

DATE REC'D BY LOCAL REG.: 1/29/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Coroner

FEB 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 313
Local Reg. No. 23
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rural
c. LENGTH OF STAY (in this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): Dean
c. (Last): Mulalley

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov 6, 1952

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 2 Days: 21
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eugene Mulalley
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Fisher
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Eugene Mulalley
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

924.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation while sleeping face down

INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow, Latah, Idaho

21d. TIME OF INJURY (Month) Jan (Day) 27 (Year) 1953 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: see above

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Short (Degree or title): Coroner, Latah Co.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 1-31-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-30-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 2/6/53

REGISTRAR'S SIGNATURE: Lois E. Angell

25. FUNERAL DIRECTOR: E R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 314
Local Reg. No. 14
Reg. Dist. No. 200

BIRTH NO. Culp

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Latah County Farm

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Ervin

4. DATE OF DEATH (Month) (Day) (Year): Jan 31 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + James B. Ervin — ADDRESS: Santa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15-30 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 1953, *to* Jan 31, 1953, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070 (Degree or title) M.D.
23b. ADDRESS: ~~Clyde Culp~~ Moscow Idaho
23c. DATE SIGNED: 2/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-5-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/12/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 315
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbonsville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jack; b. (Middle) (none); c. (Last) Heidt

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Savanna, Illinois

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown Daphne — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Vera D. Heidt — ADDRESS: Burke, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4931

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility — 3 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3, 1952, *to* 1-7, 1953, *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Blankadar MD 031 (Degree or title) — **23b. ADDRESS**: Salmon Ida — **23c. DATE SIGNED**: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1-10-53 61 — **24c. NAME OF CEMETERY OR CREMATORY**: Gibbonsville — **24d. LOCATION** (City, town, or county) (State): Gibbonsville, Idaho

DATE REC'D BY LOCAL REG.: 1-26-53 — **(REGISTRAR'S SIGNATURE)**: Viola E. Johnson — **25. FUNERAL DIRECTOR**: Delbert C. Jones — **ADDRESS**: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 316
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2mi. so Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2mi So. Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ga rner
b. (Middle): Wesley
c. (Last): Warner

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/22/1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sugargrove Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert W. Wa rner — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: May Watts — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 519-26-3915
17. INFORMANT'S OWN SIGNATURE: Wesley Warner — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

OK Lemhi Co Jaronor
Delbert C Jones

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Frank Goggins Md (Died suddenly)

22. *I hereby certify that I attended the deceased from* never, 19__, *to* ___, 19__, *that I last saw the deceased alive on* ___, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Goggins Md 474 (Degree or title)
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-15-53 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Ida ho

DATE REC'D BY LOCAL REG.: Jan. 29-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 317
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jack; b. (Middle); c. (Last) Fell

4. DATE OF DEATH: (Month) Jan. (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 29, 1863

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Mining

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wyona County, Minnesota

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE — ADDRESS: From Public Assistance Records

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 30, 19 53 *to* Jan 18, 19 53, *that I last saw the deceased alive on* Jan 18 19 53 *and that death occurred at* 11A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. L. Mulley M.D.

23b. ADDRESS: Salmon Ida

23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-21-53

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon Idaho

DATE REC'D BY LOCAL REG.: 1-26-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPHS-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 318
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 25 Bank Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ELLSWORTH c. (Last) GYDE

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 8 1902

9. AGE (In years last birthday): 50 IF UNDER 1 YEAR Months: 5 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Legal

11. BIRTHPLACE (State or foreign country): Wardner Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James E Gyde — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Sabelle Withrow — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Kathryn Gyde — ADDRESS: Wallace Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 19, 1953, *to* Jan 26, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 3:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R Goggins — (Degree or title): M D

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jan. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hazen Jaeger Crematory

24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 2-13-53

REGISTRAR'S SIGNATURE: Viola E Johnson

25. FUNERAL DIRECTOR — ADDRESS: Grant Gade Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]21

State File No. 319
Local Reg. No. 7
Reg. Dist. No. 232

RECEIVED FEB 7 1953 DIVISION OF VIT. STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) ROSE b. (Middle) ANN c. (Last) FORSMANN

4. DATE OF DEATH (Month) (Day) (Year): January 16 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Nezperce, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME / BIRTHPLACE: JOE KOEPL, NEZPERCE, IDAHO.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: ANNA SCHAFF, ODESSA, RUSSIA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Nezperce, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

684X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolis — INTERVAL BETWEEN ONSET AND DEATH: 5 mins.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Normal Pregnancy — 7 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nezperce Lewis Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Jan 9 1953, *to* Jan 16, 1953, *that I last saw the deceased alive on* Jan 14, 1953, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl S. Kobler M. D.
23b. ADDRESS: Nezperce, Idaho.
23c. DATE SIGNED: 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1/21/53
24c. NAME OF CEMETERY OR CREMATORY: Nezperce Catholic
24d. LOCATION (City, town, or county) (State): Nezperce, Lewis Co., Idaho.

DATE REC'D BY LOCAL REG.: 1/21/53
REGISTRAR'S SIGNATURE: C. E. Clovis
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Craigmont, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 320
Local Reg. No. 353
Reg. Dist. No. 430

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 31 1953

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place): 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Isabelle McGregor c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year): Jan - 12 - 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 10 - 1874
9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 1 Days: 2 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: self.
11. BIRTHPLACE (State or foreign country): Jasper Co - Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John McMcGregor BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Mary Black BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: M S Thomas ADDRESS: Shoshone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1952, *to* 1-12-53, 19__, *that I last saw the deceased alive on* 1-12-53, 19__, *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 289 [signature] (Degree or title)
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan 14 01
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Jan 12 53
REGISTRAR'S SIGNATURE: Myrtle C Burdett
25. FUNERAL DIRECTOR: Myrtle C Burdett ADDRESS: Shoshone Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 321
Local Reg. No. 1
Reg. Dist. No. 630

BIRTH NO. JAN 21 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Leonard
c. (Last) Sutherland

4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 10, 1890
9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. Of Medicine
10b. KIND OF BUSINESS OR INDUSTRY M.D.
11. BIRTHPLACE (State or foreign country) Holladay, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Sutherland 14 BIRTHPLACE Cottonwood, Utah
14. MOTHER'S MAIDEN NAME Josephine Hansen BIRTHPLACE Salt Lake City Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Brent Sutherland ADDRESS Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

900.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Contusion, Concussion brain. 2. Fractured cervical spine

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell down stairs (office) 30 steps and struck landing, top of ant. skull.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Completely paralysed from neck down.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Office
21c. (CITY, TOWN, OR TOWNSHIP) Rexburg (COUNTY) Madison (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell down stairs (caught foot top step)

22. *I hereby certify that I attended the deceased from* 1-7-, 1953, *to* 1-10-, 1953, *that I last saw the deceased alive on* 1-10-, 1953, *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 336 H B Rigby (Degree or title) Md.
23b. ADDRESS Rexburg
23c. DATE SIGNED 1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/14/53 014
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) Rexburg (State) Idaho

DATE REC'D BY LOCAL REG. 1-14-53
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Russell Flamm ADDRESS Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 322
Local Reg. No. 5
Reg. Dist. No. 630

BIRTH NO. 111-53-0809 JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) c. (Last) Boyd

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Jan. 14, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Kenneth W. Boyd BIRTHPLACE: Timber Lake So. Dakota

14. MOTHER'S MAIDEN NAME: Betty Loosli BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Kenneth W. Boyd. ADDRESS: Idaho Falls Rt 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Baby found dead in
DUE TO (c): Crib

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-14, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Rigby

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/15/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 1/16/53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 323
Local Reg. No. 2
Reg. Dist. No. 630

BIRTH NO.

JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton, Ida. RFD 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary Ann b. (Middle) Briggs c. (Last) Niederer

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lyman, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Briggs Sr, BIRTHPLACE: Tupton, England

14. MOTHER'S MAIDEN NAME: Sarah Blackburn, BIRTHPLACE: Ramsbottom, Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Arthur E Niederer, ADDRESS: Thornton Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Left heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 ms.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchiectasis — 11 years
DUE TO (c): Chronic bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

502.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* 13 Jan, 1953, *that I last saw the deceased alive on* 6 Jan, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thos. W. Rigby (Degree or title): M.D.

23b. ADDRESS: Tupton - Idaho

23c. DATE SIGNED: 16 Jan 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/17/53

24c. NAME OF CEMETERY OR CREMATORY: Sutton

24d. LOCATION (City, town, or county) (State): Archer, Idaho

DATE REC'D BY LOCAL REG.: 1-16-53

REGISTRAR'S SIGNATURE: Alona Flamm

25. FUNERAL DIRECTOR: Bennett Flamm, ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 4
Reg. Dist. No. 630

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burton ~~Rexx~~ Rexburg RFD 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Burton Rexburg RFD 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Edward
c. (Last): Smith

4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 17, 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Smith
BIRTHPLACE: Durham, England

14. MOTHER'S MAIDEN NAME: Matilda S. Farnes
BIRTHPLACE: Essex, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Leonard Smith
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION: ~~m~~
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/9, 1953 *to* 1/15, 1953, *that I last saw the deceased alive on* 1/15, 1953, *and that death occurred at* 7 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Reg MC
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 1/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/53
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Rexburg RFD1 Idaho

DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE: Leora Flamm
25. FUNERAL DIRECTOR: Russell Flamm
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 325
Local Reg. No. 7
Reg. Dist. No. 630

BIRTH NO. FEB 11 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Reid c. (Last) Kunz

4. DATE OF DEATH: (Month) Jan. (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 19, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Vene Brent Kunz — BIRTHPLACE: Bates, Idaho

14. MOTHER'S MAIDEN NAME: Frances Hamilton — BIRTHPLACE: Sugar City, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: * Vene Brent Kunz — ADDRESS: Sugar City, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown but natural. Child was reported to have influenza about 5 days prior to death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* dead upon arrival. *, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon H. Cline, M.D. 069

23b. ADDRESS: Rexburg, Idaho.

23c. DATE SIGNED: Jan. 28, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/29/53

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 1/28/53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm — ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 326
Local Reg. No. 2
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Franklin
b. (Middle): Elbert
c. (Last): Saylor

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 22 1888
9. AGE (In years last birthday): 64. IF UNDER 1 YEAR Months: 8 Days: 14 IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Johnson City Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel G Saylor BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Maggie Renge BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Minnie E. Saylor ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c): Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1952 *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A F Dalley MD 099 (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: Feb 7, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10. 1953
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: E N Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-0826

BIRTH NO.

Certificate of Death

STATE OF IDAHO

C.C.

RECEIVED LB 14 1953 DIVISION OF VITAL STATISTICS

State File No. 327
Local Reg. No. 4
Reg. Dist. No. 459

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 323 East 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): Johnny
b. (Middle): Lee
c. (Last): Flowers

4. DATE OF DEATH (Month) (Day) (Year): Jan 11 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan 11 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ramon D. Flowers — BIRTHPLACE: Rupert Ida
14. MOTHER'S MAIDEN NAME: Wanna Patrera Lewis — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ramon D. Flowers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 762.0 Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-11-53
19b. MAJOR FINDINGS OF OPERATION: Cesarean Section Delivery
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/11, 1953, *to* _____, 19__, *that I last saw the deceased alive on* 1/11, 1953, *and that death occurred at* 1100A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore M.D. 115
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 2/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-12-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2/7/53
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney L. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 328
Local Reg. No. 3
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 32 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 215 - 1st

3. NAME OF DECEASED (Type or Print)
a. (First): Zina
b. (Middle): Elizabeth
c. (Last): Hyde

4. DATE OF DEATH (Month) (Day) (Year): Jan 13 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 19 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Lee Robinson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Esther Jeffs — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: David G. Hyde — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriolarsclerosis — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1953, *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 13, 1953, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Dalley MD 099 (Degree or title)
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: Feb 7, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-53 01
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney G Gordman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 329
Local Reg. No. 1
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1202 Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1202 Idaho St

3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) Frances c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year) Jan 1 - 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH [illegible] 1893

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Mgr of Tyneway

10b. KIND OF BUSINESS OR INDUSTRY 1st Security Bank

11. BIRTHPLACE (State or foreign country) Lewiston Ida

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Franklin John Boston

BIRTHPLACE Hartland Maine

14. MOTHER'S MAIDEN NAME Augusta H. Booth

BIRTHPLACE Millville Mass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-18-4281

17. INFORMANT'S OWN SIGNATURE E. August H. Boston
ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 1, 1953, *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE E.L. White 520 (Degree or title) M.D.

23b. ADDRESS Lewiston Ida

23c. DATE SIGNED Jan 1st 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 5, 1953

24c. NAME OF CEMETERY OR CREMATORY Normal-Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Jan 2, 1953

REGISTRAR'S SIGNATURE Jean Wegelin

25. FUNERAL DIRECTOR [illegible] K.K. Melton

ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 330
Local Reg. No. 2
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potlatch Forests Veneer Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON
b. COUNTY: ASOTIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): 16 Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): C.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/4/1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumbermill worker 09
10b. KIND OF BUSINESS OR INDUSTRY: Veneer plant
11. BIRTHPLACE (State or foreign country): Council, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Wilson — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Rebecca Lakey — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs G. A. Wilson — ADDRESS: Clarkston.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute left coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Old infarct left ventricle c̄ myofibrosis and aneurysm

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1949 *to* date, *that I last saw the deceased alive on* 27 Dec, 1952, *and that death occurred at* 1:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Seemann Golus Av Rogers M.D. 341
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/3/1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston Asotin Wash.

DATE REC'D BY LOCAL REG.: Jan 7, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR — ADDRESS: M C Merchant - Clarkston Wa

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 331
Local Reg. No. 3
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1327-9th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1327-9th Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Victor	Hugo	Turner	Jan, 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 2, 1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): car saleman 19
10b. KIND OF BUSINESS OR INDUSTRY: Lorenze Garage
11. BIRTHPLACE (State or foreign country): Kallspell, Mont.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L Turner — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Mary Kalbsleisch — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-0945
17. INFORMANT'S OWN SIGNATURE: Elaine Turner — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shot himself in Right temple — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with .22 caliber pistol
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): sucide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Idaho. NezPerce
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan, 7, 1953 10:45 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted gun shot

22. *I hereby certify that I attended the deceased from* about, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Jan 7, 1953, *and that death occurred at* 10:45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew F. Vassar — (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: Jan 8,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation
24b. DATE: Jan 10,1953
24c. NAME OF CEMETERY OR CREMATORY: Spokane
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Jan 10 1953
REGISTRAR'S SIGNATURE: Jean Wiggins
25. FUNERAL DIRECTOR: A.F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

State File No. 332
Local Reg. No. 4
Reg. Dist. No. 220

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1307 - 17th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): M.
c. (Last): INGRAM

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods worker 08
10b. KIND OF BUSINESS OR INDUSTRY: Forestry
11. BIRTHPLACE (State or foreign country): Parker, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Ingram — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Sarah Ellen Bryant — BIRTHPLACE: Orofino, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-9455
17. INFORMANT'S OWN SIGNATURE: Wm. B. Ingram — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Splenic flexure Colon

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) with Liver Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 15 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: Unknown
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Splenic Flexure Surgery done in Spokane Wash
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4, 1952, *to* 1-11, 1953, *that I last saw the deceased alive on* 1-11, 1953, *and that death occurred at* 925 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 251 [signature] MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 15, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wynn — R. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 333
Local Reg. No. 6
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 603-15th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1621-Carson Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) c. (Last) Griffin

4. DATE OF DEATH (Month) (Day) (Year) 1-16-53

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 4-10-1869

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Carisivene, Ireland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Dennis McCarthy
BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Johanna Sullivan
BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Deborah Griffin
ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH 4 20.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic.
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-, 1952, to 1-16, 1953, that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 2:45 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. White M.D.
23b. ADDRESS Lewiston, Ida.
23c. DATE SIGNED 1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1-19-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 20 1953
REGISTRAR'S SIGNATURE Jean Wegelin
25. FUNERAL DIRECTOR Vassar-Rawls
ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 334
Local Reg. No. 7
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1516-15th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Frieda b. (Middle) c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year): Jan 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 14 1923
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ogdensburg New York.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank LaRocqye — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Maude Ward — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: D. P. Peterson — ADDRESS: 1516-15th Ave Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

173X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chorio epithelioma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Term Pregnancy
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Metastasis to Rt Kidney Lyell - Lungs Pelvis etc
Nov - 52 Ruptured Kidney Chorio Epithelioma

19a. DATE OF OPERATION: July 52
19b. MAJOR FINDINGS OF OPERATION: Total Hysterectomy - Wrig Chorio Epithelioma
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to Jan 17, 1953 that I last saw the deceased alive on 13 Jan, 1953 and that death occurred at 5 45 m., from the causes and on the date stated above.

23a. SIGNATURE: Paul G Harry M D (Degree or title) 157
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 20 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Jan 20, 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 335
Local Reg. No. 8
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO. Scott

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1408 Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ben
b. (Middle): I.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linden, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paris Smith — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Nellie Israel — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: Mrs Ben I. Smith — ADDRESS: Southwick

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

178X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Choriaepithelioma of Testicle ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 22 Dec 52
19b. MAJOR FINDINGS OF OPERATION: Tumor of R. Testicle
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Scott M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Gold Hill Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: Jan 26 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: HR Snort — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, 801 SE, IDAHO

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 336
Local Reg. No. 10
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 831 - 6th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 831 - 6th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Taylor c. (Last) Moser

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 22, 1867

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 14

10b. KIND OF BUSINESS OR INDUSTRY: dentist

11. BIRTHPLACE (State or foreign country): Springfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Joseph Moser — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Anna Zimmerman — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. J. T. Moser — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 6d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 2-4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis. — 10+ years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 29, 1952, *to* Jan. 21, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 383 — (Degree or title): MD

23b. ADDRESS: Lewiston Ida.

23c. DATE SIGNED: 1-23-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-24-1953

24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 26 1953

REGISTRAR'S SIGNATURE: Jean Hagelins

25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: K.H. Malone Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Stein

State File No. 337
Local Reg. No. 11
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 122 - 24th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): Jon
c. (Last): Sholm

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 45
10b. KIND OF BUSINESS OR INDUSTRY: electrician
11. BIRTHPLACE (State or foreign country): Stockholm, Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jon Sholm — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Karen Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Oscar Sholm — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic - Stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable coronary occlusion - 4 days.
DUE TO (c): Carcinoma of prostate 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17, 1950, *to* Jan 22, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 1120 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow M.D. 055
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 26 1953
REGISTRAR'S SIGNATURE: Jean Wegeling
25. FUNERAL DIRECTOR: Brower-Wann K.H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 338
Local Reg. No. 14
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 639-Preston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 639-Preston

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Alice
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): 1-26-1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 11-26-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Exter, New Hampshire
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Patrick Fitzgerald — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Johanna Kirk — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Earl Olsen — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infirmities of old age — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile Dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover MD
23b. ADDRESS: 527 Burrell Ave LEWISTON, IDAHO
23c. DATE SIGNED: 2/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 1-30-53
24c. NAME OF CEMETERY OR CREMATORY: Peola Pioneer cemetery
24d. LOCATION (City, town, or county) (State): Asotin County, Washington

DATE REC'D BY LOCAL REG.: Jan 30, 1953
REGISTRAR'S SIGNATURE: Jean Wagelius
25. FUNERAL DIRECTOR: Vassar-Rawls — Vincent V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 13
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Rural Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Olive; b. (Middle); c. (Last) Shaft

4. DATE OF DEATH: (Month) (Day) (Year) January 26, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-5-1898
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Boulder County, Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert Bradley — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Sarah Johns — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Melvin W. Bradbury — ADDRESS: Pierce, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Cancer of Rt. Breast. — INTERVAL BETWEEN ONSET AND DEATH: 2 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to all Part of Body
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1948
19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8, 1947, *to* Jan 26, 1953, *that I last saw the deceased alive on* 1-25, 1953, *and that death occurred at* 1:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dale D. Roberts (Degree or title): MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-28-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 30 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vassar-R[illegible]ls — ADDRESS: Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 340
Local Reg. No. 18
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 15 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3530 17th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3530 17th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lyman
b. (Middle): P.
c. (Last): Luvaas

4. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Lily, S.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: B.P. Luvaas — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Martha Dahl — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-7699
17. INFORMANT'S OWN SIGNATURE: K.H. Malcom — ADDRESS: Lewiston Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 28, 1953, *to* Jan 28, 1953, *that I last saw the deceased alive on* Jan 28, 1953, *and that death occurred at* 1030 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene J. Baldwin (Degree or title) OPS
23b. ADDRESS: 412 Ctr St Lewiston Ida.
23c. DATE SIGNED: Feb 2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal
24b. DATE: 1-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: Feb 9, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 341
Local Reg. No. 15
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nelson nursing Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Orchard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Geo. b. (Middle) S. c. (Last) Glasby

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 12, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & mail carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Sam Glasby
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Eliza Smith
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Cecil A. Glasby
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

304X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Starvation — 2 wks
DUE TO (c) Myocardial failure — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* June 14, 1951, *to* Jan 29th, 1953, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 9.9 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank G. Bardsen
23b. ADDRESS: 707 1/4 5th Lewiston Idaho
23c. DATE SIGNED: 2/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/2/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Feb 2 1953
REGISTRAR'S SIGNATURE: Jean Weddins
25. FUNERAL DIRECTOR: Andrew-Wasson
ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 342
Local Reg. No. 5
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida ho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MIRIAM
b. (Middle): B.
c. (Last): WHEELER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1953

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 17, 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 51
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kamiah, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Paul Corbett — BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Lydia Smith — BIRTHPLACE: near slickpool Mission Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wallace Wheeler — ADDRESS: Lapwai, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable ~~acute~~ acute cardiac failure.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Ill ink with fever. Died very suddenly

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____ 19__, and that death occurred at 6:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W. Eastwood Jr. D. — **23b. ADDRESS**: Lewiston Idaho — **23c. DATE SIGNED**: 1/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 1/19/53
24c. NAME OF CEMETERY OR CREMATORY: Frist Prs. Church Cemetery
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: Jan 15 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — **ADDRESS**: Lewiston,

Dr. R. Eastwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 343
Local Reg. No. 12
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): Rt. #2

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): THOMAS
c. (Last): HODGSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-5-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idlewild, N. C.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Watts Hodgson — BIRTHPLACE: N. C.
14. MOTHER'S MAIDEN NAME: Catherine Hulk — BIRTHPLACE: N. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Myrtle Hodgson — ADDRESS: Culdesac

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Approx 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10+45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K.H. Malcom 470 — (Degree or title): 4 Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 29 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Hahn — K.H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 344
Local Reg. No. 1
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 305 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Clementina
b. (Middle): Wilson
c. (Last): Irvin

4. DATE OF DEATH (Month) (Day) (Year): January 15 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 12 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Houtsville Penna.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Wilson — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Clementina Overland — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edward L. Gribble — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis & Hypertension — 10 years
DUE TO (c): Glomerulonephritis c̄ Edema — 1-2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/15, 1950, *to* 1/15, 1953, *that I last saw the deceased alive on* 1/14, 1953, *and that death occurred at* 9:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard Clowlishaw (Degree or title): M.D.
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: Jan 16 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 16 1953
24c. NAME OF CEMETERY OR CREMATORY: Fairmont
24d. LOCATION (City, town, or county) (State): Raton, Colfax, New Mexico

DATE REC'D BY LOCAL REG.: Jan. 16. 1953
REGISTRAR'S SIGNATURE: J. Guy Denson
25. FUNERAL DIRECTOR: Alford G. Denson — ADDRESS: Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 345
Local Reg. No. 19
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) In town

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Elnora c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) January 19, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 21, 1869

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months 6 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Garrettsville, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alsinus P. Hawley, BIRTHPLACE Nelson, Ohio

14. MOTHER'S MAIDEN NAME Hattie M. O'Dell, BIRTHPLACE Nelson, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs. Cora Moore ADDRESS Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1953, *to* Jan 19, 1953, *that I last saw the deceased alive on* Jan 19, 1953, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Homedale, Idaho

23c. DATE SIGNED Jan 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1/28/53

REGISTRAR'S SIGNATURE Agnes Mdenman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 246
Local Reg. No. 22
Reg. Dist. No. 363

BIRTH NO.

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIS	D	POTTER	January 22, 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 24, 1870	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate & Ins.		Harrison Co., Missouri	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clinton Potter	Washington Co., Mo.	Elizabeth Fordyce	Wash.Co, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 36 0884	Sarah Potter	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 17, 1953, *to* Jan 22, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Thompson	M.D.	Homedale Idaho	Jan 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/26/1953	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 31, 1953	Mrs. Jane Lieck	John J. Alsip	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 347
Local Reg. No. 3
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 811 - 9th Ave. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL	FAY	WALLACE	January 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 30, 1890	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Augusta Boyle	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Merle Gleason	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Jan. 28, 1953, *that I last saw the deceased alive on* Jan. 28, 1953, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J. Calder	M.D.	Payette, Idaho	Jan. 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 31, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 31, 1953	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 348
Local Reg. No. 1
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 7mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD 2 Parma Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) RFD 2 Parma Idaho

3. NAME OF DECEASED (Type or Print) a. (First) CARROL b. (Middle) ALVA c. (Last) McFARLAND

4. DATE OF DEATH (Month) (Day) (Year) 1-8-1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-11-1900

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J McFarland
BIRTHPLACE Arkansas

14. MOTHER'S MAIDEN NAME Ross Hensen
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Marianne McFarland
ADDRESS RFD 2 Parma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) strangulation
INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hanging by neck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R.F.D. 2 — Parma, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) January 8, 1953 7:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? deceased took own life by hanging self in tree by neck

22. *I hereby certify that I* [redacted] made inquiry on Jan. 8, 1953, *that I* [redacted] estimated [redacted] *that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gifford R. Shaffer Coroner

23b. ADDRESS Payette, Idaho

23c. DATE SIGNED 1-8-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-9-1952

24c. NAME OF CEMETERY OR CREMATORY Hutchinson

24d. LOCATION (City, town, or county) (State) Hutchinson Kansas

DATE REC'D BY LOCAL REG. 1-8-1953

REGISTRAR'S SIGNATURE Roberta E. Shaffer

25. FUNERAL DIRECTOR [illegible]

ADDRESS [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 249
Local Reg. No. 2
Reg. Dist. No. 32

BIRTH NO.

RECEIVED JAN 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fruitland, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Fruitland, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eugene	Arthur	Stegner	January 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	January 21, 1869	84 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
shoe maker - truck gardner	(retired)	Sumnan, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert D. Stegner	Indiana	Mary C. Anderson	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Jean M Stegner	Fruitland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Heart Disease ? ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 22 Jan, 1953, *to* Jan. 22, 1953, *that I last saw the deceased alive on* 22 Dec, 1952, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Steele M.D.	Fruitland Idaho	Jan. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	1-26-1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-26-1953	Robert E Hoffman	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 950
Local Reg. No. 4
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland
c. LENGTH OF STAY (in this place) ———
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Ontario Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) R. D. #5

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) W. c. (Last) POPE

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 25, 1888
9. AGE (In years last birthday): 64-2-4 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Sun Prairie, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Pope — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Simpkins — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO. 536-03-3307
17. INFORMANT'S OWN SIGNATURE: Ethel M. Pope ADDRESS: Rt 5 Caldwell Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary disease — Indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ———
19b. MAJOR FINDINGS OF OPERATION: ———
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ———
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ———
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ———
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.: ———
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ———

22. *I hereby certify that I attended the deceased from* Jan 30, 1953, *to* Jan 30, 1953, *that I last saw the deceased alive on* Jan 30, 1953, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo E. Davis, M.D.
23b. ADDRESS: New Plymouth Idaho
23c. DATE SIGNED: Jan. 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal burial
24b. DATE: Jan. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1, 1953
REGISTRAR'S SIGNATURE: Roberts E Shaffer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 351
Local Reg. No. 30
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Am Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Schultz Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Kump c. (Last) Jasman

4. DATE OF DEATH (Month) (Day) (Year) 1 - 4 - 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 14, 1887

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months - Days 1 - 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ludwig Kump BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Not Known BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NO

17. INFORMANT'S OWN SIGNATURE Roland O. Jasman ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 yr —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) American Falls (COUNTY) Power (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 July, 1952 *to* 4 Jan, 1953 *that I last saw the deceased alive on* 4 Jan, 1953 *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE George Bjorkman M.D. (Degree or title) 23b. ADDRESS American Falls Idaho 23c. DATE SIGNED 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-7-53 24c. NAME OF CEMETERY OR CREMATORY Fallencrest 24d. LOCATION (City, town, or county) Am. Falls (State) Idaho

DATE REC'D BY LOCAL REG. 1-6-53 REGISTRAR'S SIGNATURE Gertrude Thornhill

25. FUNERAL DIRECTOR Hansen ADDRESS Am. Falls Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 2
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schilty Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 703 Hutchinson Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mamie b. (Middle) Louise c. (Last) Davie.

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 28, 1872

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months 0, Days 12 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beaver Dam, Wisc.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. H. Dexter — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Christina Kent — BIRTHPLACE: Atlantic Ocean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs Ed Fergueson — ADDRESS: Am. Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 5, 1953, *to* Jan 9, 1953, *that I last saw the deceased alive on* Jan 9, 1953 *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Workman M.D. — **23b. ADDRESS**: American Falls Idaho — **23c. DATE SIGNED**: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan 12, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Falls View Cemetery — **24d. LOCATION** (City, town, or county) (State): American Falls. Idaho

DATE REC'D BY LOCAL REG.: 1-12-53 — **REGISTRAR'S SIGNATURE**: Gertrude Thornhill

25. FUNERAL DIRECTOR: H. L. Davis — **ADDRESS**: American Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 353
Local Reg. No. 3
Reg. Dist. No. 1 2

RECEIVED
JAN 17 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kellogg Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Harrison Idaho
d. STREET ADDRESS (If rural give location): Indian Flats Harrison Idaho

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) E c. (Last) Russell

4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 23 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Denver Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Russell — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Robert Russell — ADDRESS: Harrison Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Apparent Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Angina Pectoris 2 Yrs

DUE TO (c) Coronary Sclerosis 4 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 19__ *and that death occurred at* 10:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Wallace — **23c. DATE SIGNED**: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 1/7/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1/7/53 — REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 354
Local Reg. No. 3
Reg. Dist. No. 142

BIRTH NO. JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 7 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 136 W Mullan

3. NAME OF DECEASED (Type or Print): a. (First) Atha b. (Middle) I c. (Last) Burkhart

4. DATE OF DEATH: (Month) (Day) (Year): January 8, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1906

9. AGE (In years last Birthday): 46
IF UNDER 1 YEAR: Months: 9 Days: 7
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mine

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Armstrong BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lola Eisenbarth BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Irene Burkhart ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic Melanoma — INTERVAL BETWEEN ONSET AND DEATH: Dec 29 1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 190X
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-29 1952 *to* 1-8 1953 *that I last saw the deceased alive on* Jan 8 1953 *and that death occurred at* 5:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Staley
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE: Jack Levine
25. FUNERAL DIRECTOR: Gamble Stahl & Kellogg Idaho ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 355
Local Reg. No.
Reg. Dist. No. 6

BIRTH NO. JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 118 W. Mill Street

3. NAME OF DECEASED (Type or Print): a. (First) Katherine b. (Middle) Goetz c. (Last) Mason

4. DATE OF DEATH: (Month) January (Day) 13, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 26 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Tracy R Mason — ADDRESS: Kellogg Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Premature Ventricular Contractions — 10-12 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 JAN, 1953, *to* 13 JAN, 1953, *that I last saw the deceased alive on* 13 JAN, 1953, *and that death occurred at* 9:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. F. Ribbon M.D. (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 16 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/17/1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR — ADDRESS: Grant McGhee Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 358
Local Reg. No. 7
Reg. Dist. No. 172

Certificate of Death

BIRTH NO. JAN 21 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kingston
d. STREET ADDRESS (If rural, give location) Kingston

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) N c. (Last) Samuelson

4. DATE OF DEATH (Month) (Day) (Year) January 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH November 21 1898
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Foreman
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S. 37 yrs

13. FATHER'S NAME Fred Samuelson BIRTHPLACE Sweden 37
14. MOTHER'S MAIDEN NAME Maria Rosval BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-3718
17. INFORMANT'S OWN SIGNATURE Mrs Maurice Green ADDRESS Kingston Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia 1-13-53. 475X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subsequent to URE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-15, 1953, *that I last saw the deceased alive on* 1-15, 1953, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 382 Robert E. Steele (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/17/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg Idaho (State)

DATE REC'D BY LOCAL REG. 1-16-53
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant M. Black ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 357
Local Reg. No. 1
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTIN	VIRGINO	MARRA	Jan 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 26, 1879	73	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith 38	Mining	Alice Superiore, Italy	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bernard Marra	Italy		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-03-8493A		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 days

DUE TO (c) Cerebral Hemorrhage — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible] 1945, *to* Jan 2, 1953, *that I last saw the deceased alive on* [illegible], 1953 *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
260 [illegible]	[illegible]	Jan 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan 4-1953	Smith & Co	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 3-1953	Dale F Cornell	Dale F Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 358
Local Reg. No. 2
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shsohhne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Mullan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): EDWARD
c. (Last): NUGENT

4. DATE OF DEATH (Month) (Day) (Year): Jan 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lansing, Michigan
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alfred Nugent — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Esther Rourke — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Claude E. Nugent — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 812.4 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 40-50 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old Coronary Sclerosis
DUE TO (c): Entrance Dec 27 for Gen Seung Continuous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Auto Hit
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, bldg., etc.): Whiteoak Crossing Wallace Shoshone Ida
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 27 52 9:30 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by auto on St Corner

22. *I hereby certify that I attended the deceased from* Dec 27, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 260 [signature] Mowery M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 1/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Jan 11-1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: Jan 10-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 359
Local Reg. No. 4
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kozy Corner apt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Kozy Corner apts

3. NAME OF DECEASED (Type or Print): a. (First) FRED b. (Middle) HILLMAN c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 23-1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm D. Harris — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Frances — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Nell C. Harris — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — Several Wks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950 *to* 1-10, 1953, *that I last saw the deceased alive on* 1-10, 1953 *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): [signature] M.D.
23b. ADDRESS: Wallace
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 14-1953
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Jan 12-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Ellis

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 360
Local Reg. No. 5
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 110 Elm St

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) T. c. (Last) Smith

4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 7 1875
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholstering 90
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Stonewall Tenn
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John William Smith BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Susie F. Trousdale BIRTHPLACE Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 518-01-9922
17. INFORMANT'S OWN SIGNATURE Boyd Smith ADDRESS 110 Elm St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1952, *to* 1-13, 1953, *that I last saw the deceased alive on* 1-13, 1953 *and that death occurred at* 11:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE E. E. Graedinger M.D. (Degree or title) 653
23b. ADDRESS Wallace Hospital
23c. DATE SIGNED 1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-17-1953
24c. NAME OF CEMETERY OR CREMATORY K of P cemetery
24d. LOCATION (City, town, or county) (State) Wallace, Idaho.

DATE REC'D BY LOCAL REG. Jan 24-1953
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR [signature] ADDRESS Wallace, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 361
Local Reg. No. 56
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) # 5 Sprue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) # 5 Spruce

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROY	LEE	AUSTIN	Jan 23-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	married	May 12	38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner & Lead Mine		Texas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray Lee Austin	Tex	Virginia Lee Day	Tex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW 2		Mary L. Austin	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extensive Coronary Sclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Howard Crowder	Wallace Ida	1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan 25-53	Smith & Co	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-2[illegible]53	Dale L Cornell	Dale L Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 362
Local Reg. No. 8
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) J. c. (Last) JUTILA

4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 25 1889
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 5 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead mine
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Jutila BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Anna Suoma BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wayne Jutila ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24-53, 19___, *to* 1-25-53, 19___, *that I last saw the deceased alive on* 1-25-53, 19___, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. E. Bouchaba 020 (Degree or title) MD
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 29 53 08
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) (State) Mullan Shoshone Idaho

DATE REC'D BY LOCAL REG. Jan 28 53
REGISTRAR'S SIGNATURE John A Bever
25. FUNERAL DIRECTOR John A Bever ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 363
Local Reg. No. 3
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shsohone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): Fin Gulch

3. NAME OF DECEASED (Type or Print)
a. (First): EINO
b. (Middle): JOHANNES
c. (Last): LANKLINEN

4. DATE OF DEATH (Month) (Day) (Year): Jan 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 23 1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 11, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Uuraenen, Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Lankinen — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Lydia Nieminen — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Eino Lankkonen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Proc Base Skull Fresh
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fallon ice on street
DUE TO (c) Found Dead in bed after taken to ms alcohol [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12-14 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident Fallon street
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mullan Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 9 53 Early
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fallon icy street & [illegible]

22. *I hereby certify that I attended the deceased from _____ 19__, to _____ 19__, that I last saw the deceased alive on* 1-9, 1953 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Mowery (Degree or title): Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-1953
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: Jan 12-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 364
Local Reg. No. 4
Reg. Dist. No. 42

STATE OF IDAHO

BIRTH NO. JAN 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 137 King Street

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) J c. (Last) Jessey

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 9, 1877

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Green Bay Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-7526

17. INFORMANT'S OWN SIGNATURE: Jim Hurley — ADDRESS: Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction Severe Coron... — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial Sclerosis Severe Arteriosclerosis

DUE TO (c): 2041

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3 *19*53*, to* Jan 7 *19*53*, that I last saw the deceased alive on* Jan 9 *19*53*, and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/13/53

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 1-14-53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR — ADDRESS: Gunstone Funeral Home Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 365
Local Reg. No. 2
Reg. Dist. No. 17

Certificate of Death

STATE OF IDAHO

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 106 E Portland

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): S
c. (Last): Hargis

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: December 26, 1885
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 0 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-30-4271
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis Chronic — Several Wks
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — Several wks
DUE TO (c): Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1953, *to* Jan 9, 1953 *that I last saw the deceased alive on* Jan 9, 1953 *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H S Mowery (Degree or title): MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg Idaho (State)

DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Gerber & Glade Kellogg Idaho
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 266
Local Reg. No. 8
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 847 Price Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): 847 Price Street

3. NAME OF DECEASED (Type or Print)
a. (First): Almond
b. (Middle):
c. (Last): Kelsey

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 6, 1912
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Warren W Kelsey — BIRTHPLACE: South Dakota
14. MOTHER'S MAIDEN NAME: Ada Parrish — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Merchant Marine 976X
16. SOCIAL SECURITY NO.: 518-03-6543
17. INFORMANT'S OWN SIGNATURE: Bessie Kelsey — ADDRESS: Wardner Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): F S W Head Expelling — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Brain & Self Inflicted

DUE TO (c): Mental Brooding — Several days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wardner Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-18-53 2 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self Inflicted F S W Head

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 1-18, 1953, *and that death occurred at* 2 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Mowery Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/21/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 367
Local Reg. No. 7
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Fable Hotel

3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE b. (Middle) c. (Last) SELLERS

4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) P
8. DATE OF BIRTH June 7-1877
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 49
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 54012-7829
17. INFORMANT'S OWN SIGNATURE Hosp Record ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Old age

INTERVAL BETWEEN ONSET AND DEATH
few hr
several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, *to* June 25, 1953, *that I last saw the deceased alive on* Jan 25, 1953 *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 26 (Degree or Title)
23b. ADDRESS Wallace [illegible]
23c. DATE SIGNED 1-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-30-53
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, [illegible]) Wallace Idaho

DATE REC'D BY LOCAL REG. 1-26-53
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 368
Local Reg. No. 1
Reg. Dist. No. 620

BIRTH NO. JAN 21 1953

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): L.
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 19, 1895
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Victor, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Josuah Jones — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Susan M. Elmer — BIRTHPLACE: Panquitch, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-28-9464
17. INFORMANT'S OWN SIGNATURE: Gordon E Jones — ADDRESS: Victor, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular fibrillation
DUE TO (c): Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-5, 1953, *to* 1-7, 1953, *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 234 [signature] MD
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/53
24c. NAME OF CEMETERY OR CREMATORY: Victor
24d. LOCATION (City, town, or county) (State): Victor Idaho

DATE REC'D BY LOCAL REG.: 1-10-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: Rolland G. Reeder — ADDRESS: Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 369
Local Reg. No. 2
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) HARRY c. (Last) STRODE

4. DATE OF DEATH: (Month) Jan., (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept., 24, 1952

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 3, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Driggs, Idah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don Strode — BIRTHPLACE: Copan, Oklahoma

14. MOTHER'S MAIDEN NAME: Veola Fredrickson — BIRTHPLACE: Wallace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Donald Bill Strode — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Biliary Atresia — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-24-52

19b. MAJOR FINDINGS OF OPERATION: Absence of gall bladder + complete biliary atresia

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 24, 1952, *to* Jan 19, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 6:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: 234 La Grande Larsen — (Degree or title): M.D. — **23b. ADDRESS**: Driggs Idaho — **23c. DATE SIGNED**: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 22 Jan 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Driggs, — **24d. LOCATION** (City, town, or county) (State): Driggs, Idaho

DATE REC'D BY LOCAL REG.: Jan 23-53 — REGISTRAR'S SIGNATURE: Stella Driggs

25. FUNERAL DIRECTOR: M D Larsen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 370
Local Reg. No. 3
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): DALLEY
c. (Last): HULET

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 1, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summit, Iron Countym Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Dalley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emma Wright — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Adrian H. Cook — ADDRESS: Tetonia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 2 yrs
DUE TO (c): Generalized Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 20, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 7:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 234 LaGrande C Larsen, MD
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 23 Jan 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery
24d. LOCATION (City, town, or county) (State): Tetonia, Idaho.

DATE REC'D BY LOCAL REG.: Jan 23-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M S Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 371
Local Reg. No. 40
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): SCOTT
b. (Middle): HUMBLE
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan., 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec., 1, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Jackson, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George A. Humble — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Olive M. Cheney — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edith F Humble — ADDRESS: Victor, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial embolus — " "
DUE TO (c): Auricular Fibrillation — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Jan 26, 1953, *that I last saw the deceased alive on* Jan 25, 1953, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): LaGrande C Lawson, MD 234
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 30 Jan 53 01
24c. NAME OF CEMETERY OR CREMATORY: Victor
24d. LOCATION (City, town, or county) (State): Victor RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 2-5-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

K FEB 14 DIVISION OF

Certificate of Death

STATE OF IDAHO

State File No. 372
Local Reg. No. 2
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1537 Kimes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1537 Kimes

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Wm.
c. (Last): Rieman

4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 53

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 22, '45
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. F. Rieman — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Ruth Pontius — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wm F. Rieman — ADDRESS: TWIN FALLS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan, 1953, *to* 1 Jan, 1953, *that I last saw the deceased alive on* 1 Jan (1:30 AM) 1953, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ben E Kat 671 M.D. (Degree or title)
23b. ADDRESS: 519 Main West - Twin Falls Idaho
23c. DATE SIGNED: 1/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: White Mortuary — ADDRESS: 136 4th Ave. E. Twin Falls, Idaho
Arthur Smith

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 373
Local Reg. No. 3
Reg. Dist. No. 460

a

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	J.	Douglas	Jan.	2	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Wh	Single	June 23, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Douglas — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Margaret Harkness — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert M. Douglas — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

584X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic obstruction due to hypertrophy of prostate — years

DUE TO (c) Common bile duct obstruction due to stones — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Stones in Common bile duct & hypertrophy of prostate	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 9:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Dean C. Affleck MD	Twin Falls, Idaho	1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-5-53	TWIN FALLS CEM.	TWIN FALLS, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-12-53		Arthur Smith	WHITE MORTUARY TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1953 DIVISION OF

Certificate of Death

STATE OF IDAHO

State File No. 374
Local Reg. No. 1
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. 3 #, Twin Falls

3. NAME OF DECEASED (Type or Print)
a. (First): VICKIE
b. (Middle): LYNN
c. (Last): WATKINS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 7, 1950
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jerry D. Watkins — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Barbara Beans — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jerry Watkins — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Polio-Encephalo-Myelitis — Bulbar type + fulminating. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-5-53, 19___, *to* 1-5-53, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oldham 297
23b. ADDRESS: TWIN FALLS, IDA.
23c. DATE SIGNED: 1-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem; Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 375
Local Reg. No. 7
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 133 South Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle):
c. (Last): Hanby

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 14, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Berryville, Ark.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Silas Hanby — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: No Information — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9834
17. INFORMANT'S OWN SIGNATURE: Reber Arthur — ADDRESS: 495 Gardner Street, Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — years
DUE TO (c): arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1953, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953 *and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 14 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 376
Local Reg. No. 5
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TwinFalls County Jail
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Trailer House - Falls Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ARLIE b. (Middle) c. (Last) CAGLE

4. DATE OF DEATH: (Month) (Day) (Year) January 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: January 26, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vonore, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. W. Cagle
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Martha F. Sloan
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roy Cagle
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1- Pneumonia, lobar, lower lobes - both lungs; middle lobe - rt; lower portions - upper lobes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 490X
DUE TO (c) 2 - Alcoholism (Blood alcohol - 300 mg %)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/12/53

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53

REGISTRAR'S SIGNATURE: Donna Reed

25. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: 136 4th Ave. E White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 377
Local Reg. No. 9
Reg. Dist. No. 462

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fehrenbach Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Eastland Drive

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) c. (Last) Stephens

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer 35

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: John D. Stephens ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 8927 Cholangiolitic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Infectious Hepatitis — 18 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/7 *19*51, *to* 7/8, *19*52, *that I last saw the deceased alive on* 7/8/52, *19*___, *and that death occurred at* 9:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen Voyles M.D. (Degree or title): 435

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-14-1953

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53

REGISTRAR'S SIGNATURE: Norma Link

25. FUNERAL DIRECTOR: L. J. Phillips ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 378
Local Reg. No. 12
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 461 2nd Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 461 2nd Ave West

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Mrs. Ettie May Roberts

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 19, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas H. Rouse — BIRTHPLACE: Schenectady, N.Y.
14. MOTHER'S MAIDEN NAME: Ellen J. Higgins — BIRTHPLACE: Cincinnati, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: one
17. INFORMANT'S OWN SIGNATURE: Dwyer W. Phillips — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility old age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Terminal Bronchopneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22, 1952 *to* 1-12-, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R A Drake MD 094
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-17-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: Dwyer W. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 379
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Seventh Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle); c. (Last) Miller

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 12, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 15, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Etna, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Nutter — BIRTHPLACE: Etna, Missouri

14. MOTHER'S MAIDEN NAME: Agusta ? — BIRTHPLACE: Etna, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Frank Thatcher — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: few yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial Failure — about 2 yrs.

DUE TO (c): Cardiac cirrhosis of liver.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 9, 1953 *to* Jan 12, 1953, *that I last saw the deceased alive on* Jan 12, 1953 *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson M.D. — **23b. ADDRESS**: Buhl, Ida — **23c. DATE SIGNED**: Jan 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 16, '53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-17-53

REGISTRAR'S SIGNATURE: Donna Lee

25. FUNERAL DIRECTOR: B. J. Albertson — **ADDRESS**: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 380
Local Reg. No. 9
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elizabeth Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 7 So. Shillings Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): E.
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 28, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Park City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Vaughn — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Anna Robbins — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ivan L Garnand — ADDRESS: Twin Falls, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure — 1 week
DUE TO (c) Senile changes — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1952, *to* 1/14/, 1953, *that I last saw the deceased alive on* 12 Jan, 1953, *and that death occurred at* 11:40 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck 013 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/14/53 01
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME — ADDRESS: TWIN FALLS, IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 381
Local Reg. No. 10
Reg. Dist. No. 2/60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle):
c. (Last): HOLMSTEAD

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 9, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pelican Point, Utah 3
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: O. J. Holmstead — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mary Extrom — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Earl R Nielsen — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Heart Failure
DUE TO (c): Hypertensive and Assl HD Class IV

INTERVAL BETWEEN ONSET AND DEATH: 60 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
① Nephrosclerosis ② Uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 Nov, 1952, *to* 14 Jan, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Royal S. Cutler 482 — (Degree or title): M.D
23b. ADDRESS: 111 6th Ave E. Twin Falls, Ida
23c. DATE SIGNED: 14 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/16/53
24c. NAME OF CEMETERY OR CREMATORY: Lehi, Utah
24d. LOCATION (City, town, or county) (State): Lehi, Utah

DATE REC'D BY LOCAL REG.: 1-17-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 382
Local Reg. No. 23
Reg. Dist. No. 460

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 171 Lincoln St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): L.
c. (Last): Cogswell

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline
11. BIRTHPLACE (State or foreign country): Nova Scotia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Oliver Cogswell — BIRTHPLACE: Nova Scotia
14. MOTHER'S MAIDEN NAME: Matilda McClintock — BIRTHPLACE: New Brunswick Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dale Cogswell — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

150X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of esophagus (mid third).
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cardiac failure - uremia.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 18 months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- *, 19*52*, to* 1-17 *, 19*53*, that I last saw the deceased alive on* 1-17 *, 19*53*, and that death occurred at* 6:48A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H J Schwartz 265 m 5 (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-24-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: J C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Boston

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 383
Local Reg. No. 19
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 3rd Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 406 3rd Ave West

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle):
c. (Last): Findlay

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7th 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Williamina G Findlay — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~Senility~~
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-15, 1953, *to* 1-17-, 1953, *that I last saw the deceased alive on* 1-17, 1953, *and that death occurred at* 4:15P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harwood L Stowe M.D. 387
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1.19.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1.20.53 03
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 1-22-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Ralph Hillier — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 384
Local Reg. No. 30
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 4 1953 DIVISION OF VITAL STATIS.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Gen. Delivery Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Amanda
b. (Middle): M.
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 17, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Sword Creek, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hardn Brown — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Nancy Rose — BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Paul Neumann — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Parkinson's Disease

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1952, *to* Jan 20, 1953, *that I last saw the deceased alive on* Jan 20, 1953 *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Vdonna Rich
25. FUNERAL DIRECTOR: E. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 385
Local Reg. No. 17
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 221 South Washington

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Henry; c. (Last) Wessels

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 14, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Elisha Wessels
BIRTHPLACE: No Information

14. MOTHER'S MAIDEN NAME: Margaret Smith,
BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Carl Federburg
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/26, 1950, *to* 1/20, 1953, *that I last saw the deceased alive on* 1/12, 1953, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen O Voyles 435 (Degree or title): M D
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: A Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 386
Local Reg. No. 37
Reg. Dist. No. 460

BIRTH NO. FEB 11 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Jeanie; b. (Middle); c. (Last) Garner

4. DATE OF DEATH (Month) (Day) (Year): January 22, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 10, 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): ? Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Amber Stephens
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable embolism

DUE TO (c) Fracture of right ankle

INTERVAL BETWEEN ONSET AND DEATH: 16 Jan. 53 to 22 Jan. 53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Jan., 1953, *to* 22 Jan., 1953, *that I last saw the deceased alive on* 22 Jan., 1953, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray M. Kellogg, M.D. (Degree or title)

23b. ADDRESS: 317 Shoshone St. North

23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 27, '53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 2-3-53

REGISTRAR'S SIGNATURE: Norma Lind

25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 387
Local Reg. No. 39
Reg. Dist. No. 460

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 509 Filer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Cordelia
b. (Middle):
c. (Last): Holte

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 1, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James Hoover — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Martha — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Magnus Holte — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestional hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sever Arteriosclerosis
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic gangrene, left foot

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Jan 23, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvard C. Luke, M.D. 531
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 388
Local Reg. No. 27
Reg. Dist. No. 460

RECEIVED Certificate of Death

FEB 2 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): F.
c. (Last): Thometz

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stanberry, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Michael Thometz — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Anna Pauly — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Geo F Thometz — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic Heart — chronic
DUE TO (c): Mitral stenosis — chronic

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Moderate Bronchiectasis — chronic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1949, *to* Jan 23, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:00A *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lorden D. Oldham M.D. 297
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 389
Local Reg. No. 26
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 927 Elm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 927 Elm St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sturgeon
b. (Middle):
c. (Last): Mc Coy

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus. man 35
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Harry S. McCoy — ADDRESS: Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

159X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of GI tract (origin not determined yet -stomach or pancreas) — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary sclerosis with acute myocardial infarction (anterior) — 6 mnths

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 19 50, *to* 1-24-53, 19___, *that I last saw the deceased alive on* 1-23, 1953, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, Jr. M.D. FACP 476
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Jan. 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation Removal
24b. DATE: 1-26-53
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Memorial Mausoleum Assoc. Crem.
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 390
Local Reg. No. 73
Reg. Dist. No. 3/60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural 2
d. STREET ADDRESS (If rural, give location): -Rural- Rt 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Harry	Herman	Main	Jan	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 10 1883	69	10	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew P Main	Illinois	Elizabeth Mack	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Harry Main — ADDRESS: Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Carcinoma Larynx — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tracheal obstruction — 3wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* 1-24-53, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Marshall	M.D.	Twin Falls Idaho	1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 27.53	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-26-53	Norma Linck	J R Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 391
Local Reg. No. 28
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place: 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 198 Blue Lakes Blvd. North

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Edward c. (Last) Navin

4. DATE OF DEATH: (Month) January (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5, 1921

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: Retail Drug

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Harold Navin — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Melvina Glenn — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War II

16. SOCIAL SECURITY NO.: 518-10-3138

17. INFORMANT'S OWN SIGNATURE: Paul K. McCollum — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza — 7 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1953, *to* 1-25, 1953, *that I last saw the deceased alive on* 1-25, 1953, *and that death occurred at* 1:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 364 (Degree or title) — 23b. ADDRESS: Twin Falls, Idaho — 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 1-28-1953 — 24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-30-53 — REGISTRAR'S SIGNATURE: Donna Lund

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 392
Local Reg. No. 24
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 352 Van Buren Street

3. NAME OF DECEASED (Type or Print) a. (First) LEHI b. (Middle) ALMA c. (Last) HENNEFER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30, 1874
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Wool Grower
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Henefer, Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lehi Hennefer 04 BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Margaret Ann Bond BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Roy Lehi Hennefer ADDRESS Carey, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage c̄ lyt hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/21, 1953, *to* 1/26, 1953, *that I last saw the deceased alive on* 1/26, 1953, *and that death occurred at* 9P *m., from the causes and on the date stated above.*

23a. SIGNATURE 028 A A Boston MD (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 1/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1.29.53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1-28-53
REGISTRAR'S SIGNATURE Donna Reid
25. FUNERAL DIRECTOR Dugh Phillips ADDRESS White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 393
Local Reg. No. 20
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print)
a. (First): LORETTA
b. (Middle):
c. (Last): TERHERST

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 25, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Carl Terherst — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Katherine Beasley — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond Beasley — ADDRESS: Filer R#1 Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive laceration and hemorrhage of Brain — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture, simple, extensive of skull - S-shaped extending from L temporal area backward to occiput ending to rt. of midline with separation of fragments

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1 mi E + ½ m N. of Filer County Rd.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls T. Falls Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 26 1953 1:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? auto crash in which child was riding

22. *I hereby certify that I attended the deceased from* Did not see alive *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed mo.
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: Jan 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): 1/28/53
24b. DATE: burial 3
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Filer, Rural, Idaho

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Alonna Lisi
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 394
Local Reg. No. 34
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 203 Fourth Street North

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Mary
c. (Last): Larsen

4. DATE OF DEATH (Month) (Day) (Year): January 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roscrae, Eire
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Patrick Cahill — BIRTHPLACE: Eire
14. MOTHER'S MAIDEN NAME: Margaret Maher — BIRTHPLACE: Eire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Chas. A. Larsen — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease with neprhosclerosis, cardiac hypertrophy, and left heart failure — 30 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Jan. 28, 1953, *that I last saw the deceased alive on* Jan. 28, 1953, *and that death occurred at* 12:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, Jr. M.D. FACP
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: S. A. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 395
Local Reg. No. 32
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 526 West Heyburn

3. NAME OF DECEASED (Type or Print)
a. (First): Trois
b. (Middle): Juanita
c. (Last): Huller

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 8, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Novelty, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Samuel Hurlbert — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Margaret Mills — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Floyd J. Huller — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

444X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Hypertension, c̄ malignant phase — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Complicating nephrosclerosis, c̄ uremia — 3 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1948, *to* Jan, 1953, *that I last saw the deceased alive on* 1-29-53, 19__, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall M.D. 243
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Donna Reed
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 396
Local Reg. No. 31
Reg. Dist. No. 460

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 191 Sunrise Blvd. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 191 Sunrise Blvd. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Marvin
b. (Middle):
c. (Last): Drew

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 12, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 49
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Drew — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lena Olsen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. # 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Pocatello, Idaho — ADDRESS: Alton M. Alexander

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arterioschlerosis — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Jan. 29, 1953 *that I last saw the deceased alive on* Jan. 29, 1953 *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard L. Kreilkamp, M.D. 219 — Bernard L. Kreilkamp, M.D.
23b. ADDRESS: 168 Pierce Street, Twin Falls, Idaho
23c. DATE SIGNED: 1-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-31-53 02
24c. NAME OF CEMETERY OR CREMATORY: Blackfoot Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR — ADDRESS: James E. Reynolds — Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 397
Local Reg. No. 33
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 629 2nd Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Twin Falls~~ Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location): Carey

3. NAME OF DECEASED (Type or Print): a. (First) Rachel b. (Middle) Ann c. (Last) Howard

4. DATE OF DEATH: (Month) (Day) (Year): 1/29/1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): m

8. DATE OF BIRTH: Sept. 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mackey, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Uinken Harris — BIRTHPLACE: Wales England

14. MOTHER'S MAIDEN NAME: Maragaret Richards — BIRTHPLACE: Wales England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Harris Howard — ADDRESS: Carey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from 29 Jan, 1953, to 29 Jan, 1953, that I last saw the deceased alive on 29 Jan, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 31 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/29/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Donna Link
25. FUNERAL DIRECTOR: White Mortuary — ADDRESS: TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 398
Local Reg. No. 46
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 245 Harrison Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 245 Harrison Street

3. NAME OF DECEASED (Type or Print)
a. (First): Swan
b. (Middle):
c. (Last): Bjork

4. DATE OF DEATH (Month) (Day) (Year): January 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.17,1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pete Bjork — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-8476
17. INFORMANT'S OWN SIGNATURE: Ellen M. Bjork — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30, 1953, *to* 1/30/, 1953, *that I last saw the deceased alive on* 1/30/, 1953, *and that death occurred at* 7:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/2/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls, Idaho
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 399
Local Reg. No. 6
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 11th Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 309 11th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Wade

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 29, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Milford, New Jersey
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Wade — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Isabelle (Unknown) — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Harry A. Wade — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Atherosclerosis Aorta and Coronary arteries. — 10 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1953, *to* Jan 4, 1953, *that I last saw the deceased alive on* Jan 4, 1953, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. McBratney MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 1/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna Kirk
25. FUNERAL DIRECTOR: E. T. Harrison — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1953
DIVISION OF VI...
ST...

Certificate of Death

STATE OF IDAHO

State File No. 400
Local Reg. No. 4
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural- Gravel Pit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Castleford

3. NAME OF DECEASED (Type or Print)
a. (First): ANDRES
b. (Middle):
c. (Last): OLAVARRIA

4. DATE OF DEATH (Month) (Day) (Year): January 8th, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aprril 18, 1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Work 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marquina, Spain
12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Martin Olavarria — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-6622
17. INFORMANT'S OWN SIGNATURE: Joe Olavarria — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to left side of head with multiple fractures of skull; brain laceration and hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gravel Pit near
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 8 1953 3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pile of Gravel 20 ft. high began to slide while he was looking, pinning him against truck

22. *I hereby certify that I attended the deceased from* 1.8.1953, 19__, *to* 1.8.53, 19__, *that I last saw the deceased* ~~alive on~~ dead, 19__, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodrow Creed, MD. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Jan 9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1.13.1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Donna Kraik
25. FUNERAL DIRECTOR: Dwight W. Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 401
Local Reg. No. 7
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 643 Yakima

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): Cody
c. (Last): Boyd

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seed man 35
10b. KIND OF BUSINESS OR INDUSTRY: Seed
11. BIRTHPLACE (State or foreign country): Paducah, Ky.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Remus Boyd — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Dora Nicholson — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-09-1218
17. INFORMANT'S OWN SIGNATURE: Mrs. V. C. Boyd — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* January 5, 1953, *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maxw Carver M.D. 068
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: Jan 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-10-1953
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 102
Local Reg. No. 13
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Blanch
c. (Last): Ferguson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Hopkinton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: E. M. Hichman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nancy Garvin — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X S. C. Ferguson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerrhosis of liver c ascites — 5 years
cardiac hypertrophy with
DUE TO (c) myocardial & valvular insufficiency — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1942 *to* 1-11-, 1953, *that I last saw the deceased alive on* 1-11-53 19__, *and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D. 093
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan 15, '53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1-17-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 403
Local Reg. No. 13
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 2nd house from corner on Idaho St., E side

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wesley	Emory	Pearson	Jan	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Aug. 6, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Pearson — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Frances — BIRTHPLACE: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-28-4424
17. INFORMANT'S OWN SIGNATURE: Mrs Margaret Pearson — ADDRESS: Filer, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Degeneration & Decompensation	2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac asthma	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1) Perforated Duodenal ulcer. 2) Peritonitis 2nd to one above	5 days.

19a. DATE OF OPERATION: 1-9-53
19b. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1953, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 5:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George W. Warner M.D.	111 6th Ave E	1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-17-53	Filer IOOF Cem.	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-17-53	Donna Lack	Clay L. Phillips	White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 414
Local Reg. No. 16
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls county farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Twin Falls
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Clifton b. (Middle) John c. (Last) Rock

4. DATE OF DEATH: (Month) (Day) (Year) January 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Apr. 16, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unity, New Hampshire

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-14-8333

17. INFORMANT'S OWN SIGNATURE: Kenneth R. Ballentyne
ADDRESS: Twin Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH (minutes)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Dec, 19 52, *to* 15 Jan., 19 53, *that I last saw the deceased alive on* 29 Dec, 19 52, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Kellogg, M.D. 651 (Degree or title)
23b. ADDRESS: 317 Shoshone St. North Twin Falls
23c. DATE SIGNED: 1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/53
24c. NAME OF CEMETERY OR CREMATORY: Filer Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19, 1953
REGISTRAR'S SIGNATURE: Norma Lind
25. FUNERAL DIRECTOR: Reynolds Funeral Home
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 405
Local Reg. No. 20
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence Route # 3 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	H.	Core	January 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	August 8, 1917	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warehouse Forman 27	Warehouse Foreman	Delta, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman J. Core	Unknown	Mary Belluchie	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	xxxxxxxxxxxxxx	522 18 9702	Mrs. Fern Core	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary embolism	few minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Rheumatic heart disease	years
DUE TO (c)	Rheumatic fever at age 15 yrs.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-17, 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M A Drake MD	Buhl, Ida	1-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 22, 1953	Buhl City Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Donna Risch	E. T. Alderson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 406
Local Reg. No. 21
Reg. Dist. No. 3/60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At residence Route # 3 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) G. c. (Last) Daiss

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	March 2, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farmer	Eustis, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gottliep Daiss	Germany	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	xxxxxxxxx	519 28 7361	Mrs. L. G. Daiss	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1518

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastric Carcinoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: June 1952

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 1952	Gastric Carcinoma & Metastasis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* 17 Jan., 1953, *that I last saw the deceased alive on* 15 Jan, 1953, *and that death occurred at* 12:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles B. Baumer 02 M.D.	Twin Falls, Ida	20 Jan. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 20, (53 01	Buhl City Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-24-53	Donna Lund	O. T. Alberson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Boston

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 407
Local Reg. No. 18
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First) GUST
b. (Middle) J.
c. (Last) PRECKEL

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 15, 1888
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Norwalk, Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Augustus Preckel 35 BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Pauline Zirke BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs Edna Preckel ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of stomach — 16 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1937
19b. MAJOR FINDINGS OF OPERATION Ca of stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~1-18-53 2:25~~ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18, 1953, *to* 1-18, 1953, *that I last saw the deceased alive on* 1-18, 1953, *and that death occurred at* 2:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE A A Boston MD (Degree or title) 028
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 1.19.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-22-53
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1-22-53
REGISTRAR'S SIGNATURE Donna Lind
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 428
Local Reg. No. 29
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Ralph Eggleston, Father

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen Route # 1
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Jerry
b. (Middle): Arthur
c. (Last): Eggleston

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: January 3, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 24; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hansen, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph Eggleston
BIRTHPLACE: Rogerson, Idaho
14. MOTHER'S MAIDEN NAME: Alice Lehmann
BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Ralph Eggleston
ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bromho-ovalesing - all lobes - both lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend no physician at birth or last illness, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 4:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD 073
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: Jan 28/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 29, '53
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: [illegible] Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 409
Local Reg. No. I
Reg. Dist. No. 3/8

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bill Miller Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): CLARENCE
c. (Last): WIRTH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 21, 1887
9. AGE (In years last birthday): 65-0-12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): caterpillar operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elsworth, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Wirth — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Rachel Maynard — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-6466
17. INFORMANT'S OWN SIGNATURE: Mrs Faye Wirth — ADDRESS: McCall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probably acute
DUE TO (c): Coronary occlusion — 15 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 1952, 19__, *that I last saw the deceased alive on* Dec, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. J. Wanette M.D. (Degree or title) 460
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 1/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/4/53
24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: Dec 12-1953
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Clyde E. Dammers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 410
Local Reg. No. II
Reg. Dist. No. 318

RECEIVED
JAN 14 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley County Court House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ALVIN
b. (Middle) OSCAR
c. (Last) DEATON

4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH March 24, 1876
9. AGE (In years last birthday) 76-9-11 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Williams County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ike N. Deaton-McNarry Co., Tenn. BIRTHPLACE
14. MOTHER'S MAIDEN NAME Martha A. Rofs Murry Co., Tenn. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-14-0061
17. INFORMANT'S OWN SIGNATURE Vera O. Shaw, Bridgeport, Wash. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH 1 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Cascade (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* 1-4, 1953, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Jack Badly 470 (Degree or title) Coronor
23b. ADDRESS Cascade, Idaho
23c. DATE SIGNED 1-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/8/53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Jan 12-1953
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 411
Local Reg. No. 1
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUFUS
b. (Middle): WILBUR
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): 1- 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-18-1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Peoria Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Loyal L. Johnson — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Fannie Douglas — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXX
16. SOCIAL SECURITY NO.: XXXXXXX
17. INFORMANT'S OWN SIGNATURE: Lucy Johnson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 25th, 1952, *to* Jan 4th, 1953, *that I last saw the deceased alive on* Jan 4th, 1953, *and that death occurred at* 5:00 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 [signature] McGrath MD
23b. ADDRESS: WEISER, Idaho
23c. DATE SIGNED: 1/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/8/53 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cem.
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 1/8/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 412
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 223 E. Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Vendom e Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle):
c. (Last): Freymuth

4. DATE OF DEATH (Month) (Day) (Year): Jan 8 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 13 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Auto
11. BIRTHPLACE (State or foreign country): Josephville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Francis A. Freymuth Josephville Mo.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Frances A. Stahlschmidt Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 509-10-0515
17. INFORMANT'S OWN SIGNATURE / ADDRESS: From Telephone by E.A. Freymuth (Br

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Chr. Alcoholism

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6th, 1953, *to* Jan 8th, 1953, *that I last saw the deceased alive on* Jan 8th, 1953, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 [signature] McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 1/10/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/10/53 01
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Syracuse, Kansas

DATE REC'D BY LOCAL REG.: 1/10/53
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR / ADDRESS: A. S. Jones Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 413
Local Reg. No. 8
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle):
c. (Last): Nixon

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan. 2 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carson City Nevada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records County Welfare Office — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18th, 1952, *to* Jan 9th, 1953, *that I last saw the deceased alive on* Jan 9th, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 246 [signature] M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): WEiser, Idaho

DATE REC'D BY LOCAL REG.: 1/15/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 414
Local Reg. No. 3
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) ESTHER b. (Middle) MURIEL c. (Last) COLTON

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 5 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Indian Valley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alvin Andrew
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Ann Horne
BIRTHPLACE: Iron Co. Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jessie K Colton
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Breast.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 19th, 1952, *to* Jan 10th, 1953, *that I last saw the deceased alive on* Jan 10th, 1953, *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 W S McGrath MD

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/14/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1/12/53

REGISTRAR'S SIGNATURE: Laurie Hazelton

25. FUNERAL DIRECTOR: A. D. Jones
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 415
Local Reg. No. 4
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 728 West First Street

3. NAME OF DECEASED (Type or Print)
a. (First): LA DESSA
b. (Middle): MARGARET
c. (Last): WILBURN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 17 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rockport, Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Carpenter — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Josephine Millsap — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Tom Mason — ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr. Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st, 1953, *to* Jan 16th, 1953, *that I last saw the deceased alive on* Jan. 16th, 1953, *and that death occurred at* 3:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 [signature] M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 1[illegible]/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1[illegible]/19/53 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1[illegible]/17/53
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 416
Local Reg. No. 4
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Pioneer Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): VERNE
c. (Last): CHAMBERLIN

4. DATE OF DEATH (Month) (Day) (Year): 1- 27-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Auto Dealer
11. BIRTHPLACE (State or foreign country): Landusky, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Charles Chamberlin
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Augusta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ZXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: John P. Chamberlin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma (metastatic lungs + brain) — INTERVAL BETWEEN ONSET AND DEATH: about 5 months (?)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): origin undetermined Type undetermined.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Jan, 1953, *to* 27 Jan, 1953, *that I last saw the deceased alive on* 27 Jan, 1953, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Coats M. D. 689
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-29-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1-28-53
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: F. Dee Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 117
Local Reg. No. 10
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): HAMAN
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): January 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug.14 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer(Retired) 04
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Millville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHANNAS ANDERSON — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: CARLINE ANDERSON — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Dudley M. Smith — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 722.0 Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Rheumatoid Arthritis — 25 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19th, 1953, *to* Jan 28, 1953, *that I last saw the deceased alive on* Jan 28th, 1953, *and that death occurred at* 4:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 [signature] M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 1/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1/30/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 418
Local Reg. No. 5
Reg. Dist. No. 5-23

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 716 E. Commercial St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 716 East Commercial St.

3. NAME OF DECEASED (Type or Print): a. (First) FRANKLIN b. (Middle) RAY c. (Last) LUNGER

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 29 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Building

11. BIRTHPLACE (State or foreign country): Unityville, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hervey Lunger
BIRTHPLACE: don't know

14. MOTHER'S MAIDEN NAME: Margaret Ritchie
BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-7049

17. INFORMANT'S OWN SIGNATURE: Lee L Lunger
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject had been under the care of a physcian intermitently for the past year or two but doctor had not seen him recently. Had been bedfast for a week prior to death, with what family and subject considered the "flu".

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: To the best of my knowledge and belief the subject died of natural causes following extended period of declining health.

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

(Specify TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. L. Jones, Coroner

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 1/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-3-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 1/31/53

REGISTRAR'S SIGNATURE: Maree Faullconer

25. FUNERAL DIRECTOR: A. L. Jones

ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 419
Local Reg. No. 54
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grandview
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WERT c. (Last) BASEY

4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 20, 1875
9. AGE (In years last birthday) 77-3-11 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE George Basey Tummily, Iowa
14. MOTHER'S MAIDEN NAME BIRTHPLACE Delphia Lyde Jordan Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Nelson Basey ADDRESS Brad View

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) Hypertensive cardio vascular renal disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1952 *to* Jan 31, 1953, *that I last saw the deceased alive on* Jan 31, 1953 *and that death occurred at* 9:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. 381 Spencer M.D. (Degree or title)
23b. ADDRESS Reno, Idaho
23c. DATE SIGNED 2-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/4/53
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Grandview, Idaho

DATE REC'D BY LOCAL REG. 2-19-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Ida
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 47
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1720 State Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARIE c. (Last) TYLER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 26, 1873

9. AGE (In years last birthday): 79-6-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Staceyville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Langhausen — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Magdeline Linden — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ann Marie Bowers — ADDRESS: 1720 State St Boise Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease 8 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 21, 1951, *to* Feb. 1, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner — (Degree or title): M.D. 271

23b. ADDRESS: 105 N. 8th St. Boise, Ida.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/5/53 01

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Sutton

RECEIVED
FEB 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 421
Local Reg. No. 40
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1503 No. 5th. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1503 No 5th St

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Albert
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1st 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 1. 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scale Man. ob
10b. KIND OF BUSINESS OR INDUSTRY: Fairbanks-Morse Co.
11. BIRTHPLACE (State or foreign country): Casey Iowa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Bert Thompson — BIRTHPLACE: USA.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 706-03-6047
17. INFORMANT'S OWN SIGNATURE: John C Thompson — ADDRESS: Ft. Lee Va.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension art. — ?
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1953, *to* 2-1-, 1953, *that I last saw the deceased alive on* 2-1-, 1953, *and that death occurred at* 830 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Sutton (Degree or title) 398
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION: Burial.
24b. DATE: Feb. 4. 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mark

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 422
Local Reg. No. 37
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 912 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	W.	Moore	Feb	1st.	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 29. 1897	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belfast Ireland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas M. Moore. BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Rachael Fletcher. BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Godfrey Vassori ADDRESS: New Brunswick N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infection (Bronchopneumonia) — 6 days.

DUE TO (c) Cont. op. gastrointestinal hemorrhage — 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. gastro-intestinal hemorrhage — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-27-53	Duodenal diverticulum	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
			m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* 2-1, 1953, *that I last saw the deceased alive on* 2-1, 1953, *and that death occurred at* 8:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Boise Idaho	2.2.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-6-53	Newbrunswick	New Brunswick N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-4-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 423
Local Reg. No. 42
Reg. Dist. No. 370

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rural (Weiser Cove)

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) C. c. (Last) THORSON

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 28, 1903

9. AGE (In years last birthday): 49
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman

10b. KIND OF BUSINESS OR INDUSTRY: Cattle Industry

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Thorson
BIRTHPLACE: Stockholm Sweden

14. MOTHER'S MAIDEN NAME: Nancy Jones
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): #####

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lee Thorson
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Systemic infectious disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): acute Virus like infection
DUE TO (c): Cerebral Edema Pleural Effusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Autopsy 2/3/53 1 pm

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/29, 1953, *to* 2/3, 1953, *that I last saw the deceased alive on* 2/3, 1953 *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford (Degree or title): M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 2/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-3-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2/6/53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 424
Local Reg. No. 41
Reg. Dist. No. 370

RECEIVED FEB 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2429 Ellis Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Sheehan

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3rd. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Feb. 28. 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant. Retired.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lowell Mass:
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Patrick Sheehan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Ellen Sullivan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Richard Hackwood — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Feb 3, 1953, *that I last saw the deceased alive on* Feb. 3, 1953, *and that death occurred at* 9 45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson (Degree or title): MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 5th 1953.
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: 2-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 425
Local Reg. No. 50
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1611 North 19th Street

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) c. (Last) LAWSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1881
9. AGE (In years last birthday): 71-4-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 530-12-7182
17. INFORMANT'S OWN SIGNATURE: Ella Lawson ADDRESS: 1611 No 19 St Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma simplex of — 1 year
DUE TO (c) minary bladder

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma simplex of minary bladder
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 19 53, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb 4, 1953, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby M.D. (Degree or title)
23b. ADDRESS: 1320 Vista Ave., Boise, Idaho
23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/7/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Simmers
ADDRESS: Boise, Idaho
SIMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 426
Local Reg. No. 55
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Jane
c. (Last): Curteman

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: February 27-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: William Andrew Anderson, Chillicothe, Mo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Alice Shafer, Chillicothe, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: William Curteman - Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage - Right — INTERVAL BETWEEN ONSET AND DEATH: 1/16/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b): Total left hemiparesis
~~DUE TO~~ (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1953, *to* 2/4, 1953, *that I last saw the deceased alive on* 2/4, 1953 *and that death occurred at* 8:12 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Clifford 076 md
23b. ADDRESS: 311 - N Ida Boise Idaho
23c. DATE SIGNED: 2/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: G. V. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 427
Local Reg. No. 48
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5½ weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1017 Rossi

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): ALBERT
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 23, 1872
9. AGE (In years last birthday): 81-0-11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hall — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: Blanche Brisbane 3601-47 N E Seattle Wy.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebrovascular hemorrhage
DUE TO (c): Myocardial Infarction — 40 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 27, 1952, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb. 4, 1953, *and that death occurred at* 11:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Grazier M.D. 523
23b. ADDRESS: Eastman Bldg. Boise Idaho
23c. DATE SIGNED: 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 428
Local Reg. No. 56
Reg. Dist. No. 370

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 922 East State Street

3. NAME OF DECEASED (Type or Print)
a. (First): SHERMAN
b. (Middle): WILLIAM
c. (Last): TERRY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14, 1874
9. AGE (In years last birthday): 78-8-21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tilden, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Timothy Terry — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Josephine McKenzie — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Louella Terry — ADDRESS: 922 E State Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized — 3 yrs.?
DUE TO (c): Hypertension, Cardio-vascular — 3 yrs.?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Renal disease
Prostatic Hypertrophy - Senile. — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 10, 1947, *to* Feb. 5, 1953, *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 9:25p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank A. Minas MD 268
23b. ADDRESS: 214 Eastman Bld. Boise Idaho
23c. DATE SIGNED: Feb 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/10/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 429
Local Reg. No. 27
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4011 Fairview Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) LESLIE c. (Last) ROBAR

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1887
9. AGE (In years last birthday): 65-4-24 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker-J.A. Terteling and Son
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Terre Haute, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 518-09-6586
17. INFORMANT'S OWN SIGNATURE: Boise Idaho ADDRESS: Susanner Robar 4011 Fairview Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7-53, 19__, *to* 2-7-53, 19__, *that I last saw the deceased alive on* 2-7, 1953 *and that death occurred at* 2:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. M. Rubbholder, M.D. (Degree or title)
23b. ADDRESS: 401 Idaho St., Boise, Ida
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/10/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 430
Local Reg. No. 57
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): P. O. Box 264

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARVARETTA	MARIE	COONROD	Feb. 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Female	White	Married	Jan. 3, 1921	32-1-5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		McCall, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur J. Shaw	Roseberry, Idaho	Goldie Marie Sult Van Wyck	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Norma M. Coonrod	McCall, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease - mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary infarction & Congestive Edema

DUE TO (c) Bronchopneumonia - Terminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (None)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Feb 8, 1953, *that I last saw the deceased alive on* 2/8, 1953, *and that death occurred at* 10:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Coonrod M.D.	311 Idaho - Boise Idaho	Feb. 12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/12/53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-19-53	Myrtle Palmer	Clyde C. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 431
Local Reg. No. 24
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4723 Irving St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4723 Irving St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): M
c. (Last): Shults

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 16, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 06
10b. KIND OF BUSINESS OR INDUSTRY: Brewing
11. BIRTHPLACE (State or foreign country): Kilburn, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Shults — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Vena Brent — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hazel I. Shults — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca on Vena Cava — 6 mo
DUE TO (c) Ca of Cecum. — 12 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 2-9, 1953, *that I last saw the deceased alive on* 2-9, 1953, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. D. Simonton, M. D. — 371 (Degree or title)
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 218 N. Latah, BOISE, IDAHO
RELYE A MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 432
Local Reg. No. 43
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1801 Washington Sts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1801 Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Adelle
b. (Middle): Emily
c. (Last): Zoll

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 24, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Victoria, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Marshall — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Judith Basey — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Constance Flaherty — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio-Vascular Renal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) disease
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1, 1952, *to* 2/9, 1953, *that I last saw the deceased alive on* 2/9, 1953, *and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. F. Lesser M.D. 226
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 2/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Feb. 11, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell U. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 433
Local Reg. No. 58
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1510 Bannock Street

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) MATILDA c. (Last) ESTELL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1875

9. AGE (In years last birthday): 77-4-13
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: Ol

11. BIRTHPLACE (State or foreign country): Lake Crystal, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Guy C. Armstrong
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Bessie McDowell
BIRTHPLACE: Fox Lake, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Ralph E Estell 1510 Bannock St Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Congestive Heart failure — 3 years

DUE TO (c) Arteriosclerotic heart disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

430.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Feb. 10, 1953, *that I last saw the deceased alive on* Feb. 10, 1953, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier M.D.

23b. ADDRESS: Eastman Bldg, Boise Idaho

23c. DATE SIGNED: 2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/14/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 434
Local Reg. No. 52
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Hendrik b. (Middle) c. (Last) Brusse

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hendrik Brusse
BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Gesje Visser
BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H Brusse
ADDRESS: Meridian, Idaho. R.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 490X - Lobar Pneumonia Lt. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ② Cerebral Vascular Accident + ③ Auricular fibrillation — 1 wk

DUE TO (c) ④ Acute nephritis with nephrosclerosis & CHF — 4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
① Trigeminal Herpes Zoster — 10 d
② Nephrosclerosis — unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb 10, 1953, *that I last saw the deceased alive on* Feb 10, 1953, *and that death occurred at* 3: PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: 230 Carl D Lusty (Degree or title): MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 2-16-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/13/53 01

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 2-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Bert Johnson Meridan Ida

Federal Security Agency
United States Public Health Service

Form DPH-43021

3-4281

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 435
Local Reg. No. 63
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): [illegible] yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1508½ W. Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Alfred c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 30, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hartington, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Anderson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-18-8558

17. INFORMANT'S OWN SIGNATURE: Earl Waggoner
ADDRESS: Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — 6 yrs
DUE TO (c) ~~[illegible]~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19___, *to* death, 19___, *that I last saw the deceased alive on* 2/11, 1949 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: F B Jeppesen (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 436
Local Reg. No. 59
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2901 Gem Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1306 W. Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): B.
c. (Last): CANFIELD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 1, 1873
9. AGE (In years last birthday): 80-1-10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Powell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Maude Canfield Wymer — ADDRESS: 1415 W Bannock Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis c̄ Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: Yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6.5, 1952, *to* 2.11, 1953, *that I last saw the deceased alive on* 2.11, 1953, *and that death occurred at* 11:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Newcombe 283 M.D.
23b. ADDRESS: 512 N. 16 St., Boise, Idaho
23c. DATE SIGNED: 2.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2/14/53 01
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

State File No. 437
Local Reg. No. 66
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 403 Franklin Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 Franklin Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DORA		KINGSLEY	Feb. 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 18, 1866	87-0-23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Baxter	Unknown	Olivia Fenton	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mary E. Rhoads	6208 Butte Rd, Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility & Malnutrition —

DUE TO (c) Arteriosclerosis Gen —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.8

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-26, 1953, *to* 2-11, 1953, *that I last saw the deceased alive on* 2-11-, 1953, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B Knudson MD	Boise Idaho	2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/14/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-19-53	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 438
Local Reg. No. [illegible]
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1911 No.34th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1911 No. 34th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle): Marie
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): Feb.11,1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mch.31,1932
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meridian, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Walter Ellis — BIRTHPLACE: Walnut Grove, Mo.
14. MOTHER'S MAIDEN NAME: Mary Ellis — BIRTHPLACE: Warrensburg, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Walter Ellis — ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

481X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Congenital Cripple.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Feb, 1953, *to* _____, 19__, *that I last saw the deceased alive on* 11 Feb, 1953, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill MD 536
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 2/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 2-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.W. Robison — ADDRESS: Meridian, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 439
Local Reg. No. 51
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 611 S. 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): ERWIN
c. (Last): BARTLETT

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1891
9. AGE (In years last birthday): 61-5-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purity Bakery 28
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kirwin, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George F. Bartlett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Bertha Roberts — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-8763
17. INFORMANT'S OWN SIGNATURE: Mrs Edna Bartlett — ADDRESS: 611 S. 15th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pulmonary Emphysema — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 11, 1953, *to* Feb. 12, 1953, *that I last saw the deceased alive on* Feb. 11, 1953 *and that death occurred at* 2:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinsohn M.D. 051
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 2-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/53 01
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 440
Local Reg. No. 61
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 O'Farrell Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): EMANUEL
c. (Last): GASSER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1877
9. AGE (In years last birthday): 75-7-18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee of City Shops
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Geneva, Switzerland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Gasser — BIRTHPLACE: Berne, Switzerland
14. MOTHER'S MAIDEN NAME: Maria Deutsch — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-4093
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Jane Gasser — ADDRESS: 414 O'Farrell St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 2 MO.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1937, *to* 2-13, 1953, *that I last saw the deceased alive on* 2-12, 1953 *and that death occurred at* 4 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Boise Ida.
23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/16/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 441
Local Reg. No. 79
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 502-- Warner Ave.

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) James c. (Last) Eimers

4. DATE OF DEATH: (Month) (Day) (Year) February 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 15, 1930

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: Business College

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John O. Eimers
BIRTHPLACE: Grangeville, Ida.

14. MOTHER'S MAIDEN NAME: Joan Skinnick
BIRTHPLACE: Grangeville, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-32-7631

17. INFORMANT'S OWN SIGNATURE: John O Eimers
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9508X Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Embolism — 5 min

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-14-53

19b. MAJOR FINDINGS OF OPERATION: Plastic on amputation Stump

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12-, 1953, *to* 2-15, 1953, *that I last saw the deceased alive on* 2-14, 1953, *and that death occurred at* 5:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE, DEGREE OR TITLE: Jerome Rowland M.D.

23b. ADDRESS: 209 Main, Boise

23c. DATE SIGNED: 3-5-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: 2-15-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Burkholder

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 442
Local Reg. No. 64
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1402 So. Owyhee

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) LOUISE c. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 15, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 1, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Swen Swanson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Evelyn C. Draper
ADDRESS: 1402 S. Owyhee Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* Feb 15, 1953, *that I last saw the deceased alive on* Feb. 15, 1953, *and that death occurred at* 8:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice H. Burkholder M.D
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Roosevelt,
24d. LOCATION (City, town, or county) (State): Roosevelt, Utah

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Aden
ADDRESS: Boise, Idaho

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 443
Local Reg. No. 63
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 3 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1720 GOURLEY ST.

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) LYNN c. (Last) CROMAR

4. DATE OF DEATH: (Month) FEB. (Day) 17 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/12/1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OFFICE MANAGER 7+
10b. KIND OF BUSINESS OR INDUSTRY: MORRISON-MERRILL
11. BIRTHPLACE (State or foreign country): CO. SALT LAKE CITY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HERBERT LANG CROMAR — BIRTHPLACE: SALT LAKE CITY
14. MOTHER'S MAIDEN NAME: SARAH BYTHE WAY — BIRTHPLACE: SALT LAKE CITY, UT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Herbert L Cromar — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Hepatitis (viral) — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Amebic or Shigella dysentery — 9+ yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Thyrotoxicosis — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3, 1952 *to* 2-17, 1953, *that I last saw the deceased alive on* 2-17, 1953 *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner 271 (Degree or title): M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 2/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: WASATCH LAWN
24d. LOCATION (City, town, or county) (State): SALT LAKE CITY UTAH

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell M Relyea — ADDRESS: 313 N. Latah
RELYEA MORTUARY — BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 444
Local Reg. No. 65
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1717 N. 12th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1717 N. 12th

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Witcher
c. (Last): Hanley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 7, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Longmont, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ephriam Witcher — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Josephine Bolden — BIRTHPLACE: unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: 1717 N. 12th — ADDRESS: x Kathryn Johnson - Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 522X Cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Passive congestion of lungs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Fractured femur 2 yrs ago

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 1951, *to* Feb 18, 1953, *that I last saw the deceased alive on* Feb 18, 1953, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 026 (Degree or title) MD
23b. ADDRESS: 610 Idaho Bldg Boise
23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 445
Local Reg. No. 70
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1615 N. 25th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): MAY
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 18, 1876
9. AGE (In years last birthday): 77-1-1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Napoleon, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Freeman Bailey — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Eliza Jane Gallup — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE Boise Idaho **ADDRESS**: Mrs Esther L. Beebe 1615 N 25th

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Feb, 1953, *to* 19 Feb, 1953, *that I last saw the deceased alive on* 19 Feb, 1953, *and that death occurred at* 825 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill Mrs 536
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 446
Local Reg. No. 71
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) MARK b. (Middle) ERNEST c. (Last) DOWNEND

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 18, 1927

9. AGE (In years last birthday): 25-5-2 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: 08

11. BIRTHPLACE (State or foreign country): Arling, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clayton Downend BIRTHPLACE: Clay Co., Iowa

14. MOTHER'S MAIDEN NAME: Berniece Winifred Colton- BIRTHPLACE: Bellingham, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean War

16. SOCIAL SECURITY NO.: 524-19-6093

17. INFORMANT'S OWN SIGNATURE: Mrs John Lawrence ADDRESS: Boise Star Rt 1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Left Ventricular Hypertrophy — 4331 — years?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ 2/20, 1953, ~~to~~ ——, 19——, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul E. Sharick, M.D. 647

23b. ADDRESS: 302 W. Idaho St. Boise

23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/23/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 67 447
Local Reg. No. 67
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 17 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on street-10th & Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1407 WILLOW

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) VERN c. (Last) NELSON

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 15, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 8 Days
IF UNDER 1 DAY: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Boise City Street

11. BIRTHPLACE (State or foreign country): WHATSHEAR, IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS M. NELSON
BIRTHPLACE: IOWA

14. MOTHER'S MAIDEN NAME: MARTHA E. OWEN
BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: x Mrs Elda Fern Nelson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) ada (STATE) Idaho.
21d. TIME OF INJURY (Month) 2 (Day) 20 (Year) 53 (Hour) 1:25 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Heart attack while working

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____ 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea (Degree or title) Coroner
23b. ADDRESS: 318 No. Latah Boise Ida
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/24/53
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE
24d. LOCATION (City, town, or county) BOISE (State) IDAHO

DATE REC'D BY LOCAL REG.: 2-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 448
Local Reg. No. 73
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1203 East Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	FRANKLIN	FEE	Feb. 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Dec. 22, 1867	85-1-29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Knoxville, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F. Fee	Knoxville, Iowa	Sarah Clark	Dade County, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs J. E. Marmon	1203 E. Jefferson, Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 15, 1953, *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 15, 1953 *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Smullen M.D.	M.D.	Boise, Ida	2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/25/53		Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-3-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 449
Local Reg. No. 68
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1718-No. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 117-So. 5th St.

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Sarah c. (Last) Emanuel

4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 7, 1869
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Steelsmith BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Mary Moore BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Bernice E Babbitt ADDRESS Nampa, Idaho

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Russell A. Kelyea (Degree or title) Coroner
23b. ADDRESS 318 No. Latah Boise Ida
23c. DATE SIGNED 2/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/24/53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa, Idaho. (State)

DATE REC'D BY LOCAL REG. 2-26-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR John F Alsip Jr ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 450
Local Reg. No. 73
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3209 Irene Street

3. NAME OF DECEASED (Type or Print): a. (First) MINA b. (Middle) ELIZABETH c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 7, 1869

9. AGE (In years last birthday): 83-3-14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carthage, Jasper Co., Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas S. Kelley
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Ruth Austin-Charleston, S. C.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Minnie J. Paine
ADDRESS: Boise-Ida 3209 Irene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 332X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteri-sclerosis — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic arthritis — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943 *to* 2-21-53 *that I last saw the deceased alive on* 2-20, 1953 *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Brundell 342 (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 2/26/53 01

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Rawnee, Oklahoma

DATE REC'D BY LOCAL REG.: 3-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Cliff E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 451
Local Reg. No. 74
Reg. Dist. No. 27a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Ciara b. (Middle) Louise c. (Last) Hovey

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 22 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 22, 1906

9. AGE (In years last birthday): 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delos Sullivan BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Carrie Moore BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-9329

17. INFORMANT'S OWN SIGNATURE: Frances Sullivan ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Vascular failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Rectum
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus Obesity — 12 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 1953, *to* Feb 22, 1953 *that I last saw the deceased alive on* Feb 22, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Munson (Degree or title) MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 2-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Burns Cemetery

24d. LOCATION (City, town, or county) (State): Burns Oregon

DATE REC'D BY LOCAL REG.: 3-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 452
Local Reg. No. 80
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location): Box 43

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Kenneth
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 27, 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 5, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sawyer 09
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mark Corbert Parks — BIRTHPLACE: LeRoy, Mo.
14. MOTHER'S MAIDEN NAME: Ethel Melinda Storey — BIRTHPLACE: Hailey, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1942- to -1945
16. SOCIAL SECURITY NO.: 519-01-4890
17. INFORMANT'S OWN SIGNATURE: x Mrs Lloyd Parks — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): anaplastic Bronchogenic Carcinoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (b): metastatic Carcinoma - adrenal glands

~~DUE TO~~ (c): Ventricular asystole

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 25, 1953, *to* Feb 23, 1953, *that I last saw the deceased alive on* Feb 23, 1953, *and that death occurred at* 48 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Clifford 076 md
23b. ADDRESS: 311 W Ida Boise Ida
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 27, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: [signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 453
Local Reg. No. 25
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 3422 Sycamore Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3422 Sycamore Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Alice	Tomlinson	Feb. 24th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	April 3rd 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Irish Grove Ill.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Curtis Joseph Norton.	N.Y. State	Mary Elizabeth Wylie	Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs F. R. Johnston	Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 years
DUE TO (c) Arteriosclerotic Heart Disease, unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-29, 1951, *to* Feb 24, 1953, *that I last saw the deceased alive on* Feb 14, 1953, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. Swindell M.D.	Boise Idaho	2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb. 28.1953	Monmouth	Monmouth Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-3-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 454
Local Reg. No. 69
Reg. Dist. No. 370

BIRTH NO. MAR 3 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 427 Thatcher

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) D. c. (Last) Massie

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 25, 1882

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad signalman

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Coffeyville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Massie — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Emma Lyon — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: James F Massie — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 19, 1953, *to* Feb. 25, 1953, *that I last saw the deceased alive on* Feb 25, 1953, *and that death occurred at* 11:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Nelson (Degree or title): M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/28/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 2-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 455
Local Reg. No. 36
Reg. Dist. No. 371

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1711 Storey Street

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): ISAAC
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1887
9. AGE (In years last birthday): 66-1-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Abstractor ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George A. Adams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Almira S. Bair — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 519-05-7471A
17. INFORMANT'S OWN SIGNATURE: Mrs. Mabel P. Adams — ADDRESS: Boise, Ida. 1711 Storey St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950, *to* Feb. 26, 1953, *that I last saw the deceased alive on* Feb. 26, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rinkholder, M.D.
23b. ADDRESS: 401 Idaho St. Boise Ida
23c. DATE SIGNED: 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/1/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 456
Local Reg. No. 81
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2901 Gem Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 306 Peasley Street

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENIA
b. (Middle): EMALINE
c. (Last): DAVISON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 11, 1875
9. AGE (In years last birthday): 77-5-16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas E. Humphrey — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Rebecca Martin — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E E Davison — ADDRESS: 3501 Rose Hill St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 1953, *to* Feb. 24, 1953 *that I last saw the deceased alive on* Feb. 24, 1953, *and that death occurred at* 5:52p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W Blackburn MD 532
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 2 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 457
Local Reg. No. 82
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH — MAR 21 1953
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1428 Grant Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	CECIL	JONES	Feb. 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec. 9, 1890	62-2-18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Service
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Castile, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Jones — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 518-09-1066
17. INFORMANT'S OWN SIGNATURE: Reca Jones — ADDRESS: 1428 Grant Ave

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Hepatic Failure	Hours
	ANTECEDENT CAUSES	
(b)	DUE TO: Cirrhosis of Liver (Alcoholic)	1-3 yrs
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
(c)	DUE TO:	

581.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 29, 1953, *to* 2-27, 1953, *that I last saw the deceased alive on* 2-27, 1953, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Simonton, M. D.	417 Eastman Bldg. Boise, Idaho	March 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/2/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-10-53	Myrtle Palmer	Clyde E. Summers, SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 458
Local Reg. No. 82
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #9, Wylie Lane

3. NAME OF DECEASED (Type or Print): a. (First) NEOMA b. (Middle) AGNES c. (Last) ROWLAND

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1902

9. AGE (In years last birthday): 50-5-24 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Franklin Pfeiffer-Mo. BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Sarah M. Taylor BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John C Rowland ADDRESS: Route 9 Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of breast c metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

178X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 1, 1949, *to* 28 Feb, 1953, *that I last saw the deceased alive on* 28 Feb, 1953, *and that death occurred at* 2:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 347 Alfred M Stone MD

23b. ADDRESS: St Lukes Hosp Boise

23c. DATE SIGNED: 4 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/4/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

55-2226

RECEIVED
MAR 7 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 459
Local Reg. No. 76
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ustick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jonathan b. (Middle) Andrew c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Feb. 23, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 5; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard W. Campbell BIRTHPLACE: Council Bluffs, Ia.
14. MOTHER'S MAIDEN NAME: Grace Ward BIRTHPLACE: Rupert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Richard W. Campbell ADDRESS: Ustick, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

75414

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Situs inversus.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Feb, 1953, *to* 28 Feb, 1953, *that I last saw the deceased alive on* 28 Feb, 1953, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Davies MD (Degree or title) 100
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 460
Local Reg. No. 23
Reg. Dist. No. 371

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jesse	DeWitt	Randall	Feb 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 DAY: Hours / Min.
male	white	widowed	Nov. 11, 1883	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): York, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lewis Randall — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth B. Osborne — BIRTHPLACE: Agusta, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Hazel E Buskett — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Coronary Insufficiency — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 6, 1950, *to* Feb 2, 1953, *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 11:52 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Donnely MD	Meridian Ida	2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/5/53	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-5-53	Myrtle Palmer	Russell A. Kelly Jr.	318 N. Latah
		Relyea Mortuary	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 461
Local Reg. No. 20
Reg. Dist. No. 371

BIRTH NO.

FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6406 Russett St

3. NAME OF DECEASED (Type or Print): a. (First) Lizzie; b. (Middle) Mamie; c. (Last) Stevens

4. DATE OF DEATH: (Month) Feb. (Day) 2nd (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Jan. 16th 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coal Hill Ark:

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Allister. BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Ark:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jenn H Moss ADDRESS: 6406 Russett St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Bowel — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-24, 1952 *to* 2-2-, 1953, *that I last saw the deceased alive on* 1-31, 1953, *and that death occurred at* 3:14a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 5t. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-9-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 462
Local Reg. No. 21
Reg. Dist. No. 370

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 401 Walnut St.

3. NAME OF DECEASED (Type or Print): a. (First) Willard L. b. (Middle) c. (Last) Fletcher

4. DATE OF DEATH (Month) (Day) (Year): February 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-18-94

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 11 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: 10

11. BIRTHPLACE (State or foreign country): Hillsboro, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lee W. Fletcher
BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Mary Bridgefarmer
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519 05 8602

17. INFORMANT'S SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 151X Biliary Obstruction
INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of stomach with metastasis — 4 years, plus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cachexia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 23, 1953, *to* Feb. 8, 1953, *that I last saw the deceased alive on* Feb. 8, 1953, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal. 3
24b. DATE: Feb 9.1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 463
Local Reg. No. 22
Reg. Dist. No. 371

BIRTH NO. FEB 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 Mark St.

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) P. c. (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year): February 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-20-93

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months 9 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wapello, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. E. Kennedy
BIRTHPLACE: Wapplo, Iowa

14. MOTHER'S MAIDEN NAME: Stella Paris
BIRTHPLACE: Wapello, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale — 1 year plus
DUE TO (c) Bronchial Asthma — 20 yrs. Plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 8, 1953, *to* Feb. 8, 1953, *that I last saw the deceased alive on* Feb. 8, 1953, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stevenson, M. D. Chief, Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 11th 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 464
Local Reg. No. 25
Reg. Dist. No. 371

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Herbert; b. (Middle); c. (Last) Layton

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11-3-81

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months: 3 | Days: 7 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Layton
BIRTHPLACE: Mich.

14. MOTHER'S MAIDEN NAME: Mary Irene Conway
BIRTHPLACE: Peru, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Thos. D. Allen
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular renal disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, *19* 53, *to* Feb. 10, *19* 53, *that I last saw the deceased alive on* Feb. 10, *19* 53, *and that death occurred at* 9:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 045 JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 12. 1953
24c. NAME OF CEMETERY OR CREMATORY: Burns
24d. LOCATION (City, town, or county) (State): Burns Oregon

DATE REC'D BY LOCAL REG.: 2-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise
J. V. McCann

Federal Security Agency
United States Public Health Service
Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 465
Local Reg. No.
Reg. Dist. No. 271

BIRTH NO.

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 120 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle); c. (Last) McKeeth

4. DATE OF DEATH: (Month) (Day) (Year) February 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-22-70

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 6 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gillsville, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McKeeth
BIRTHPLACE: St. Lawrence Co. N. Y.

14. MOTHER'S MAIDEN NAME: Josephine Barman
BIRTHPLACE: Toronto, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scirrhous Carcinoma of Stomach with obstruction, — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition and Cachexia — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 14, 19 52, *to* Feb. 11, 1953, *that I last saw the deceased alive on* Feb. 11, 1953, *and that death occurred at* 6:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idahoe
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13.1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Bois

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 466
Local Reg. No. 31
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 803 North 11th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Emmett
b. (Middle): Sidney
c. (Last): Bowen

4. DATE OF DEATH (Month) (Day) (Year): February 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-13-14

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR — Months: 8 | Days | IF UNDER 24 HRS. — Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Loader

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Challis, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sidney F. Bowen
BIRTHPLACE: Ennis, Mont.

14. MOTHER'S MAIDEN NAME: Carrie Etta Jones
BIRTHPLACE: Patterson, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 544100770

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Mucus Plug Aspiration — Terminal

DUE TO (c): Acute Poliomyelitis — 1 Month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Jan. 13, *19* 53, *to* Feb. 13, *19* 53, *that I last saw the deceased alive on* Feb. 13, *19* 53, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: JOSEPH BEEMAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 16, 1953.

24c. NAME OF CEMETERY OR CREMATORY: Payette

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: 2-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Schreiber-McCann-Gibson. Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

3-4381

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 467
Local Reg. No. 271
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise (Rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ N of Eagle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Rt. 3 (Rural)
d. STREET ADDRESS (If rural, give location) 1½ N. of Eagle

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GILBERT	WILLIE	KEARNS	Feb. 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 25, 1893	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Retired	Falls Creek, Oregon	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Douglas Kearns	Unk.	Jessie Gilbert	Eugene, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-2734	Mrs. Florence Kearns	Rt. 3 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Stomach — Known 6 wks.
DUE TO (c) Possible ulcer.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary Art Disease — 2 yr.
Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-4-, 1953, *to* 2-14, 1953, *that I last saw the deceased alive on* 2-14, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B Knutson MD	Boise Idaho	2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 16, 1953	Dry Creek	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-20-53	Myrtle Palmer	C. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 468
Local Reg. No. 24
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 124 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location): Box 44

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jacob		Kantola	February 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-24-77	76	0	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Oulunberg Finland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andreer Kantola	Kalajoki, Finland	Bruta Rahja	Kalajoki, Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	SAW	518-12-4328	Records, VA Hospital	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia, Terminal	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Neoplasm of Stomach	3 mos.
DUE TO (c)	Arteriosclerotic Heart Disease	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 14, *19* 52, *to* Feb. 15, *19* 53, *that I last saw the deceased alive on* Feb. 15, *19* 53, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. H. SATTERLEE, M. D. Chief of Prof. Services	VA Hospital, Boise, Idaho	2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 18, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-19-53	Myrtle Palmer	Schreiber-McCann-Gibson	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 469
Local Reg. No. 20
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 180
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle) A.; c. (Last) Hemenway

4. DATE OF DEATH (Month) (Day) (Year): February 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-8-94

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months: 2; Days: 16
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred A. Hemenway
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Julia F. Eaton
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Army WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OR SIGNATURE: Records, VA Hospital, Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of the prostate with metastasis — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 28, 1952, *to* Feb. 24, 1953, *that I last saw the deceased alive on* Feb. 24, 1953, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. STEVENSON, M. D. Chief, Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 24 1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weuser, Ida.

DATE REC'D BY LOCAL REG.: 2-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson, Boise,
ADDRESS

Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 470
Local Reg. No. 371
Reg. Dist. No.

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) G. c. (Last) Gardner

4. DATE OF DEATH (Month) (Day) (Year): February 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-15-86

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Winfield, Kans.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Gardner
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Eliza M. Teigh
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518072592

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema and Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio-vascular disease with left ventricle — 8 yrs plus

DUE TO (c) failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 11, *19*53, *to* Feb. 25, *19*53, *that I last saw the deceased alive on* Feb. 25, *19*53, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D. Pathologist c45

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 28, 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson

ADDRESS: Boise Idaho

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 471
Local Reg. No. 371
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): x Rt. # 8

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Owen	Albert	Kirby	Feb. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 17, 1883	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chesterfield, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [illegible] Albert Kirby — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mrs Nora Kirby — ADDRESS: Rt 8 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199 X Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Orginal Site not found
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 3, 1953, *to* Feb 25, 1953, *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 5:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lantz MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 472
Local Reg. No. 4
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): P.O. Box 251

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): MAY
c. (Last): HALMADGE

4. DATE OF DEATH (Month) (Day) (Year): Febryary 5 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 11 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Witchita, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Caroline Hansen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Robert H. Young — ADDRESS: Council Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 214X Intraabdominal catastrophe prob - mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hyperectomy — 8 days
DUE TO (c): Diabetes mellitus & Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 27, 53
19b. MAJOR FINDINGS OF OPERATION: Fibroid uterus - Prolapse - Rectocele cystocele
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* Feb 5, 1953, *that I last saw the deceased alive on* 5 Feb, 1953, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 2/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/8/53
24c. NAME OF CEMETERY OR CREMATORY: Garfield Cemetery
24d. LOCATION (City, town, or county) (State): Garfield, Washington

DATE REC'D BY LOCAL REG.: 2/5/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A.S. Jones [signature] — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 473
Local Reg. No. 5
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box 63

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): LEON
c. (Last): PECK

4. DATE OF DEATH (Month) (Day) (Year): 2- 12-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Mattoon, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cornelus Peck — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXX — (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.: 484-10-7760
17. INFORMANT'S OWN SIGNATURE: Nancy Lucy Weiser — ADDRESS: Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior wall infarction — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis of left coronary artery
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950 *to* 2/12, 1953 *that I last saw the deceased alive on* 2/12, 1953, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Nemette MD 460
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-12-53
24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 2/13/53
REGISTRAR'S SIGNATURE: [signature] MD
25. FUNERAL DIRECTOR: R. Van Thomson — ADDRESS: Weiser, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021 Deputy Registrar

RECEIVED
MAR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 474
Local Reg. No. 6
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Council Community Hosp~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): EMMETT
b. (Middle): ELLIS
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): 2- 14-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Camden Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Allen D. Green — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Irena A. Hamblin — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mrs Tom Higgins — ADDRESS: Midvale, Idah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased* ~~alive~~ dead *on* 2-14, 1953, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 411 RM
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-53 01
24c. NAME OF CEMETERY OR CREMATORY: Indian Valley Cem.
24d. LOCATION (City, town, or county) (State): Indian Valley, Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Weiser, Idah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 475
Local Reg. No. 30
Reg. Dist. No. 4-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams - Meadows
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - New Meadows
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 423 Main

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Rutherford c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH October 9 1877
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 22 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (State or foreign country) Ethel Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Evan T Jones 35
BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Mary J Black
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Robert O Jones
ADDRESS Seattle Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Meadows Adams Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 16 53 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Richard A. Engell (Degree or title) Coroner
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/16/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 24 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Hunt Mortuary
ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 476
Local Reg. No. 7
Reg. Dist. No. 300

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARNICE	M.	WESTON	2-	17-	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 24, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Ownhome	Lehi, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jens P. Jensen	Denmark	Don't know	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	XXXXXXXX	XXXXXXX	Lehas Weston	Weiser, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 11, 1953, *to* Feb. 17, 1953, *that I last saw the deceased alive on* Feb. 17, 1953, *and that death occurred at* 12:27 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Council, Idaho	2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-17-53	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-18-53			

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 477
Local Reg. No. 56
Reg. Dist. No. 510

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1331 North Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 709 South Fourth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle): MARIA
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): January 21 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 14, 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Mendon, Ohio
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Samuel Winger — BIRTHPLACE: Bern, Switzerland
14. MOTHER'S MAIDEN NAME: Catheryn Coil — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: L G Partner — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 527.2 Acute Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: Few days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19, 1953, *to* Jan. 21, 1953, *that I last saw the deceased alive on* Jan. 21, 1953, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Hastings M.D. 152
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 26, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 27, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 478
Local Reg. No. 54
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 318 South Second Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) CONCEPCION; c. (Last) GENERA

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 23, 1948

9. AGE (In years last birthday): 4
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Genera
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: H elen Chacon
BIRTHPLACE: Pocatello, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Helen Genera
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute rheumatic fever — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Jan, 1953, *to* Jan. 28, 1953, *that I last saw the deceased alive on* Jan. 28, 1953, *and that death occurred at* 2:00 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis G Bush MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 30, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 25 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 479
Local Reg. No. 37
Reg. Dist. No. 510

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fargo Apartments

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Fargo Apartments

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WESTERN	RANDOLPH	YOUNG	Feb.	1	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 9, 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer - Retired 16
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.
11. BIRTHPLACE (State or foreign country): Rome, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake Young — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Emily Short — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO. 712-05-3465
17. INFORMANT'S OWN SIGNATURE: Jane Henderson — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

19. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 1/2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1 *19--* to 2-1 *19--, that I last saw the deceased alive on* 2-1 *19--* Night of Feb. 1 1953 *and that death occurred at* 2:44 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: FEB 12 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jane Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 480
Local Reg. No. 47
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 342 North Shilling Avenue.

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Ruth c. (Last) Dunyon

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 7, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Lehi, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph F. Fitzgerald — BIRTHPLACE: Draper, Utah
14. MOTHER'S MAIDEN NAME: Harriet Featherstone — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Don Dunyon — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Abscess (Left Temporal Lobe) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebritis Nervosa — 421.1 — 2 days

DUE TO (c) Otitis Mastoiditis & Sinusitis — 11 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Hysterectomy & Cystocele Repair — Unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Aug 5, 1952, *to* Feb 1, 1953 *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 11:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Evelyn H. Lucas 703 — (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Bingham Idaho

DATE REC'D BY LOCAL REG.: FEB 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR — ADDRESS: Howard Packham Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 181
Local Reg. No. 32
Reg Dist. No. 510

BIRTH NO. FEB 10 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): ONE DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 847 SOUTH ELEVENTH STREET

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) FRANKLIN; c. (Last) RAY

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 1, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEBRUARY 26, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE

11. BIRTHPLACE (State or foreign country): COLVILLE, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS RAY — BIRTHPLACE: COALVILLE, UTAH

14. MOTHER'S MAIDEN NAME: EMMA CHANDLER — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Hazel M. Ray — ADDRESS: Grace, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

476X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Pan-Carditis — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Rheumatic Fever
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Strangulated Femoral Hernia 14 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Bowel Strangulated but not Gangrenous
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1953, *to* 2-1, 1953, *that I last saw the deceased alive on* 2-1, 1953, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: GRACE CEMETERY
24d. LOCATION (City, town, or county) (State): GRACE IDAHO

DATE REC'D BY LOCAL REG.: FEB 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: HALL GRANT MORTUARY / COLIN M. EDWARD
ADDRESS: POCATELLO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 482
Local Reg. No. 33
Reg. Dist. No. 510

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 820 No. Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 820 No. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) DAISY b. (Middle) MARY c. (Last) MAC DONALD

4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 1, 1878

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Granite, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Mundlein — BIRTHPLACE Virginia

14. MOTHER'S MAIDEN NAME Charlotte T. Campbell — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Mrs Charlotte Chastain — ADDRESS Pocatello, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 593X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 18 mo.
DUE TO (c) Nephritis — 3 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb., 1951, *to* 2-2, 1953, *that I last saw the deceased alive on* 2-2, 1953, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. F. Overturf D.O. 672

23b. ADDRESS Pocatello, Ida

23c. DATE SIGNED 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 01 Feb. 1953

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. FEB 9 1953

REGISTRAR'S SIGNATURE Eva M. Wallen

25. FUNERAL DIRECTOR Byron B. Hammond B.K.

ADDRESS Pocatello, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 483
Local Reg. No. 43
Reg. Dist. No. 511

RECEIVED FEB 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): (none)

3. NAME OF DECEASED (Type or Print)
a. (First): ELEANOR
b. (Middle): T.
c. (Last): PERRY

4. DATE OF DEATH (Month) (Day) (Year): February 3 1953

5. SEX: female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 17, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pocatello Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas LaVatta — BIRTHPLACE: Fort Hall, Idaho
14. MOTHER'S MAIDEN NAME: Theressa Martin — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Walter D. Perry — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 570.1 Infectious Colitis — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Etiology undetermined

(c) Paralytic ileus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1953 *to* Feb. 3, 1953, *that I last saw the deceased alive on* Feb. 3, 1953 *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph B. Hegstad M.D. 159
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 17 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 484
Local Reg. No. 42
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
LENGTH OF STAY (in this place): 46 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 727 NO. GARFIELD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 727 NO. GARFIELD

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LYDIA	MAY	LOVELAND CAMPBELL	FEBRUARY 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	AUGUST 14, 1881	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	SMITHFIELD, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANSON C. LOVELAND	BOUNTIFUL, UTAH	LYDIA ROBERTA CALL	FILMORE, UTAH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
***	*****	****	Mrs. Lawrence H. Cotter MRS. LAWRENCE H. COTTER	POCATELLO, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: SEVEN YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: CHOLECYSTITIS • STONE, ADHERANT TO TRANSVERSE COLON
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* SEPT, *1952*, *to* FEB, *19 53*, *that I last saw the deceased alive on* JANUARY 25, *19 53*, *and that death occurred at* 8:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. E. HALL M.D.	POCATELLO, IDAHO	2/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	FEBRUARY 7/53	SODA SPRINGS CEMETERY	SODA SPRINGS IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 13 1953	Era M. Wallin	John A. Grant	GRANT MORTUARY POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 485
Local Reg. No. 43
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4½ HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 192 WARREN

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): HENRY
c. (Last): KNOWLES

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 5 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 3, 1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN 27
10b. KIND OF BUSINESS OR INDUSTRY: POCATELLO FLOUR MILLS
11. BIRTHPLACE (State or foreign country): RICHMOND, UTAH
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN ALBERT KNOWLES — BIRTHPLACE: LOGAN, UTAH
14. MOTHER'S MAIDEN NAME: ROSE ESKELSON — BIRTHPLACE: RICHMOND, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 519-09-9802
17. INFORMANT'S OWN SIGNATURE: X Mrs. G. H. Knowles — ADDRESS: POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Perforated Esophageal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1953, *to* Feb 5, 1953, *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Call — (Degree or title): M.D. M D
23b. ADDRESS: Pocatello, Idaho — POCATELLO, IDAHO
23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: FEB 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: MORTUARY POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 186
Local Reg. No. 35
Reg. Dist. No. 510

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1910 McKinley Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1910 McKinley Avenue

3. NAME OF DECEASED (Type or Print): a. (First) AUGUST b. (Middle) PETER c. (Last) HEGSTROM

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 14, 1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent 74

10b. KIND OF BUSINESS OR INDUSTRY: County Infirmary

11. BIRTHPLACE (State or foreign country): Karbanning Sweden

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Claes F. Hegstrom — BIRTHPLACE: Karbanning, Sweden

14. MOTHER'S MAIDEN NAME: Louisa Chatanna Olson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no ---

16. SOCIAL SECURITY NO.: 528-18-7407

17. INFORMANT'S OWN SIGNATURE: E. F. Hegstrom — ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Asthma — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. Dis — 14 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19___, *to* Feb. 6, 19 53, *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 1:12 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 169 R P Howard M D

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Feb. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Central Cemetery

24d. LOCATION (City, town, or county) (State): Central Idaho

DATE REC'D BY LOCAL REG.: FEB 12 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas. Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 487
Local Reg. No. 36
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 406 West Carson St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALEXANDER
b. (Middle): CROMPTON
c. (Last): BAIRD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 18, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Electric Utility
11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Baird — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Margaret Crompton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-10-0066
17. INFORMANT'S OWN SIGNATURE: Albert A Baird — ADDRESS: Pocatello, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized arteriosclerosis — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1952, *to* Feb. 9, 1953, *that I last saw the deceased alive on* Feb. 8, 1953, *and that death occurred at* 5:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R G Crandall M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho.

DATE REC'D BY LOCAL REG.: FEB 12 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

State File No. 488
Local Reg. No. 178
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1171 NO. MAIN

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL	MEYERS	HALL CARMEN	FEBRUARY 11 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	JULY 10, 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	ST. ANTHONY, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRANK MEYERS	UNKNOWN	ANNA RUDOLPH	UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
**	**	***	KENNETH [illegible] Hall	POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix uteri, Stage IV — INTERVAL BETWEEN ONSET AND DEATH: Known 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
15 Jan 53	Extensive abdominal carcinomatosis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 25 July, 19 52, *to* 11 Feb, 19 53 *that I last saw the deceased alive on* 11 Feb, 19 53 *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arch T. Wigle, M.D. .463	1605 N. Arthur Pocatello, Idaho	13 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
BURIAL	FEB. 13, 1953	MOUNTAIN VIEW	POCATELLO	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 20, 1953	Eva M. Wallin	[signature]	HALL GRANT MORTUARY POCATELLO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 489
Local Reg. No. 49
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 553 W. Benton

3. NAME OF DECEASED (Type or Print): a. (First) Howard; b. (Middle) Chauncey; c. (Last) Cook

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: FEB-22-1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire fighter 6yr.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.O.P.

11. BIRTHPLACE (State or foreign country): East Randolph New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elmer P. Cook
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Maude L. Blanchard
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 712 05 6159

17. INFORMANT'S OWN SIGNATURE: Anna V. Cook
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 204.0 lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 3, 1953, *to* Feb. 13, 1953, *that I last saw the deceased alive on* Feb. 13, 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-16-53

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Feb. 20, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Idaho
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 490
Local Reg. No. 57
Reg. Dist. No. 510

BIRTH NO. 111-53-1238 MAR 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 hr. 44 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Apt. #7 Pocatello Heights

3. NAME OF DECEASED (Type or Print): a. (First) INFANT; b. (Middle) ***; c. (Last) REDINGTON

4. DATE OF DEATH: (Month) February (Day) 16 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 16, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours, Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----- 02

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Burton Kay Redington — BIRTHPLACE: Pocatello, Idaho

14. MOTHER'S MAIDEN NAME: Frances Haller — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Burton K. Redington — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Patent Ductus Arteriosus — 754.1 — INTERVAL BETWEEN ONSET AND DEATH: Congenital.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital maldevelopment.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 16, *19*53, *to* Feb. 16, *19*53, *that I last saw the deceased alive on* Feb. 16, *19*53, *and that death occurred at* 9:36 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. K. Olsen, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Feb. 18, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: James Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 491
Local Reg. No. 50
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 945 E. Whitman

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) McKINLEY c. (Last) BATES

4. DATE OF DEATH (Month) (Day) (Year) Feb., 16, 1953

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov., 12, 1896
9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock clerk 70
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Silver Creek Nebr.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elon F. Bates BIRTHPLACE Mount Pleasant, Ill.
14. MOTHER'S MAIDEN NAME Louisa C. Kious BIRTHPLACE Columbus Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S OWN SIGNATURE Mrs. Gail Bates ADDRESS Pocatello, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple factors duodenal ulcer & hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation to pancreas
DUE TO (c) active cirrhosis of liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Malignant nephro sclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Feb, 1953, *to* 16 Feb, 1953, *that I last saw the deceased alive on* 16 Feb, 1953 *and that death occurred at* 7:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE Clark T. Parker MD. (Degree or title) 324
23b. ADDRESS 252 N. Main Pocatello Ida
23c. DATE SIGNED 19 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-18-53 19
24c. NAME OF CEMETERY OR CREMATORY Mount Moriah
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. FEB 24 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Id.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 492
Local Reg. No. 51
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 342 S. Ninth

3. NAME OF DECEASED (Type or Print)
a. (First): SUE
b. (Middle): MACCOSHAM
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb., 16, 1953

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ~~Legal~~ UNKNOWN
9. AGE (In years last birthday): UNKN.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Eyota Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Mulholland
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Catherine Carle
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Hugh D. MacCosham
ADDRESS: POCATELLO, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer ~~colon~~ - liver
DUE TO (c): Cancer in Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1953, *to* Feb 16, 1953, *that I last saw the deceased alive on* Feb 16, 1953, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 498 O. H. Call. M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 2/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2-18-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 24 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 493
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 35 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 231 N. 4th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 231 N. 4th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) LEONARDO b. (Middle) PULEO c. (Last) GIORDANO

4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Giacoma Puleo
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Alfred Jordan
ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Some

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19—, *to* Feb 18, 1953 *that I last saw the deceased alive on* Feb 6, 1953, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE: 169 RP Howard M.D. (Degree or title)
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 2-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 Feb. '53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: FEB 24 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byrn B. Leonard
ADDRESS: Pocatello, Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 494
Local Reg. No. 55
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 105 Park Ave.

3. NAME OF DECEASED (Type or Print): a. (First) SALLIE b. (Middle) GRACE c. (Last) MILLIKEN

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 29, 1881

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Clay County, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William I. Wright — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Mary Lamb — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: George V. Milliken — ADDRESS: Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 15 yrs.
DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal cancer of breast with metastases — 4 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: ----------

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ---------- m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ----------

22. *I hereby certify that I attended the deceased from* Feb. 3, 1953, *to* Feb. 20, 1953, *that I last saw the deceased alive on* Feb. 20, 1953, *and that death occurred at* 6:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Dean Hartvigsen, M.D. 151

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 24 Feb. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: February 26, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Downard B.K.

ADDRESS: Pocatello, Id

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 495
Local Reg. No. [illegible]
Reg. Dist. No. 370

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1435 S. 1st. Ave.

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHEA b. (Middle) E. c. (Last) KINKADE

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	Dec. 27, 1913	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: A. K. Stores
11. BIRTHPLACE (State or foreign country): Hill City Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Burnett — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Edna Boyer — BIRTHPLACE: Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. [illegible]-26-0152
17. INFORMANT'S OWN SIGNATURE: C. J. Kinkade — ADDRESS: Pocatello, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular renal disease. — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 9, 1950, *to* Feb. 21, 1953 *that I last saw the deceased alive on* Feb. 21, 1953, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title): ARCH T. WIGLE, M.D. 463
23b. ADDRESS: 1605 N. Arthur, Pocatello
23c. DATE SIGNED: Feb. 24 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Durrard — ADDRESS: Pocatello Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 196
Local Reg. No. 60
Reg. Dist. No. 510

BIRTH NO. MAR 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): FOUR DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 936 CAHOON

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle) MESSENGER; c. (Last) SESSIONS

4. DATE OF DEATH: (Month) FEBRUARY (Day) 22 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUGUST 8, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): BEAVER, UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: SUMNER MESSENGER — BIRTHPLACE: NEW HAMPSHIRE

14. MOTHER'S MAIDEN NAME: SARAH SMITH — BIRTHPLACE: WINTER QUARTERS, MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **

16. SOCIAL SECURITY NO.: **

17. INFORMANT'S OWN SIGNATURE: X Taylor K. Sessions — ADDRESS: POCATELLO,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis — 20 yrs.

DUE TO (c) Hypertensive cardio vascular disease — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Feb. 22, 1953, *that I last saw the deceased alive on* Feb. 22, 1953, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Dean Hartvigsen, M.D. — H. DEAN HARTVIGSEN M.D.

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED: Feb. 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: FEBRUARY 23/53

24c. NAME OF CEMETERY OR CREMATORY: ROSE HILLS

24d. LOCATION (City, town, or county) (State): WHITTIER CALIFORNIA

DATE REC'D BY LOCAL REG.: MAR 9 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: COLIN M. EDWARD — ADDRESS: HALL GRANT MORTUARY POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 497
Local Reg. No. 59
Reg. Dist. No. 510

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1549 N. Arthur Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): W.
c. (Last): Higgins

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P. R.R.
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edgar Higgins — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Belle Lloyd — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 712-05-6192
17. INFORMANT'S OWN SIGNATURE: Mrs. Grace Higgins — ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16-53, 19__, *to* 2-22-, 1953, *that I last saw the deceased alive on* 2-22, 1953, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, 276 MD —
23b. ADDRESS: Pocatello - Ida —
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 Feb. 1953 (06)
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard SR.
ADDRESS: Pocatello, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 498
Local Reg. No. 61
Reg. Dist. No. 511

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

c. LENGTH OF STAY (in this place): ONE DAY

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCAMMON

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	EDWARD	PETERSON	FEBRUARY 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JUNE 24, 1893	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BOILERMAKER RETIRED	RAILROAD	OGDEN, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GUST PETERSON	SWEDEN	ANNIE ISAGASON	SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (PETERSON)	ADDRESS
***	****	712-03-4856	Dow B. Peterson	POCATELLO, IDA

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos. (?)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of stomach — 6 mos. (?)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-20-53	Carcinoma of stomach & widespread metastases	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
no		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
[redacted] m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-12 *19*53, *to* 2-23, *19*53, *that I last saw the deceased alive on* 2-22, *19*53, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melvin M. Graves M.D.	POCATELLO, IDAHO	2-25-53

142 MELVIN M. GRAVES M.D.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	FEB 25/53	MOUNTAIN VIEW CEMETERY	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 2 1953	Eva M. Wallin	COLIN M. EDWARD	HALL GRANT MORTUARY POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 499
Local Reg. No. 62
Reg. Dist. No. 511

BIRTH NO. MAR 10 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1331 North Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B lackfoot
d. STREET ADDRESS (If rural, give location): 467 North Stout

3. NAME OF DECEASED (Type or Print)
a. (First): Delbert
b. (Middle):
c. (Last): Hodson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 11, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: On Farm
11. BIRTHPLACE (State or foreign country): Layton, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas H. Hodson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Amelia Flint — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Boyd W. Hodson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* Feb, 1953, *that I last saw the deceased alive on* Feb 20, 1953, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 558 — (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 2/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 500
Local Reg. No. 64
Reg. Dist. No. 510

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 South Johnson Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 309 South Johnson Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OSCAR	FREDRICK	KENDRICK	February 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	December 6, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 16	U. P. Railroad	Killgore Kansas	U.S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Marion Kendrick	Fayettsville, Ark.	Sarah Ann Thornsberry	Lowell, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War I	712-05-3490	Mrs. Oscar Kendrick	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 Dec, 1952 *to* Feb. 28, 1953, *that I last saw the deceased alive on* Feb. 28, 1953, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Pocatello, Idaho	Mar. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 3, 1953	Mount Moriah Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 13 1953	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 501
Local Reg. No. 63
Reg. Dist. No. 511

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): ----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pocatello Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLEY	****	COBY	Feb. 28 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Indian	Widowed	--- 1900	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Keno Colby — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Ohaha — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jack Henderson — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

933.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural but unknown causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Exposure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ----, 19____, *to* ----, 19____, *that I last saw the deceased alive on* ----, 19____, *and that death occurred at* ---- *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Henderson Bannock County Coroner	Pocatello, Idaho	Mar. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 5, 1953	Bottoms Cemetery	Bingham County Idaho

DATE REC'D BY LOCAL REG.: MAR 9 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 502
Local Reg. No. 53
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Downey, in Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey Idaho
c. LENGTH OF STAY (in this place): 11 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Myrtle	Marie	Crossley		2	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Never married	July 1st 1933	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT ??	***	Ogden Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM CROSSLEY	WESTON, IDAHO	ANNIE NELSON	HUNTSVILLE, UTAH

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S OWN SIGNATURE	ADDRESS
***	***	***	Verl Hall	McCammon Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus
Sudden Cardiac Arrest
Probably Brain Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possibly Brain Tumor

DUE TO (c) Had mild urinary tract infection

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/13, 1953, *to* 2/14, 1953, *that I last saw the deceased alive on* 2/14, 1953, *and that death occurred at* 1930 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Downey Idaho	2/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	FEB 18 / 53	McCAMMON CEMETERY	McCAMMON IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 24 1953	Eva M. Wallin	CONWAY GRANT / HALL GRANT MORTUARY	POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Stucki c. (Last) Matthews

4. DATE OF DEATH (Month) (Day) (Year) Jan 18, 1953.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 18, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sharp K. Matthews BIRTHPLACE Liberty Idaho
14. MOTHER'S MAIDEN NAME Jane Stucki BIRTHPLACE Moroni Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Sharp K. Matthews ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature — INTERVAL BETWEEN ONSET AND DEATH 15 hours

ANTECEDENT CAUSES 7 weeks Premature.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 18, 1953 *to* Jan 18, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 5:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 33+ Spencer H Rich MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Feb 19-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 20 1953
NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho.

DATE REC'D BY LOCAL REG. 2/19/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 504
Local Reg. No.
Reg. Dist. No. 552

111-53-1300
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nan
b. (Middle): E
c. (Last): Symas

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb 1 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Elden Symas — BIRTHPLACE: Liberty Idaho

14. MOTHER'S MAIDEN NAME: Evangeline Wilborn — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-1-53 — Delivery

19b. MAJOR FINDINGS OF OPERATION: Premature infant

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb 1, 1953, *that I last saw the deceased alive on* Feb 1, 1953 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ken Rich MD

23b. ADDRESS: Montpelier Idaho

23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 3 1953

NAME OF CEMETERY OR CREMATORY: Liberty Cemetery

24d. LOCATION (City, town, or county) (State): Liberty Idaho

DATE REC'D BY LOCAL REG.: 2/10/53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR / ADDRESS: Pike Mortuary Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 23 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomington Idaho
c. LENGTH OF STAY (In this place) 65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomington Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Erastus c. (Last) Ward

4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 27 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY Stock Raising
11. BIRTHPLACE (State or foreign country) Bloomington Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Ward BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ann Reese BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-14-0231
17. INFORMANT'S OWN SIGNATURE Glen P. Ward ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 191X Generalized Carcinoma. — INTERVAL BETWEEN ONSET AND DEATH 6 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Skin — 4 1/2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1948 *to* Feb 3, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Spencer H Rich 334 (Degree or title) MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Feb 19-1953.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Feb 7 1953 01
NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
24d. LOCATION (City, town, or county) Bloomington (State) Idaho

DATE REC'D BY LOCAL REG. 1953
REGISTRAR'S SIGNATURE N N Henry
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 506
Local Reg. No. 57
Reg. Dist. No. 85

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles Ida.
c. LENGTH OF STAY (in this place): 80
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Thompson c. (Last) Barker

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 22 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Charles Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John T. Barker Sr.
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane M. Tickett
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Blanche B Liggett
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 22 Mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 27, 1953 *to* Feb 10, 1953, *that I last saw the deceased alive on* Feb 10, 1953 *and that death occurred at* 10:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Spencer W Rich 334 (Degree or title): MD

23b. ADDRESS: Paris Idaho

23c. DATE SIGNED: Feb 19-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 13 1953

24c. NAME OF CEMETERY OR CREMATORY: St. Charles Cemetery

24d. LOCATION (City, town, or county) (State): St. Charles Idaho

DATE REC'D BY LOCAL REG.: 2-20-53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Pike Matthews

ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 7
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 8 miles N.W. St. Maries, Ida.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #95A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lane
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) S. c. (Last) Carley

4. DATE OF DEATH (Month) 1 (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 22, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Eagle River, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Carley — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Grant McGlade — ADDRESS: Kellogg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture cervical spine — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, left pleural cavity — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) St. Maries (COUNTY) Benewah (STATE) Idaho

21d. TIME OF INJURY (Month) Jan (Day) 25 (Year) 1953 (Hour) 8:30 Pm.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* Dead on arrival, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 8:30 *Pm., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title) Coroner M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-1-53
24c. NAME OF CEMETERY OR CREMATORY: Lane Cemetery
24d. LOCATION (City, town, or county) (State): Lane Idaho

DATE REC'D BY LOCAL REG.: 2-13-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 508
Local Reg. No. 8
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Warnecke's Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): Androw
b. (Middle): none
c. (Last): Welbir

4. DATE OF DEATH (Month) (Day) (Year): 2 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8-15-1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no data — BIRTHPLACE: ---
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Edward D. Grundrod — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneum — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gen. Arteriosclerosis — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* 5 Feb, 1953, *that I last saw the deceased alive on* 5 Feb, 1953, *and that death occurred at* 5 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E M Sullivan, MD (Degree or title) 623
23b. ADDRESS: St Maries, Hosp.
23c. DATE SIGNED: 9 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 2-13-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 509
Local Reg. No.
Reg. Dist. No. 135

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plummer
c. LENGTH OF STAY (in this place) 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At the home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plummer
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) ARLENE b. (Middle) MARIE c. (Last) BLOCZYNSKI

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 2, 1950
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clarence Bloczynski BIRTHPLACE Black River Falls Wisconsin
14. MOTHER'S MAIDEN NAME Arlene Lucille Stenulson BIRTHPLACE Arena, Wisc.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Arlene Lucille Bloczynski ADDRESS Plummer Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Underdevelopment of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) brain due to premature

DUE TO (c) birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1953, *to* Feb 16, 1953, *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 8:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE W. E. Hart 4/11
(Degree or title) M.D.
23b. ADDRESS Fairfield, Wash
23c. DATE SIGNED Feb 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-19-53
24c. NAME OF CEMETERY OR CREMATORY Fairfield
24d. LOCATION (City, town, or county) (State) Fairfield, Wash

DATE REC'D BY LOCAL REG. 2-18-53
REGISTRAR'S SIGNATURE Esper E. Brubner
25. FUNERAL DIRECTOR
ADDRESS Fairfield, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 510
Local Reg. No. 24
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle):
c. (Last): Scherer

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Aug. 15, 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 5, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Traub — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Not known — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Chris Adolf — ADDRESS: Am. Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 - 5, 1953, *to* 2 - 8, 1953 *that I last saw the deceased alive on* 2 - 7, 1953, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Hampton M.D.
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): rem. & burial
24b. DATE: 2- 53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: Feb 11-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: American Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 511
Local Reg. No. 33
Reg. Dist. No. 601

REC'D FEB 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4 M. 16 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): R.F.D.# 3

3. NAME OF DECEASED (Type or Print): a. (First) MAGDALENA b. (Middle) c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) FEB. 18, 1953

5. SEX: F

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: AUG. 3, 1928

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months 6 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WALDO, ARKANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT KNOWN
BIRTHPLACE: NOT KNOWN

14. MOTHER'S MAIDEN NAME: AGNES TENIPON
BIRTHPLACE: NOT KNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie McNamar
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary Tuberculosis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: ? Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Character disorder — ? Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* OCT. 4, *19* 52, *to* FEB. 18, *19* 53, *that I last saw the deceased alive on* Feb. 17, *19* 53, *and that death occurred at* 4:25A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Keagy M.D.

23b. ADDRESS: State Hospital So., Blackfoot

23c. DATE SIGNED: 2.19.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-21-53

24c. NAME OF CEMETERY OR CREMATORY: State Hospt. So. Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Feb 21 1953

REGISTRAR'S SIGNATURE: Mrs Valeria E. Patane

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 512
Local Reg. No. 34
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 68 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 East Bridge Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 314 E. Bridge Street.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): A.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): February 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 5, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Librarian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bingham, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Thompson — BIRTHPLACE: Holywood, Ireland
14. MOTHER'S MAIDEN NAME: Susan Gordon — BIRTHPLACE: Glasgow, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-3494
17. INFORMANT'S OWN SIGNATURE: Mrs. Haybel D. Priest — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes (No physician in attendance)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable Coronary Heart disease
Influenza or Bad Cold
Died in sleep
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes / Weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on about, ~~to~~ Feb. 19, 1953, *that I last saw the deceased* Dead ~~alive~~ *on* Feb. 19, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Trolin — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 21-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 513
Local Reg. No. 57
Reg. Dist. No. 601

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Rt. #1
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 804 North University

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): Ann
c. (Last): McMullin

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 30, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Pocketville, Wash'gton Cty, Ut.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Solomon Angell — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Anna Cassa Johansen — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs F H Crofts — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-22, 1953, *to* Feb 3, 1953, *that I last saw the deceased alive on* 2-2, 1953, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Humphrey 145 — (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

FEB 12 1953

State File No. 514
Local Reg. No. 18
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 11M. 22D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital So. Blackfoot.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ROBERT
c. (Last): MORRISON

4. DATE OF DEATH (Month) (Day) (Year): FEB. 4, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HICKMAN, NEBR.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Nunnar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — 453.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Inanition	2 wks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Avitaminosis	10 yrs.
DUE TO (c)	Arteriosclerosis	30 "
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	2 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-2-, 1952, *to* 2-4-, 1953, *that I last saw the deceased alive on* 2-3-, 1953, *and that death occurred at* 6:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.4.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 4, 53
24c. NAME OF CEMETERY OR CREMATORY: [illegible]
24d. LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Feb 4-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 515
Local Reg. No. 20
Reg. Dist. No. 601

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr10mo1da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ONEDIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): H.
c. (Last): PRICE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 6 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 10, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ELKHORN, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN R. PRICE — BIRTHPLACE: WALES ENGLAND
14. MOTHER'S MAIDEN NAME: FRANCES CLIFFORD — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Arteriosclerotic — 3 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* APR. 4, 1950, *to* FEB. 6, 1953, *that I last saw the deceased alive on* FEB. 6, 1953, *and that death occurred at* 5:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Gregory M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 2.6.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 6 1953.
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Malad — Idaho

DATE REC'D BY LOCAL REG.: Feb 6 1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Poene
25. FUNERAL DIRECTOR — ADDRESS: Grace Sandberg, Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 516
Local Reg. No. 21
Reg. Dist. No. 6 a 1

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4mo, 12da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) HARVEY b. (Middle) C. c. (Last) BAXTER

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 7 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN

8. DATE OF BIRTH: FEBRUARY 3 1890

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days: 4 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: a Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 25, *1952, to* FEB. 7, *19 53, that I last saw the deceased alive on* FEB. 7, *1953, and that death occurred at* 10:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague Sr. M — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 2.9.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Feb. 11, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: State Hosp. So. Cem. — **24d. LOCATION** (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb. 11-1953 — **REGISTRAR'S SIGNATURE**: Mrs Walter E. Patrick

25. FUNERAL DIRECTOR: Howard Packham — **ADDRESS**: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 517
Local Reg. No. 22
Reg. Dist. No. 601

Certificate of Death

BIRTH NO. FEB 12 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1mo21da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT, RT # 2
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): MARSHALL
c. (Last): GALBRAITH

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 8 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 1866 - 10 - 16
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 3, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GLADSTONE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: FRANKLIN D. GALBRAITH — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: PARADINE PORT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Edema	7 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Heart Failure	1 mo
DUE TO (c)	Arteriosclerosis	30 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	2 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC. 17, 1952, *to* FEB. 8, 1953, *that I last saw the deceased alive on* FEB. 8, 1953, *and that death occurred at* 9:33 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): +14 Charles H. Sprague M. D.
23b. ADDRESS: State Hospital So. Blackfoot
23c. DATE SIGNED: 2.9.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Jamesport Cemetery
24d. LOCATION (City, town, or county) (State): Jamesport, Missouri

DATE REC'D BY LOCAL REG.: Feb. 11-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 518
Local Reg. No. 23
Reg. Dist. No. 601

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 17 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 911 9th AVE

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 10 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: DEC. 19 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CLARINDA, IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: BENJAMEN BERRY — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4.50.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Manition — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Decubitus Ulcers — months before admission
DUE TO (c): Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 24, 1953, *to* FEB. 10, 1953, *that I last saw the deceased alive on* FEB. 10, 1953, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/10/53
24c. NAME OF CEMETERY OR CREMATORY: Nampa
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 10 - 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E Patrick
25. FUNERAL DIRECTOR: John C. Sandberg, Blackfoot for Flahiff Chapel - Caldwell, Ida.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2519
Local Reg. No. 2519
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5 M. 12 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1005 PARK BLVD

3. NAME OF DECEASED (Type or Print)
a. (First): H ARPER
b. (Middle): P.
c. (Last): RICHARDSON

4. DATE OF DEATH: (Month) FEB. (Day) 11, (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JULY 11, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: 7 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HARPER RICHARDSON
BIRTHPLACE: ILLINOIS

14. MOTHER'S MAIDEN NAME: TERESA REED
BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-4422A

17. INFORMANT'S OWN SIGNATURE: Elsie McNamar
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Senility	3 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Arteriosclerosis	30 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis. Senile	1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG. 31, 1952, *to* FEB. 11, 1953, *that I last saw the deceased alive on* 2-11, 1953, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Spencer M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/12/53
24c. NAME OF CEMETERY OR CREMATORY: Relyea Funeral Home
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb 11 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Yates
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho

Relyea Funeral Home - Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 520
Local Reg. No. 29
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr2mo 4da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle):
c. (Last): ALLENSWORTH

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 12 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 12 1868
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 9 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): PONROY, OHIO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 26 1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pleural Effusion, Bilateral — 1 mo.
DUE TO (c): Arteriosclerosis — 30 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 5 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 29, 1950, *to* FEB. 12, 1953, *that I last saw the deceased alive on* FEB. 12, 1953, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 2.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 14-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Faterie
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 521
Local Reg. No. 26
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr6mo10da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) EMIL b. (Middle) c. (Last) PETERSON

4. DATE OF DEATH: (Month) (Day) (Year) FEBRUARY 13 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: AUG. 5 1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER & DECORATOR

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): EVANSTON ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: CAELOG PETERSON

BIRTHPLACE: SWEDEN

14. MOTHER'S MAIDEN NAME: UNKNOWN

BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition — 3 mos.
DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG. 3, 19 51, *to* FEB. 13, 19 53, *that I last saw the deceased alive on* FEB. 13, 19 53, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Hoffman M.D.

23b. ADDRESS: State Hosp. So., Blackfoot

23c. DATE SIGNED: 2.13.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/13/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Burley, Idaho.

DATE REC'D BY LOCAL REG.: Feb 13 1953

REGISTRAR'S SIGNATURE: Mrs Caelin E Peterson

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot Ida. for McCulloch's Burley Funeral Home.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 522
Local Reg. No. 97
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 9mo, 4da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL; b. (Middle); c. (Last) LATTIG

4. DATE OF DEATH: (Month) (Day) (Year) FEBRUARY 13, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: DEC. 18, 1871

9. AGE (In years last birthday): 81; IF UNDER 1 YEAR Months: 1, Days: 15; IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FREEPORT, ILL.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: EPHRIAM BLAKESLEY; BIRTHPLACE: ILL.

14. MOTHER'S MAIDEN NAME: MARION GARDNER; BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH; ADDRESS: BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile Arteriosclerotic — 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 9, 1952, to FEB. 13, 1953, *that I last saw the deceased alive on* FEB. 13, 1953, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title) M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 2.13.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal + Bur.

24b. DATE: Feb. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Payette Cemetery

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: Feb 14 1953

REGISTRAR'S SIGNATURE: Mae Callie E. Fabrie

25. FUNERAL DIRECTOR: Howard Packham; ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 523
Local Reg. No. 28
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr5mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAILEY, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) SOUTHERN

4. DATE OF DEATH: (Month) (Day) (Year) FEBRUARY 14 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN

8. DATE OF BIRTH: SEPT. 25, 1881

9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months: 4 Days: 10 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LEED, ENGLAND

12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: UNKNOWN BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W. Kennedy ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 30 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 10 yrs

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 14, 1950, *to* FEB. 14, 1953, *that I last saw the deceased alive on* FEB. 14, 1953, *and that death occurred at* 12:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles W. Sprague (Degree or title) M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 2.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-17-53

24c. NAME OF CEMETERY OR CREMATORY: Timmerman Hill Cemetery

24d. LOCATION (City, town, or county) (State): Gannett, Idaho.

DATE REC'D BY LOCAL REG.: Feb 15 1953

REGISTRAR'S SIGNATURE: Mrs Carlos C. Patterson

25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho

For McGoldrick Funeral Home, Hailey, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 524
Local Reg. No. 30
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7yr11mo14da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 115 MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): MCGUIRE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 15, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: APRIL 15 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 10, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): INDIAN SPRINGS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE — ADDRESS: U. Lamont RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Chronic Nephritis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 1, 1945, *to* FEB. 15, 1953, *that I last saw the deceased alive on* FEB. 15, 1953, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 2.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-17-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb 17 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatine
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 525
Local Reg. No. 31
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5yr, 4da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) JANETT c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 15 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APR. 26, 1891

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UTAH

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: A. C. EMERSON — BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: MARY CAMPBELL — BIRTHPLACE: SCOTLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W Emmett — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Brain Tumor — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Organic — 5 "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 11, 1948, *to* FEB. 15, 19 53, *that I last saw the deceased alive on* FEB. 15, 19 53, *and that death occurred at* 2:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Speague (Degree or title) M. D. — 23b. ADDRESS: State Hosp. So. Blackfoot — 23c. DATE SIGNED: 2.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 2-17-53 — 24c. NAME OF CEMETERY OR CREMATORY: — 24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: Feb 17 1953. — REGISTRAR'S SIGNATURE: Mrs Charles L. Peterson — 25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED MAR 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 526
Local Reg. No. 14
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Q. c. (Last) Johnson

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 6, 1903

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR Months: 11 Days: 9 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: store

11. BIRTHPLACE (State or foreign country): Huntington, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis W. Johnson — BIRTHPLACE: Fountain Green, Utah

14. MOTHER'S MAIDEN NAME: Louisa Westover — BIRTHPLACE: Wash. County, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 5-23-22 to 5-22-25. 518-22-2951

17. INFORMANT'S OWN SIGNATURE ADDRESS: R. Stanley Johnson

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility (Inoperable cancer of stomach) — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Debility — 6 mo.

DUE TO (c) Inoperable adenocaroinoma of stomach — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Metastases of stomach to liver & ascites 2 mo.

19a. DATE OF OPERATION: 4-14-52

19b. MAJOR FINDINGS OF OPERATION: Inoperable adenocarcinoma of stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 22, 1952 *to* Feb. 10, 19 53, *that I last saw the deceased alive on* Feb. 10, 19 53, *and that death occurred at* 1:45A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harms M.D.

23b. ADDRESS: Aberdeen, Idaho.

23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): rem. & burial

24b. DATE: Feb.20,1953

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 2-20-53

REGISTRAR'S SIGNATURE: F. L. Harms

25. FUNERAL DIRECTOR ADDRESS: American Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 527
Local Reg. No. 35
Reg. Dist. No. 601

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr, 11mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 750 West Wyeth

3. NAME OF DECEASED (Type or Print): a. (First) CASSIUS b. (Middle) C. c. (Last) WEYBRIGHT

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 16, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: APRIL 17, 1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 9, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: Painting Contract

11. BIRTHPLACE (State or foreign country): West Milton, Ohio

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Ira E. Weybright — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lydia Bixler — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: Witness — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardio-vascular-renal disease	10 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Emphysema of Lungs (Ruptured) Chronic	3 min. 3 "
DUE TO (c)	Arteriosclerosis	20 "
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Arteriosclerotic	3 .

4 4 2 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 4, 1951, *to* FEB. 16, 1953, *that I last saw the deceased alive on* FEB. 16, 1953, *and that death occurred at* 1:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles K. Sprague M.D. 41+

23b. ADDRESS: State Hospital So., Blackfoot

23c. DATE SIGNED: 2.17.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial

24b. DATE: Feb. 21, 1953

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem.

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Feb. 18-1953

REGISTRAR'S SIGNATURE: Mrs Velma E. Tatum

25. FUNERAL DIRECTOR ADDRESS: Howard Peckham Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 528
Local Reg. No. 35
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 23D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO,
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) COURTNEY c. (Last) HALL

4. DATE OF DEATH: (Month) FEB, (Day) 24, (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 10, 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months 7, Days 14
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FORT WORTH, TEXAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARLAN MOORE — BIRTHPLACE: VIRGINIA

14. MOTHER'S MAIDEN NAME: AMANDA JANE WEBB — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ella M. Palmer. ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.0 Senility — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 40 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 1, 19 53 *to* Feb. 24, 19 53, *that I last saw the deceased alive on* FEB. 24, 19 53, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 2.26.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Payette

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: Feb. 26-1953.

REGISTRAR'S SIGNATURE: Mrs. Valeria C. Valerio

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 529
Local Reg. No. 36
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr, 11mo, 7da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) CLIFFORD b. (Middle) J. c. (Last) ABBOTT

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 27 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 29, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): PARADISE, UTAH
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JACOB DAVIS ABBOTT — BIRTHPLACE: PARADISE, UTAH
14. MOTHER'S MAIDEN NAME: GRACE OLDHAM — BIRTHPLACE: PARADISE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-28-3638
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Transition — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Psychosis, Schizophrenia — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Frontal Lobe Psychosurgery — 7 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 20, 1949, *to* FEB. 27, 1953, *that I last saw the deceased alive on* FEB. 27, 1953, *and that death occurred at* 12:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 3.2.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 3-2-28-53
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: Feb. 28 1953
REGISTRAR'S SIGNATURE: Mrs Velma E. Valentine
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.
For R. G. Benson, Malad, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 530
Local Reg. No. 10
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 North 2nd Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 210 North 2nd Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): EMMONS
c. (Last): NICOLLE

4. DATE OF DEATH (Month) (Day) (Year): Febr. 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 3, 1909
9. AGE (In years last birthday): -43- (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 49
10b. KIND OF BUSINESS OR INDUSTRY: Restuarant
11. BIRTHPLACE (State or foreign country): Eugene, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milton E. Nicolle — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Clara Amanda Emmons — BIRTHPLACE: Fairfield, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1929 ?
16. SOCIAL SECURITY NO.: 542-07-6059
17. INFORMANT'S OWN SIGNATURE: R. L. Nicolle — ADDRESS: Electric City, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 470 [signature] (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/7/53 02
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 9-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: [signature] Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 531
Local Reg. No. 11
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 26 yeare
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 South Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HULDA	MANKE	SCHILLING	Febr. 3 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 16, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	unknown Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustav Manke	Germany	Bertha Reichwald	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX	None	Frada Schilling	Hope

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	2 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteio Sclerosis	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

4-22-1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Feby 3, 1953, *that I last saw the deceased alive on* Jan 31, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. J. Tyler 431	M D	Sandpoint Idaho	2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/7/53 01	Hope Cemetery	Hope Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 13-1953	Marlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 532
Local Reg. No. 13
Reg. Dist. No. 110

BIRTH NO.

RECEIVED FEB 18 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colburn
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle); c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1888

9. AGE (In years last birthday): -64- | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General logging Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Hneling, Sweden

12. CITIZEN OF WHAT COUNTRY?: Sweden

13. FATHER'S NAME: Nels Erickson

BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME:

BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-7994

17. INFORMANT'S OWN SIGNATURE: Mrs John Nelson
ADDRESS: Colburn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 7

DUE TO (c) Atherosclerosis — 7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1953, to Feb 10, 1953, that I last saw the deceased alive on Feb 10, 1953, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE: J. Munson 659

(Degree or title): M D

23b. ADDRESS: Sandpoint

23c. DATE SIGNED: 13 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/14/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 16-1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Dunn Funeral Home

ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 533
Local Reg. No. 17
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH; b. (Middle) ----; c. (Last) SINDELAR

4. DATE OF DEATH: (Month) (Day) (Year): Febr. 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 19, 1862
9. AGE (In years last birthday): -90-; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Sindelar — BIRTHPLACE: Czechoslavakia
14. MOTHER'S MAIDEN NAME: Ann unknown — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W E March — ADDRESS: Rt. #1 Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4428

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arterio sclerosis — 10 yr
DUE TO (c) Chronic neph Britis — 3 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1953, *to* July 11, 1953, *that I last saw the deceased alive on* July 10, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler M D (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/16/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb 25 1953
REGISTRAR'S SIGNATURE: Marlene Oates
25. FUNERAL DIRECTOR: Mopn Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 534
Local Reg. No. 18
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 South Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 321 South Boyer

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ROBERT
c. (Last): BERRY

4. DATE OF DEATH (Month) (Day) (Year): Febr. 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 22, 1900
9. AGE (In years last birthday): -52- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 56
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Cheyenne, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm. Allen Berry — BIRTHPLACE: Johnson City, Tenn
14. MOTHER'S MAIDEN NAME: Ollet Butler — BIRTHPLACE: Charlston Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: 544-01-7144
17. INFORMANT'S OWN SIGNATURE: James W Berry — ADDRESS: Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 162X Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6-7 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cachexia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/7, 1952, *to* 2/13/53, 19__, *that I last saw the deceased alive on* 2/10/53, 19__, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Franz H Siemsen, M.D. 595 (Degree or title)
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/53 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb 25, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 535
Local Reg. No. 21
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Selle
d. STREET ADDRESS (If rural, give location): Rural - Route #1 Sandpoint

3. NAME OF DECEASED (Type or Print)
a. (First): BETTY
b. (Middle): ---
c. (Last): Mickelson

4. DATE OF DEATH: (Month) Febr. (Day) 24, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 5, 1881

9. AGE (In years last birthday): -71- | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kerklax, Finland

12. CITIZEN OF WHAT COUNTRY?: Finland

13. FATHER'S NAME: unknown Klemets — BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Sweate Bergstrom — ADDRESS: R#1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 23, 1952, *to* Feb 24, 1953, *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 659 M Munson — (Degree or title): M.D.
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 27-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Mode Funeral Home — **ADDRESS**: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 536
Local Reg. No. 22
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 21 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 521 North 3rd Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 521 North 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) VIVIAN b. (Middle) MILDRED c. (Last) HUFF

4. DATE OF DEATH: (Month) (Day) (Year): Febr. 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1893

9. AGE (In years last birthday): -59- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: Public schools

11. BIRTHPLACE (State or foreign country): Boulder, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herbert Stevens Allen BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary Ann Elizabeth Stobs BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 331X

17. INFORMANT'S OWN SIGNATURE: V H H Huff ADDRESS: Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Essential — appox 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952 *to* Feb 25, 1953, *that I last saw the deceased alive on* Feb 25, 1953, *and that death occurred at* 5:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Munson 659 (Degree or title): MD

23b. ADDRESS: Sandpoint, Ida

23c. DATE SIGNED: 26 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 2/27/53 01

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Crematory

24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Feb. 27 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 527
Local Reg. No. 23
Reg. Dist. No. 110

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 S. Boyer, Yusten's rest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vay - Rural
d. STREET ADDRESS (If rural, give location): Home 3 mi. No & West of Vay, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SAMUEL	PRICE	HUTCHINSON	February 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	March 15, 1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teamster 08	Logging	Columbia County, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marshall Hutchinson	Canada	Priscilla Stevens	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	x Nancy Hutchinson	Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per ~~line for (a), (b), and (c)~~

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteri Sclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feby 11, 1953, *to* Feby 27, 1953, *that I last saw the deceased alive on* Feby 25, 1953, *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
431 W F Tyler MD	Sandpoint Idaho	3-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	03 March 3, 1953	Seaacquateen Cem.	Bonner County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 11-1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 538
Local Reg. No. 12
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home - no street address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIE
b. (Middle): ARLINGTON
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Febr. 4th 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1909
9. AGE (In years last birthday): -43-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Log sawyer 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Hoxyville, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Smith
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Maude unknown
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 378-03-9895
17. INFORMANT'S OWN SIGNATURE: x- Mrs Joan Smith
ADDRESS: Priest River Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

919.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Gunshot wound
INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Virdict Coroner's Jury - 2-10-53.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Priest River Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 4th 1953 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gunshot wound neck.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 47° L. [illegible] Moon Coroner.
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/11/53 2
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: Feb. 13-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home J
ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 18 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 539
Local Reg. No. 14
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural - Trestle Creek
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): drowned in Trestle Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trestle Creek
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): BRENT
b. (Middle): LEROY
c. (Last): ODEKIRK

4. DATE OF DEATH (Month) (Day) (Year): Febr. 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 16, 1949
9. AGE (In years last birthday): -3-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: Childhood
11. BIRTHPLACE (State or foreign country): Rock Springs, Wyo,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Earl Leroy Odekirk
BIRTHPLACE: Vernal, Utah
14. MOTHER'S MAIDEN NAME: Edna Wall
BIRTHPLACE: Superior, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Earl Odekirk
ADDRESS: Trestle Creek, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): About Home - Creek
21c. (CITY, TOWN, OR TOWNSHIP): Trestle Creek
(COUNTY): Bonner
(STATE): Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 11, 1953 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Wandered from home, fell into Creek.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 470 (Degree or title): Lawrence [signature] / Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Feb. 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/18/53 2
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county): Rock Springs
(State): Wyoming

DATE REC'D BY LOCAL REG.: Feb. 16, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 540
Local Reg. No. 15
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sagle
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): A.G.Irish farm - Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Samuels
d. STREET ADDRESS (If rural, give location): just North of Colburn overpass

3. NAME OF DECEASED (Type or Print)
a. (First): KYLE
b. (Middle): VINCENT
c. (Last): FINK

4. DATE OF DEATH (Month) (Day) (Year): Febr. 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5, 1911
9. AGE (In years last birthday): -41-
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 35
10b. KIND OF BUSINESS OR INDUSTRY: Tavern & Sprt.goods
11. BIRTHPLACE (State or foreign country): Condon, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lenard Fink
BIRTHPLACE: Jamestown, N.Y.
14. MOTHER'S MAIDEN NAME: Mabel Vincent
BIRTHPLACE: Middleton, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Samuels, Idaho, x Mrs. Kyle V. Fink
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

914.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electric Shock, Accidental
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP): Sagle, Rural (COUNTY): Bonner (STATE): Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 16, 1953 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Working with, and moving T.V. Aerial, came in contact with high line.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence G. Moon, Lawrence G. Moon, Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Feb. 19, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 21, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar, and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 541
Local Reg. No. 19
Reg. Dist. No. 110

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Careywood
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi. E. of careywood store

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Careywood
d. STREET ADDRESS (If rural, give location): 1½ mi. E. of Careywood store

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELMER	ELBERT	BELL	Feb. 19, 1953.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	March 31, 1888	-64-		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (State or foreign country): Oshkosh, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Hutchinson Bell — BIRTHPLACE: Oshkosh, Wisc.
14. MOTHER'S MAIDEN NAME: Lora Philena Leach — BIRTHPLACE: Oshkosh, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — World War I
16. SOCIAL SECURITY NO.: 519-12-8599
17. INFORMANT'S OWN SIGNATURE: Mrs. LeRay D. Hosmer — ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerosis — 10 years.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Laurence D. Moon	Coroner	Sandpoint, Idaho.	Feb. 25 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/26/53	Greenwood Cemetery	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 26 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 512
Local Reg. No. 16
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Priest River Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): 108 Cedar street

3. NAME OF DECEASED (Type or Print): a. (First) Vernon b. (Middle) Leslie c. (Last) Sipps

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: March 15-1883

9. AGE (In years last birthday): -69- IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woods work

10b. KIND OF BUSINESS OR INDUSTRY: cedar making

11. BIRTHPLACE (State or foreign country): Muskegon, Michegan

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Thomas Sipps

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Rachel Thompson

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Leslie J. Stauffer ADDRESS: Priest River, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the bowel — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 31, 1952, *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 3:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. J. Stauffer (Degree or title): M. D.

23b. ADDRESS: Priest River, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/24/53

24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Feb. 25, 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: [illegible] Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVE
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 543
Local Reg. No. 20
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): behind Kokanee Club-at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle):
c. (Last): RUNYAN

4. DATE OF DEATH (Month) (Day) (Year): February 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 18, 1874
9. AGE (In years last birthday): -78-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (State or foreign country): Floris, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elijah Runyan
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mary Laughridge
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-36-5114
17. INFORMANT'S OWN SIGNATURE: C. W. Runyan
ADDRESS: Dover, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1952 *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 21, 1953 *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Munson 659 (Degree or title): M.D.
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 25, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home Inc.
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 544
Local Reg. No.
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coolin
c. LENGTH OF STAY (in this place): unk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home - Coolin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN: Coolin
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARY	TURNER	MOORE	Febr. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 6, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	unknown		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/26/52	Large mass in Pancreas	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-26, 1952, *to* Feb 25, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 59 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. J. Anders M.D.	407 Rennedale Ave Spokane	Feb 26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/25/53 01	Smith Crematory	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 27, 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 545
Local Reg. No. 24
Reg. Dist. No. 110

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Sandpoint
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeview Blvd. & Ella

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
d. STREET ADDRESS (If rural, give location): Lakeview Blvd. & Ella

3. NAME OF DECEASED (Type or Print): a. (First) OTTILIA b. (Middle) KUJAWSKI c. (Last) SCHOENEWALD

4. DATE OF DEATH (Month) (Day) (Year): Febr. 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Febr. 4, 1873

9. AGE (In years last birthday): -80- IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Thorin, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johann Kujawski
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Moore
ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — 15 years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1948, *to* Feb 28, 1953, *that I last saw the deceased alive on* Jan 16, 1953, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Millicent C Hayden M.D. (Degree or title)
23b. ADDRESS: 304 N 1st Street
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Mar. 9-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 516
Local Reg. No. 9
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roberts
d. STREET ADDRESS (If rural, give location) Box - 13 -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Melanie	Ann	Leavitt	Jan 9 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	infant	Jan 1 - 1953.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Colson Leavitt — BIRTHPLACE Afton Wyo.
14. MOTHER'S MAIDEN NAME Sue Francis Fleming — BIRTHPLACE Alabama
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS
T. Colson Leavitt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Richard Smith	Idaho Falls, Ida.	3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 9-1953	Afton Cemetery	Afton Wyoming

DATE REC'D BY LOCAL REG. Jan 20 - 1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR — ADDRESS Leo A. Nielsen — Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAR 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 547
Local Reg. No. 22
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 499 E st.

3. NAME OF DECEASED (Type or Print) a. (First) Lawson b. (Middle) A. c. (Last) McClaskey

4. DATE OF DEATH (Month) (Day) (Year) Jan 19-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 5-1881
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 1 Days 14 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith 38
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lewiston - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Riley McClaskey - BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sadie Kasin BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs L.A. McClasky ADDRESS Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inspection of Small Intestine — INTERVAL BETWEEN ONSET AND DEATH 56 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injury ?
DUE TO (c) Inguinal Hernia Incarceration?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) His place of business
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/16/53 P m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? While lifting a large piece of Iron, fell and struck him in abdomen.

22. *I hereby certify that I attended the deceased from* 1/18, 1953, *to* 1/18, 1953, *that I last saw the deceased alive on* 1/18, 1953, *and that death occurred at* 12:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 959
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 1/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE Jan 21-1953
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Jan. 29-1953
REGISTRAR'S SIGNATURE Anna Bridger
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, ...SE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 548
Local Reg. No. 29
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 360 E 19th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Kerry
b. (Middle): Lee
c. (Last): McCowin

4. DATE OF DEATH: (Month) Jan. (Day) 30, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 2, 1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E. Kenneth McCowin
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Evon Butler
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E Kenneth McCowin
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Davis
(Degree or title): M.D.

23b. ADDRESS: 149 No Placer Idaho Falls

23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/2/53

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Feb-3-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack [illegible]
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 519
Local Reg. No. 35
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route - 5

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) John c. (Last) Rieth

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 28 1950

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 3, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Rieth — BIRTHPLACE: Woodward Oklahoma

14. MOTHER'S MAIDEN NAME: Dolores Hahn. — BIRTHPLACE: Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Don Rieth — ADDRESS: Idaho Falls - R.5

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Bronchial Pneumonia, Bilateral	8 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Respiratory paralysis	5 months
	DUE TO (c) Anterior poliomyelitis Spinal, paralytic	5 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 28, 1952, *to* February 2, 1953, *that I last saw the deceased alive on* February 2, 1953, *and that death occurred at* 12:35 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Reid Tyler M.D. (Degree or title)

23b. ADDRESS: 1396 South Boulevard Idaho Falls

23c. DATE SIGNED: Feb 5 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb-5-1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 9-1953

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 33 550
Local Reg. No.
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Hazel
b. (Middle)
c. (Last) Bradley

4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 29, 1890

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Union Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Owen McGary
BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Elizabeth Harker
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Wallace Bradley
ADDRESS Shelley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

44-X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Malignant Hypertension
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Feb 3, 1953, *that I last saw the deceased alive on* Feb 2, 1953, *and that death occurred at* 2:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Kendall Beaty M.D.

23b. ADDRESS Shelley, Idaho

23c. DATE SIGNED Feb 6 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-6-1953

24c. NAME OF CEMETERY OR CREMATORY Hill Crest

24d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG. Feb. 7-1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR [illegible]
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 551
Local Reg. No. 45
Reg. Dist. No. 610

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 4 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho

d. STREET ADDRESS (If rural, give location): 466 1st St.

3. NAME OF DECEASED (Type or Print)

a. (First): Leonard

b. (Middle):

c. (Last): McWhorter

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1885

9. AGE (In years last birthday): 67

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sherman, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known

BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Not Known

BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. L. McWhorter

ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-, 1948 *to* 2-6, 1953 *that I last saw the deceased alive on* 2-6, 1953 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Blair Ellsworth, MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/9/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 7-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Woodgr

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 552
Local Reg. No. 6 to 34
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls. Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Albert	Owen	Miller	Feb.	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	1885 June 5	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) American fork Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John M Miller — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Elizabeth Britton — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-0144
17. INFORMANT'S OWN SIGNATURE Alice M. Crookston — ADDRESS 1209 So. Center Conn. Idaho Falls Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
155 John S Hatch MD	Idaho falls	2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-11-53	Hill Crest	Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-9-53	Lena Bridges	Floyd M Nalder	

Federal Security Agency
United States Public Health Service

Form DPH-4881

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 553
Local Reg. No. 31
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) Franklin c. (Last) Smith

4. DATE OF DEATH: February 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	Nov. 7, 1894	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day laborer 62	State Highway Dept.	Cedar City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Smith	Utah	Margaret Smith	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-2606
17. INFORMANT'S OWN SIGNATURE: Mrs. Eugene Brown * ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Hemorrhagic Pancreatitis 260X	1 Hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
295 Wendell L Nielsen MD	Idaho Falls	2-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/13/53 05	Shelton Ririe Cemetery	Ririe, Idaho

DATE REC'D BY LOCAL REG.: Feb 21 1953
REGISTRAR'S SIGNATURE: Anna Bigler
25. FUNERAL DIRECTOR: [signature] ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DRS-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 554
Local Reg. No. 40
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 East 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 310 East 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): B.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 23, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signalman 73
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad Co.
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin A. Johnson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ✓ — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lucy Johnson — ADDRESS: Idaho Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured brain abcess c̄ meningitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Implant from sphenoid sinus carcinoma
~~DUE TO~~ (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Williams Md. 462
23b. ADDRESS: 353 F. St. Idaho Falls
23c. DATE SIGNED: 2/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/17/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 21-53
REGISTRAR'S SIGNATURE: Anna Bridges
25 FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

State File No. 555
Local Reg. No. 37
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) L.D.S. Nurses Home

3. NAME OF DECEASED (Type or Print) a. (First) Sylvia b. (Middle) Dell c. (Last) McNiven

4. DATE OF DEATH (Month) (Day) (Year) Feb - 18 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct-18-1896
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 4 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 41
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burlington - Wyoming
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James S. McNiven BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Lydia Littlefield BIRTHPLACE England.

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary M. Partridge ADDRESS Burlington Wyoming

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204X Multiple Myeloma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harvey A. Hatch M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal to Burlington
24b. DATE Feb-22-1953
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Burlington, Wyoming

DATE REC'D BY LOCAL REG. 2-20-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 558
Local Reg. No. 36
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 38 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Beaverhead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Anne
c. (Last): Sperry

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 4, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dillon, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albereene Jones — BIRTHPLACE: Va.
14. MOTHER'S MAIDEN NAME: Martha Jane Russell — BIRTHPLACE: Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Don Swank — ADDRESS: Burrton, Kansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 17 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension, Intracapillary glomerulosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-17, 1950, *to* 2/19, 1953, *that I last saw the deceased alive on* 2-19, 1953, *and that death occurred at* 2:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Krantz MD
23b. ADDRESS:
23c. DATE SIGNED: 2/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: Monida Cemetery
24d. LOCATION (City, town, or county) (State): Monida, Montana

DATE REC'D BY LOCAL REG.: Feb. 19-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 557
Local Reg. No. 42
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Idaho
d. STREET ADDRESS (If rural, give location): West Center Street

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): Ann
c. (Last): Bridgeman

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 10, 1946
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Reno, Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Buster B. Bridgeman — BIRTHPLACE: Denver, Colo.
14. MOTHER'S MAIDEN NAME: Ruby Bernice Jackson — BIRTHPLACE: Sapulpa, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Buster B. Bridgeman — ADDRESS: Black Foot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Severe burns, fire
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

916.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 23, 1953 12:30 pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Playing with matches; ignited dress

22. *I hereby certify that I attended the deceased from* Feb 23, 1953, *to* Feb 23, 19__, *that I last saw the deceased alive on* 9 27 Day, 1953, *and that death occurred at* 9 28 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Feb. 23 — S. Reed Fife MD
23b. ADDRESS: 1396 South Boulevard
23c. DATE SIGNED: Feb 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem/burial
24b. DATE: Feb. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb. 27-1953
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 558
Local Reg. No. 44
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony Rural
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) GOLDIE b. (Middle) MYERS c. (Last) SINGLETON

4. DATE OF DEATH (Month) (Day) (Year): Feb., 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1901

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Four Bear, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur Scott Myers
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Elva Dickensen
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Joseph Singleton — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 5197 Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lower nephron nephrosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Feb. 25, 1953, *and that death occurred at* 9:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. McClellan (Degree or title) M.D.

23b. ADDRESS: 355 F St.

23c. DATE SIGNED: 3/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 28 Feb 53

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: March 5-1953

REGISTRAR'S SIGNATURE: Elmira Bridges

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 559
Local Reg. No. 43
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1129 ~~Jefferson~~ Boise Ave

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1129 ~~Jefferson~~ Boise ave

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Elihu c. (Last) Pettingill
4. DATE OF DEATH (Month) (Day) (Year) Feb - 27 - 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 1-1880
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Willard, Utah
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elihu Ulyssus Pettingill BIRTHPLACE Willard utah
14. MOTHER'S MAIDEN NAME Mary Adeline Graham BIRTHPLACE Plain City - Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ella Nelson ADDRESS Idaho Falls Idaho 1129 Boise Ave.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/8, 1951, *to* Feb, 1953, *that I last saw the deceased alive on* Feb, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE H. B. Woolley (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE OF Mar 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Heyburn Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn, Idaho

DATE REC'D BY LOCAL REG. March 2 - 53
REGISTRAR'S SIGNATURE Lena Bridges
25. FUNERAL DIRECTOR Leo A. Nielsen ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Amended April [illegible]

Certificate of Death

STATE OF IDAHO

State File No. 560
Local Reg. No. 46
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 394 Basalt Street

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) EMANUEL c. (Last) HANSEN

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 18, 1882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fredrica, Denmark

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Theodore Jensen Hansen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Christiana Peterson Lee BIRTHPLACE: Denmark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Arthur T. Hansen ADDRESS: Milford, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic Hypertrophy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M.D.

23b. ADDRESS: Hatch Clinic

23c. DATE SIGNED: Mar. 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 10, 1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 53-560 death

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Alfred Emanuel Hansen (Name on Original Certificate) who died (Was Born or Died) on Feb 27, 1953 (Date of Event)
in L.D.S. Hospital Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	June 18, 1878	June 13, 1882
Age	74 yrs 8 months 9 days	70 years

Subscribed and sworn to before me this 24 day of April, 1953.

Notary Public, residing at Idaho Falls Idaho
My commission expires Sept 15 1953
(Seal)

Signed Leo A. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

555 E St. Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1953.

Notary Public, residing at Idaho Falls Ida.
My commission expires Sept 15-1953
(Seal)

Signed Mrs Alfred E Hansen
(Signature of Any Credible Person)

374 Basalt St.
(Street Address, City, State)

DPH 52-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 560
Local Reg. No. 16
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 394 Basalt Street

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Emanuel c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year) Feb 27 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 18, 1878
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 8 Days 9 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee 34
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Kongsmark~~ Fredrica, ~~Lite~~, Denmark
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Theodore Jensen Hansen BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Christiana Peterson Lee BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Arthur T. Hansen ADDRESS Milford, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH 2 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 15 Harvey A. Hatch (Degree or title) M.D.
23b. ADDRESS Hatch Clinic
23c. DATE SIGNED Mar. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 2-1953
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. March 10-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 561
Local Reg. No. 28
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print): a. (First) Rosella b. (Middle) Thomas c. (Last) Lee

4. DATE OF DEATH: (Month) (Day) (Year) January 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1871
9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Far West, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elisha Thomas BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joseph Lee ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage ? — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Psychosis — several years
DUE TO (c) I attended her by Phone only. HPH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
82 years old

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? She died unattended HPH

22. *I hereby certify that I attended the deceased from* Dec 29, *19*52, *to* Jan 2, *19*53, *that I last saw the deceased alive on* Jan 2, *19*53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): for H Ray Hatch M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Jan 28/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-53
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Feb. 2-1953
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Jack Goodwin ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 562
Local Reg. No. 19
Reg. Dist. No. 61

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Rt #1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Flossie
b. (Middle): Empey
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 1, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Samaria, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Messach Williams — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Rebecca Williams — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Mil. Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Embolism — 5 min.
DUE TO (c) Hypertension — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1950, *to* Feb. 12, 1953, *that I last saw the deceased alive on* Feb. 12, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall — (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/16/53 01
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: 2-21-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 41563
Local Reg. No.
Reg. Dist. No. 61

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Rt.#2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Rt.#2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Cleverley
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb.16,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec.27,1887
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 14 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Camas, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse Cleverley
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Burtenshaw
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Floyd Cleverley
ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Had another coronary — 3 days before

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Feb, 1953, *to* 14 Feb, 1953 *that I last saw the deceased alive on* 13 Feb, 1953 *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Hatch, MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 18 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: Shelton-Ririe Cemetery
24d. LOCATION (City, town, or county) (State): Near Ririe, Idaho

DATE REC'D BY LOCAL REG.: Feb 21-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 24 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 564
Local Reg. No. 2-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
c. LENGTH OF STAY (in this place): 10 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yaak
d. STREET ADDRESS (If rural, give location): N.E. of Grade School

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) None c. (Last) Gilkison

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/17/1882
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 11 Days: 26 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher
10b. KIND OF BUSINESS OR INDUSTRY: ranching
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Gilkison BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lydia Hollingsworth BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Floyd Stone ADDRESS: Priest River Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza 481X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Naples Boundary Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: C W Whitney (Degree or title) Coroner
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 2/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/16/53
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Gwyla Stone
25. FUNERAL DIRECTOR: C W Whitney ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 565
Local Reg. No. 43 [illegible]
Reg. Dist. No. 100

BIRTH NO.

MAR 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Marcene; b. (Middle) Lynn; c. (Last) Billingsley

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: I/I/1953

9. AGE (In years last birthday): 7 weeks | IF UNDER 1 YEAR Months: 1 Days: 24 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack M. Billingsley — BIRTHPLACE: Miles City Mt.

14. MOTHER'S MAIDEN NAME: Darlene Wilson — BIRTHPLACE: Twin Falls Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jack M. Billingsley — ADDRESS: Moyie Springs Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

481X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moyie Springs Boundry Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. Whitney Coroner

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2/25/53

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 3/3/53

REGISTRAR'S SIGNATURE: Twyla Stone

25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 566
Local Reg. No. 5-52
Reg. Dist. No. 100

BIRTH NO. MAR 12 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Iola c. (Last) Grunerud

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7/18/1881

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Dennison Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Orr — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Kennedy — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-7436

17. INFORMANT'S OWN SIGNATURE: Frederick L Grunerud — ADDRESS: Bonners Ferry Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 7 days
DUE TO (c): Pneumonia — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 Feb, 1953, *to* 27 Feb, 1953, *that I last saw the deceased alive on* 27 Feb, 1953, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett K. Ellis M.D. — **23b. ADDRESS**: Bonners Ferry, Idaho — **23c. DATE SIGNED**: 2 March 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3/2/1953

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundry County Idaho

DATE REC'D BY LOCAL REG.: 3/2/53

REGISTRAR'S SIGNATURE: Twyla Stone

25. FUNERAL DIRECTOR: E H Whitney — **ADDRESS**: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 567
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) BELLE c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 2, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Mosier
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Taylor
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Estle McCaughey
ADDRESS: Fairfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 19 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 29 da
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans — 22 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* 24 Feb, 1953, *that I last saw the deceased alive on* 23 Feb, 1953, *and that death occurred at* 2:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J. Kerns, D.O.
23b. ADDRESS: Fairfield Idaho
23c. DATE SIGNED: 26 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/26/53
24c. NAME OF CEMETERY OR CREMATORY: Fairfield Cemetery
24d. LOCATION (City, town, or county) (State): Fairfield, Idaho

DATE REC'D BY LOCAL REG.: 2/28/53
REGISTRAR'S SIGNATURE: John S. Edwards
25 FUNERAL DIRECTOR: Geo. Jones Jr.
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 8 0 568
Local Reg. No. 960
Reg. Dist. No.

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Masonic Temple

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1516 Arlington Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle) Dee; c. (Last) Bader

4. DATE OF DEATH (Month) (Day) (Year): February 6-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 9-1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months: 2; Days: 27
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operating Supervisor,
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power Co.

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Leo Bader
BIRTHPLACE: Nevada

14. MOTHER'S MAIDEN NAME: Hulda Mauritz,
BIRTHPLACE: Omaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-6454

17. INFORMANT'S OWN SIGNATURE: Madeline Bader
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 6, 1953, *to* Feb 6, 1953, *that I last saw the deceased alive on* Feb 6, 1953, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 Lester Shupe
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 2/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2/18/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR'S SIGNATURE: C. A. Beckham-Dalton Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 559
Local Reg. No. 24
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) North 14th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) c. (Last) Meek

4. DATE OF DEATH (Month) (Day) (Year) February 7-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH February 6-1859
9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months -- Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Ferry Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenfield, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Not Known BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Fred L. Swanson ADDRESS Caldwell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Right Lower Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19, 1953, *to* Feb. 7, 1953, *that I last saw the deceased alive on* Feb. 6, 1953, *and that death occurred at* 8:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Krause, M.D. (Degree or title)
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED Feb. 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE February 9-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Feb. 14-53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Beckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 570
Local Reg. No. 26
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print): a. (First) Urie; b. (Middle) Lee; c. (Last) Piercy

4. DATE OF DEATH (Month) (Day) (Year): February 7-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 23-1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months 11; Days 14
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Master- Farmers Co-op Ditch C.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bentonville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ed Piercy
BIRTHPLACE: Bentonville Arkansas

14. MOTHER'S MAIDEN NAME: Martha Berry,
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-6692

17. INFORMANT'S OWN SIGNATURE: Mrs. Anna Piercy
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Never, 19__, *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause 6/7
(Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Feb. 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 571
Local Reg. No. 281
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) William; c. (Last) Kratzer

4. DATE OF DEATH (Month) (Day) (Year): February 9-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 2-1897

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months 2 | Days 7
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Schuyler Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Travis Kratzer, BIRTHPLACE: Napton, Missouri

14. MOTHER'S MAIDEN NAME: Jeanette Driscoll, BIRTHPLACE: Herndon, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 712-09-5853

17. INFORMANT'S OWN SIGNATURE: Mrs. Nettie Kratzer, ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

162X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* Feb 9, 1953, *that I last saw the deceased alive on* Feb 9, 1953, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Homedale Idaho

23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 12-1953

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 2/14/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dahan Chapel, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 572
Local Reg. No. 2
Reg. Dist. No. 960

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): North 11th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Henry; c. (Last) Glenn

4. DATE OF DEATH (Month) (Day) (Year): February 11-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 6-1861

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months 9 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jefferson County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Glenn
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Cyrene Charlotte Pebler,
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bud L. Swanson
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

493 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia, Right Lower Lobe.
INTERVAL BETWEEN ONSET AND DEATH: 2days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 10, 1953, *to* Feb. 11, 1953, *that I last saw the deceased alive on* Feb. 10, 1953, *and that death occurred at* 6.45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Krause M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Feb. 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2/18/53
REGISTRAR'S SIGNATURE: Agnes Mclennan

25. FUNERAL DIRECTOR: Peckham-Dekan
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAR 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 573
Local Reg. No. 83
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 403 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First) Martha
b. (Middle) Janie
c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) February 16-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 4-1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 9 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Webster Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Fain — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Lusendia Night — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mary L. Thomas — ADDRESS Route 15 Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) diabetes mel.
DUE TO (c) hardening arteries
malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10, 1953, *to* 2-16, 1953, *that I last saw the deceased alive on* 2-15, 1953, *and that death occurred at* 5:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 118 (Degree or title)
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 2-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 19-1953 01
24c. NAME OF CEMETERY OR CREMATORY Middleton
24d. LOCATION (City, town, or county) (State) Middleton, Idaho

DATE REC'D BY LOCAL REG. 2-28-53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 574
Local Reg. No. 28
Reg. Dist. No. 360

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell Ida
c. LENGTH OF STAY (in this place) 17
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell Idaho
d. STREET ADDRESS (If rural, give location) 1217 - Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First) Jesse
b. (Middle) Floyd
c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 23, 1882
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 0 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Retail Merchant
10b. KIND OF BUSINESS OR INDUSTRY Retailing
11. BIRTHPLACE (State or foreign country) Sault Calif
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jonas King — BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Sarah Jane Williams — BIRTHPLACE Springfield Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-30-0643
17. INFORMANT'S OWN SIGNATURE AND ADDRESS Paul M. King 1212 N. 21st St Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. aortic stenosis many years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1953, *to* Feb 18, 1953 *that I last saw the deceased alive on* Feb 17, 1953, *and that death occurred at* 2:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE W S Hubler (Degree or title) MD
23b. ADDRESS 221 - East Logan Caldwell, Idaho
23c. DATE SIGNED 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 20, 1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 2/18/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Flahiff Funeral Chapel ADDRESS Lucy M. Flahiff

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of **Jesse Floyd King**

now lying buried in **Canyon Hill** Cemetery, in the City or Town of **Caldwell**

County of **Canyon** State of Idaho, who died on the **18** day of **February**, 1**953**, Aged ____ years ____ months

____ days, the cause of death being **Multiple Myeloma** and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

W. Hubler, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by **private** private or railway conveyance

to **Mtn. View** Cemetery in the City or Town of **Walla Walla** County of **--**

State of **Washington** to take effect upon the approval by the local board of health of the City, Town, or County of

Canyon it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this **3rd** day of **May**, A.D. 19**78**.

Permit issued to:

Dakan Funeral Chapel
P. O. Box 1386
Caldwell, Idaho 83605

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 575
Local Reg. No. 36
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell,
c. LENGTH OF STAY (in this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pennington Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1111 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): Bathanel
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): February 24-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 12-1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Livery Stable
10b. KIND OF BUSINESS OR INDUSTRY: mgr.& City employee
11. BIRTHPLACE (State or foreign country): Storry County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Duncan Campbell 62
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary McCall,
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Iona A. Campbell
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

722.C

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatoid Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Debility — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Feb 24, 1953, *that I last saw the deceased alive on* Jan 12, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 613 W L Hubler MD
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/4/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 576
Local Reg. No. 37
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 602 Fillmore St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Edamary
c. (Last): Hull

4. DATE OF DEATH (Month) (Day) (Year): February 24-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 19-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rocky Bar, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Daniel W. Fitzwater, Oakland Co, Maryland
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Dusenberry, Washington Co., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Marguerite W. Carey, Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): previous coronary infarction — 5 yrs
DUE TO (c): hypertensive Cardio vascular disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Feb 24, 1953, *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Kerwick 222 MD
23b. ADDRESS: 220 E Logan
23c. DATE SIGNED: 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 28, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 8/4/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: C. J. Peckham, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 577
Local Reg. No. 34
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2102 Cherry

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle):
c. (Last): SHAFFER

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 15, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. M. Breshears — BIRTHPLACE: Polk Co. Mo.
14. MOTHER'S MAIDEN NAME: Anna Keith Polk County — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Julia A. Lewis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular — 10 yrs.
~~DUE TO (c)~~ disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1945, *to* 27 Feb, 1953, *that I last saw the deceased alive on* 23 Feb, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. D. Simpson M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 28 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/1953
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 3/1/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Flahiff Funeral Chapel — Lucy M. Flahiff, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 578
Local Reg. No. 33
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): South 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): HALLIE
b. (Middle):
c. (Last): DOUGLASS

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3/1/ 1872
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 11 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Smith
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mattie Shannon
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Carl Brooks
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of the distal duodenum — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular accident + right sided hemiplegia + aphasia — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 - 9, 1951, *to* 2 - 27, 1953, *that I last saw the deceased alive on* 2 - 27, 1953, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Kemp, MD
23b. ADDRESS: 220 E Logan
23c. DATE SIGNED: 2-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/ 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise, Idaho

DATE REC'D BY LOCAL REG.: 3/1/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Lucy M. Flahiff
ADDRESS: Flahiff Funeral Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 579
Local Reg. No. 42
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Boise Ave.& Madison St., Route #5

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Fredrick; c. (Last) Schultz

4. DATE OF DEATH (Month) (Day) (Year): February 28-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 29,1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months: 3 Days: 25 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Rush Lake, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Schultz, — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Minke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. W. J. Looney — ADDRESS: Nevada Yerington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip Jr — (Degree or title): M.D. — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 4-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/18/53

REGISTRAR'S SIGNATURE: agnes m denman

25. FUNERAL DIRECTOR: C. V. Peckham — **ADDRESS**: Peckham-Dukart Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 580
Local Reg. No. 23
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 3 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Missouri Ave. Rt # 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANK	O.	ALLEN	Jan. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Febr. 16, 1894	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plant Mgr. 7+	Northrup King Co.	Silver Plume, Colorado	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin E. Allen	Ames, Iowa	Anna N. Sorenson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		514-22-4482	X Mary B. Allen	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	4 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	~~Hypertension~~ Hypertension	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M D	Nampa	1/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	2/2/53	CLOVERDALE CEM.	BOISE ADA	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 31, 1953	[signature]	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 581
Local Reg. No. 40
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): MARSHA
b. (Middle): MARY
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 19, 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Laurel Hansen — BIRTHPLACE: Falks, Ida.
14. MOTHER'S MAIDEN NAME: Gladys Ward — BIRTHPLACE: Peabody, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Laurel Hansen — ADDRESS: Donnelly Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

481 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza
DUE TO (c): Cause undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 3, 1953, *to* ——, 19—, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Mangum M.D. 241
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 582
Local Reg. No. 32
Reg. Dist. No. 3-3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 21 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell (Between Middleton & Star)
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Louise
c. (Last): Rush

4. DATE OF DEATH (Month) (Day) (Year): February 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 17, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Haynes — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Eliza Johnson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mantie L. Rogers — ADDRESS: Caldwell Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility c dementia — 1 yr -

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2-2, 1953, *to* 2-3-, 1953, *that I last saw the deceased alive on* 2-3, 1953 *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wexche MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hooper
24d. LOCATION (City, town, or county) (State): Hooper, Utah

DATE REC'D BY LOCAL REG.: Feb 11, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 583
Local Reg. No. 56
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1015 11th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1015 11th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): EDGLEY

4. DATE OF DEATH (Month) (Day) (Year): FEBR. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 6, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Special Agent RR
11. BIRTHPLACE (State or foreign country): London, England
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Edgley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ann Spillman — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. M.L. Edgley — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

26 CX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Melitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute heart failure
DUE TO (c): dilitation = Diabetic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gangrene Log

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1951, *to* 2-4, 1953, *that I last saw the deceased alive on* 2-4, 1953 *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H P Belknap MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 8, 53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Mar. 12, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 504
Local Reg. No. 47
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1208 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1208 13th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ARTHUR c. (Last) BICKFORD

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 23, 1872

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Independence, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: D.C. Bickford — BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Mary Moore — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518 24 6501

17. INFORMANT'S OWN SIGNATURE: Mary Bickford — ADDRESS: Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4437X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-3 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C-V disease — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/20, 1952, *to* 2/4, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/6/1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No. 335
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Davis & Midland Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) MAY c. (Last) OSENBAUGH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wido wed

8. DATE OF BIRTH: Aug 22, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pontiac, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William T. Sturman
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Elizabeth
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hobart Kennedy
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left hemiplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 16, 1948, *to* Feb 8, 1953, *that I last saw the deceased alive on* Feb 7, 1953, *and that death occurred at* 12:21 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lockwood, Missouri

24d. LOCATION (City, town, or county) (State): Lockwood, Missouri

DATE REC'D BY LOCAL REG.: Feb 17 1953

REGISTRAR'S SIGNATURE: Mrs Jane Stark

25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 595
Local Reg. No. 39
Reg. Dist. No. 342

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 651 6th St. No. Ext.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 651 6th St. No. Ext.

3. NAME OF DECEASED (Type or Print): a. (First) FRANKIE b. (Middle) JAY c. (Last) WALTMAN

4. DATE OF DEATH (Month) (Day) (Year): Febr. 8, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 15, 1933

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace Waltman BIRTHPLACE: Everton, Okla.

14. MOTHER'S MAIDEN NAME: Maude Campbell BIRTHPLACE: Victor, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wallace Waltman ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza — 10 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Spastic Paralysis — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953 *to* Feb. 8, 1953, *that I last saw the deceased alive on* Feb. 8, 1953, *and that death occurred at* 2:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clara M. Hastings M.D.
23b. ADDRESS: 1116 2nd st So Nampa
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/11/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Feb. 18, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 597
Local Reg. No. 37
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 Juniper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 419 Juniper

3. NAME OF DECEASED (Type or Print): a. (First) MABEL b. (Middle) DORA c. (Last) LINTZ

4. DATE OF DEATH (Month) (Day) (Year): February 9, 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 14, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Beresford, So. Dak.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Savey — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Stella Brown — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: ✓ Rev H. A. Lintz — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C V Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2-6, 1953, *to* 2-9-, 1953, *that I last saw the deceased alive on* 2-9-, 1953 *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wilcox MD (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 11, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb. 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No. 57
Reg. Dist. No. 36-2

BIRTH NO.

MAR 11 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 9th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) JANE c. (Last) SINCLAIR

4. DATE OF DEATH (Month) (Day) (Year): Febr. 10, 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 15, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Breckenridge, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Martin
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Isabel Collins
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE from family report ADDRESS: Lewis Edmunds

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 422.12 Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic pneumonia — 2-5-53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-31, 1953, *to* 2-10, 1953, *that I last saw the deceased alive on* 2-10, 1953, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday M.D. (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 3/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/14/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 9, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Sinclair
25. FUNERAL DIRECTOR ADDRESS: Lewis Edmunds Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 589
Local Reg. No. 47
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Erlewine

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 14, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wheeler Erlewine — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Lucille McIntosh — ADDRESS: Boise, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sch. C. V Disease
DUE TO (c): Auricular Tab. & Decomposition Wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10-, 1953, *to* 2-11-, 1953, *that I last saw the deceased alive on* 2-11-, 1953 *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Sherch MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/14/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Home, Idaho.

DATE REC'D BY LOCAL REG.: March 5, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 590
Local Reg. No. 43
Reg. Dist. No. 36 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 315-22nd Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) J c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1953.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 12, 1873.
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Beloit, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Launcelot Moses BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Jane A Davison BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs C A Wilson ADDRESS Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6-, 1952, *to* 2-11-, 1953, *that I last saw the deceased alive on* 2-11-, 1953, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Samuel A Swayne (Degree or title) MD
23b. ADDRESS Nampa, Ida.
23c. DATE SIGNED 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/14/1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Beloit (State) Wisconsin

DATE REC'D BY LOCAL REG. Feb. 23, 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR John F Alsip Jr. ADDRESS ampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 501
Local Reg. No. 48
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): State School Rt 2

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EVERETT
c. (Last): LARSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't. Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: State School
11. BIRTHPLACE (State or foreign country): Superior, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 522 10 3893
17. INFORMANT'S OWN SIGNATURE: Fern L. Larson — ADDRESS: Nampa Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 12 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/11, 1953, *to* 2/12, 1953, *that I last saw the deceased alive on* 2/12, 1953, *and that death occurred at* 3:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Rose — Md.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 16, 53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Mar 5, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 508
Local Reg. No. 44
Reg. Dist. No. 3622

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa - Rural
d. STREET ADDRESS (If rural, give location) Rt 6 2 mile west King Cor.

3. NAME OF DECEASED (Type or Print)
a. (First) MOLLIE
b. (Middle)
c. (Last) MIDDLETON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 20, 1902

9. AGE (In years last birthday) 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jacob Wagner
BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Katherine Thiel
BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Morison F. Middleton
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. High Blood Pressure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1953, *to* Feb 13, 1953, *that I last saw the deceased alive on* Feb 13, 1953, *and that death occurred at* Noon m., *from the causes and on the date stated above.*

23a. SIGNATURE W C Nolte (Degree or title) M D

23b. ADDRESS

23c. DATE SIGNED 2/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/16/1953

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State) Nampa Idaho

DATE REC'D BY LOCAL REG. Feb. 23, 1953

REGISTRAR'S SIGNATURE Mrs. Jane L. Stuck

28. FUNERAL DIRECTOR John F. Alsip, Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No. 58
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 120 7th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) H. c. (Last) DUVAL, SR.

4. DATE OF DEATH (Month) (Day) (Year): Febr. 14, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 24, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Salem, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William J. Duval
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W. War #1

16. SOCIAL SECURITY NO.: 519-09-6900

17. INFORMANT'S OWN SIGNATURE: Orlando H. Duval Jr.
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — 4 20 1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-Vaso-Motor collapse — Generalized Atherosclerosis
(c) Gangrene Left foot — Occlusive Arteriosclerotic disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic hypertrophy
Gastric hemorrhage
Large bowel paralysis

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos. Baltzer MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/17/53

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 12, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMINDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 504
Local Reg. No. 38
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 613 N. 16th

3. NAME OF DECEASED (Type or Print): a. (First) Nettie b. (Middle) Estella c. (Last) Brock

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	never married	Aug. 29 1882	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	Nursing	Scranton, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H. O. Brock	Iowa	Jennie E. Miller	Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. 1	no	Bridge Bridgman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 9, 1953, *to* Feb 14, 1953, *that I last saw the deceased alive on* Feb 14, 1953, *and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D	Nampa Idaho	2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 18 1953	Morris Hill	Boise, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 17, 1953	Mrs Jane Steck	Schreiber-McCann-Gibson--Boise	

Daniel H. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAR 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 595
Local Reg. No. 46
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): A.
c. (Last): Tucker

4. DATE OF DEATH (Month) (Day) (Year): February 15-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 23-1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months — Days 22 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical & Accountant,
10b. KIND OF BUSINESS OR INDUSTRY: Nampa State School
11. BIRTHPLACE (State or foreign country): Community Tucker Ranch, Lower Boise
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Newton Tucker, 29
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eliza Jane Andrews,
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-7091
17. INFORMANT'S OWN SIGNATURE: A. H. Andrews, ADDRESS: Notus, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C-V. Dis. Year
DUE TO (c) Benign Prostatic Hypertrophy, yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1952, *to* 2-15, 1953, *that I last saw the deceased alive on* 12-20, 1953 *and that death occurred at* 6 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE 442 (Degree or title): Gerald E. Wexche MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 18-1953
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise
24d. LOCATION (City, town, or county) (State): Near Parma, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: C. V. Peckham — Peckham-Lakan Corp. ADDRESS: Caldwell Idaho. Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 596
Local Reg. No. 57
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) C
c. (Last) Grass

4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 8, 1891
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Fergus Falls, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward G Grass — BIRTHPLACE Racine, Wisc.
14. MOTHER'S MAIDEN NAME Cora May Lesson — BIRTHPLACE Redwing, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-1640
17. INFORMANT'S OWN SIGNATURE Mrs. Ruby Grass — ADDRESS Rt. 3 Boise, Idah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute dilatation heart

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jeudy, 1952, *to* Feb 18, 1953, *that I last saw the deceased alive on* 2-18, 1953, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE H P Belknap MD (Degree or title)
23b. ADDRESS Nampa Ida
23c. DATE SIGNED 3-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/20/53
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Ada County, Idaho.

DATE REC'D BY LOCAL REG. March 12, 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR John F Alsip Jr — Alsip Funeral Chapel
ADDRESS Nampa, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 59
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospita l

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1704 1st St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): HALLIE
b. (Middle):
c. (Last): STICKLEY

4. DATE OF DEATH (Month) (Day) (Year): February 21, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 17, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Utica, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Leslie — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Effie Jackson — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: F H Stickley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck left femur.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 11, 1950, *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 4:37p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-3-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/24/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 12, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Kenneth E. Spence — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 598
Local Reg. No. 32
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Plachy

4. DATE OF DEATH (Month) (Day) (Year): February 22-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 7-1860
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 1, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Tula Wion — ADDRESS: Prineville Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senile dementia — yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 - *, 1953, to* 2-22 *, 1953, that I last saw the deceased alive on* 2-12 *, 1953 and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wesche M.D. 442
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 26-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: March 7, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 599
Local Reg. No. 59
Reg. Dist. No. 363

BIRTH NO. MAR 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Marsing

3. NAME OF DECEASED (Type or Print): a. (First) Maria; b. (Middle); c. (Last) Mahler

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 15, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 7 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Odessa, Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unk.
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN ~~SIGNATURE~~: Mrs. Ella Allen
ADDRESS: Nampa Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholecystitis chr.
DUE TO (c) Gallstone in Commonduct

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cholangitis
Atrophy of Adrenalglands
Sclerosis of Mitral Valve

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rupert

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: Mar. 7, 1953

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: Kenneth E. Spence
ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 600
Local Reg. No. 60
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 412 7th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS b. (Middle) I. c. (Last) HAMBURG

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 8, 1892

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Grant — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Julia Parkinson — BIRTHPLACE: Wellsville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Glenn M Hamburg — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Infarction — 2 wks.

DUE TO (c) Coronary Occlusion — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS — —

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2-5-, 1953, *to* 2-24, 1953, *that I last saw the deceased alive on* 2-24, 1953, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wickel MD — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 2-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Feb. 27, 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Cem. — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Mar. 13, 1953 — **REGISTRAR'S SIGNATURE**: Mrs. Jane Steck — **25. FUNERAL DIRECTOR**: John F Alsip Jr. — **ADDRESS**: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 601
Local Reg. No. 61
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523 9th St. No.

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle):
c. (Last): SCROGGIN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 24, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Smith — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harvey Scroggin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia - lobar

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 23, 1953, *to* Feb 24, 1953, *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 7:45pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/26/1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Mar. 12, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 602
Local Reg. No. 42
Reg. Dist. No. 36-9

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rt 2
c. LENGTH OF STAY (in this place): 18yr4Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	LUCILLE	GREENER	Feb. 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never Married	Nov, 17, 1912	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Greener	Utah	Etta Ingram	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: State School Records ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1297 Asphyxiation due to Drowning
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Immersion in bathtub
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History of epilepsy - Bruises of head & face -

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	State School	Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Feb. 5, 1953 8:37 p.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Sitting on tub had seizure & fell in

22. *I hereby certify that I attended the deceased from* Autopsy, 19 July *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:37 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 045 [signature] MD	Boise	6 Feb-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb. 6, 53		Burley Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 23 1953	Mrs Jane L Stark	John F Alsip, Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 603
Local Reg. No. 36
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 8½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 53 South 3rd East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUSAN	BEE	FAUX	2	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Never married	9/8/51	1 yr.	5	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Franklin J. Faux — BIRTHPLACE: Coalville, Utah
14. MOTHER'S MAIDEN NAME: Jocelyn Hart — BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/17, 1952, *to* 2/9, 1953, *that I last saw the deceased alive on* 2/9, 1953, *and that death occurred at* 4:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Wentworth, M. D.	Box 531, Nampa, Idaho	2/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/11/53		Murray, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 17, 1953	Mrs. Jane Stock	LEWIS EDMUNDS MORTUARY	Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 504
Local Reg. No. 45
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 6 Lone Star Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt 6 Lone Star Rd.

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) E. c. (Last) BLANKSMA

4. DATE OF DEATH: (Month) Feb (Day) 14, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 27, 1883

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Concord, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Gibbond — BIRTHPLACE: West Concord, Minn.

14. MOTHER'S MAIDEN NAME: Caroline Brigham Chautauqua, N.Y — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Duncan Blankenship — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Cardio Vascular Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4432

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 17, 53

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Lach

25. FUNERAL DIRECTOR: John J. Alsip Jr. — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No. 49
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EFFIE	MARY	McCAIN	Feb. 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	May 28, 1879	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adams County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Ramsey — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jennie Carson — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE, ADDRESS: [illegible] McCain

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion 4201
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerotic C.V.A.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) 30 min. (b) yrs (c)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 2-20, 1953 *to* 2-20, 1953, *that I last saw the deceased alive on* 2-20, 1953, *and that death occurred at* 11:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred E. Meeks	M.D.	Nampa Ida.	2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 23, 53	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 5, 1953	Mrs. Jane Stark	John F. Alsip, Jr.	Nampa

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 608
Local Reg. No. 55
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Frank	Joseph	Drong, Jr.		2	28	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	July 15, 1952		7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Joseph Drong	Grodku, Poland	Kathryn Claire Justus	Lead Hill, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Madelyn C Wright — ADDRESS: Box 531, Nampa, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 SC X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Developing broncho pneumonia

DUE TO (c) Mongolian

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 8, 1952, *to* Feb. 28, 1953, *that I last saw the deceased alive on* Feb. 28, 1953, *and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Wentworth, M.D.		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Mar. 3, 1953		Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 12, 1953	Mary Jane Stack	John F Alsip, Jr	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 607
Local Reg. No. 6
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Elizabeth	Hamp	Feb. 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	February 3, 1888	65		11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Paradise, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anthony William Lofthouse	England	Sarah Housley	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE - Son -	ADDRESS
No	none	James Richard Hamp	Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

253

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myxedema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 Feb, 1953, *to* 14 Feb, 1953, *that I last saw the deceased alive on* 14 Feb, 1953, *and that death occurred at* 7:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Emmett C Nixon 183	MD	Grace, Idaho	14 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 17 1953	Grace	Grace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-14-53	Betty Mae Burton	C Shenton Webb	Preston Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

1

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

7.

State File No. 608
Local Reg. No. 124
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 27 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 309 A. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Julian
b. (Middle): Rodriguez
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan 22 1953

5. SEX: Male
6. COLOR OR RACE: Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 28. 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 11, Days 24 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jabalollas Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Domingo Rodriguez — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Marye Perez — BIRTHPLACE: Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-7356
17. INFORMANT'S OWN SIGNATURE: Mrs Gloria Rupard — ADDRESS: Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5-7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Pneumonia — 5 Days
DUE TO (c): Carcinoma c̄ Metastasis — 6 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-16-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach c̄ Metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1953, *to* 1-22, 1953, *that I last saw the deceased alive on* 1-22, 1953, *and that death occurred at* 430P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: Feb 16 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Rodney G. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 609
Local Reg. No. 126
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Mecham
c. (Last): Mendenhall

4. DATE OF DEATH (Month) (Day) (Year): Feb 21 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.
8. DATE OF BIRTH: Aug 16th 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): of Farming +
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Dayton Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George M Mendenhall. BIRTHPLACE: Dela.
14. MOTHER'S MAIDEN NAME: Celestia Ann Mecham. BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George Mendenhall — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1948, *to* 21 Feb, 1953, *that I last saw the deceased alive on* 1-20, 1953, *and that death occurred at* 6 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas H Goldman MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 24 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25th
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park.
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1953.
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR: Ritta S. Payne. ADDRESS: Burley Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 610
Local Reg. No. 125
Reg. Dist. No. 470

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 542 Oakley Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Guy
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 10, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ansel Walker — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Annie May Smith — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-12-2808
17. INFORMANT'S OWN SIGNATURE: Annie Tolman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1953, *to* Feb 26, 1953, *that I last saw the deceased alive on* 2-26-, 1953, *and that death occurred at* 3:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton 391 — (Degree or title): M D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Bureial
24b. DATE: 3/2/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1953
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: J Garth Sayne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 511
Local Reg. No. 123
Reg. Dist. No. 470

RECEIVED FEB 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley- rural
c. LENGTH OF STAY (in this place): 42 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springdale district

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): Springdale District

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Holmes
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming-Stockraising
10b. KIND OF BUSINESS OR INDUSTRY: Farmer-Stockraiser-
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Edward Morgan, Wales, England — BIRTHPLACE: 54
14. MOTHER'S MAIDEN NAME: Rachel Cole, ---- — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edward W. Morgan — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Glioma of brain — 3½ mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 12/28/52
19b. MAJOR FINDINGS OF OPERATION: Inoperable glioma of brain
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 12, 1952, *to* Feb 5, 1953, *that I last saw the deceased alive on* Feb 5, 1953, *and that death occurred at* 7:42A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: Feb 9 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley — (State): Idaho

DATE REC'D BY LOCAL REG.: Feb 12 1953
REGISTRAR'S SIGNATURE: B. Harrison
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

State File No. E12
Local Reg. No. 10
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cataldo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Barr c. (Last) Ewing

4. DATE OF DEATH (Month) (Day) (Year) 2-2-53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 9 1895
9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Ewing. BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Mary Moonis BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) First World War
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. L. Burry ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric ulcer — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24, 1953, *to* 2-2, 1953, *that I last saw the deceased alive on* 2-1, 1953, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-3-53
24c. NAME OF CEMETERY OR CREMATORY McGlade Fun. Home
24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 2-2-53
REGISTRAR'S SIGNATURE Vernon E. Fairley
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 613
Local Reg. No. 11
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Fork of Clearwater

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1514 "G" Street

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): M
c. (Last): Landis

4. DATE OF DEATH (Month) (Day) (Year): Feb 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 9, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Manitowoc, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): – – – – – – – –
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) stroke 1-25-53 - Fell and injured R. Hip.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) several previous minor cerebral Hemorrhages due
DUE TO (c) to old age and Hypertension of many years standing.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-13-, 1952, *to* 2-7, 1953, *that I last saw the deceased alive on* 8-13-52, 19___, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Pappenhagen 304 — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/10/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-8-53
REGISTRAR'S SIGNATURE: Barbara Fairley Dep.
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 514
Local Reg. No. 12
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lives. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 209 Pleasant Ave

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Pearley c. (Last) Pears

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 2, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: miner

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: David Allen Pears
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Esther Mary Drennon
BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: E. L. Barry md Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16 *, 19*52*, to* Feb 7 *, 19*53*, that I last saw the deceased alive on* Feb 6 *, 19*53*, and that death occurred at* 9:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Barry md
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-7-53
24c. NAME OF CEMETERY OR CREMATORY: McGlade Fun. Home
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: Vernon E Darley

25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. S15
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 mo 22 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow Ida
d. STREET ADDRESS (If rural, give location) 315 E. Fifth St

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Alice c. (Last) Brannan

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 11-27-1872

9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wylie Bailey BIRTHPLACE Tenn

14. MOTHER'S MAIDEN NAME Delila Holt BIRTHPLACE Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Barry M.D. ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile degeneration — INTERVAL BETWEEN ONSET AND DEATH 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — 3 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) Moscow (COUNTY) Latah (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) unknown

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fall from a fall

22. I hereby certify that I attended the deceased from 11-18, 1952, to Feb 9, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 3.30 P m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Barry M.D. (Degree or title)

23b. ADDRESS Orofino Ida

23c. DATE SIGNED Feb 9.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 2-9-53

24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 2-9-53

REGISTRAR'S SIGNATURE Vernon E. Donley

25. FUNERAL DIRECTOR H. P. Short ADDRESS Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 416
Local Reg. No. 14
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters
c. LENGTH OF STAY (in this place): 1½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.F.L. Camp # 60

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Roy	Elmo	Mathews	2-17-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	9-13-1912	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods-work
11. BIRTHPLACE (State or foreign country): Bailey, Colo.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518124032
17. INFORMANT'S OWN SIGNATURE: X Velma Mathews — ADDRESS: Orofino

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

910.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-cerebral injury — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple chest injuries.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Woods
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Headquarters Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-17-53 2:00p. m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by falling tree.

22. *I hereby certify that I attended the deceased from* ------, 19--, *to* ------, 19--, *that I last saw the deceased alive on* ------, 19--, *and that death occurred at* 2:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 47? (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 2-18-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Vernon E Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 517
Local Reg. No. 15
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 40 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) Veronica c. (Last) Bartlett

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 18 1890

9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under an hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Francisco Calif.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Chris Knobloch — BIRTHPLACE: Ger

14. MOTHER'S MAIDEN NAME: Anna Catherine Carr — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unk

17. INFORMANT'S SIGNATURE AND ADDRESS: E. L. Berry MD Orofino Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro arterial sclerosis — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Had first cerb. hemorrhage about 3 mos ago.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-9, 1952, *to* 2-18, 1953, *that I last saw the deceased alive on* 2-17, 1953, *and that death occurred at* 6:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Berry MD — **23b. ADDRESS**: Orofino Ida — **23c. DATE SIGNED**: 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 2-19-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Noon Memory — **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 2-18-53 — REGISTRAR'S SIGNATURE: Vernon E Dudley

25. FUNERAL DIRECTOR — ADDRESS: W. E. Gilbert Orofino Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 618
Local Reg. No. 16
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cavendish-Rural
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. northeast Cavendish

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location): Cedar Creek

3. NAME OF DECEASED (Type or Print): a. (First) Cam b. (Middle) W. c. (Last) Tilley
4. DATE OF DEATH (Month) (Day) (Year): 2-20-1953
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3-15-1884
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Wm. Tilley BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Wamsley BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: X Altha Tilley Rathbone ADDRESS: Cavendish

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis. — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 12:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 2-28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Southwick Cemetery
24d. LOCATION (City, town, or county) (State): Southwick Idaho

DATE REC'D BY LOCAL REG.: 2-27-53
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: M. E. Gilbert ADDRESS: Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-1632 RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C19
Local Reg. No. 17
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location): Elk Creek.

3. NAME OF DECEASED (Type or Print): a. (First) Dennis b. (Middle) Lee c. (Last) Altmiller

4. DATE OF DEATH: (Month) (Day) (Year) 2-21-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 2-18-1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ahsahka, Idaho Elk Creek

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jake Altmiller — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Barbara Carper — BIRTHPLACE: Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jake C. Altmiller — ADDRESS: Ahsahka, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-18- , 1953, *to* 2-21- , 1953, *that I last saw the deceased alive on* 2-21- , 19 53, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Coppedge — (Degree or title): M.D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-24-1953

24c. NAME OF CEMETERY OR CREMATORY: Wells Bench Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 2-25-53

REGISTRAR'S SIGNATURE: Vernon E. Dooley

25. FUNERAL DIRECTOR — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 520
Local Reg. No. 47
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Omer	H.	Long	Feb.	12,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Mar. 27, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07		Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Long	unknown	Alice Palmer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	unknown	Taken from papers	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Physician or Coroner)	23b. ADDRESS	23c. DATE SIGNED
Robert F. Bowler M.D.	Challis, Ida.	2-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-17-53	unknown	Kansas City, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 19 1953	Edna McKinney	Delbert C. Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 621
Local Reg. No. 168
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Arthur c. (Last) Pierson

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles Pierson — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Amanda Grover — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Spanish Am.

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mary A. Pierson — ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs.

DUE TO (c) Arteriosclerosis, general — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 30, 1952, *to* Feb. 23, 1953, *that I last saw the deceased alive on* Feb. 23, 1953, *and that death occurred at* 8:38A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 036 Robert L. Porter MD
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-53
24c. NAME OF CEMETERY OR CREMATORY: Challis
24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1953
REGISTRAR'S SIGNATURE: Elsa M. Kenney
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 622
Local Reg. No. 4
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place) 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USAF HOSP, MT. HOME AFB, IDA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location) APT 6A, BOX 413

3. NAME OF DECEASED (Type or Print)
a. (First) MARGUERITE
b. (Middle) MAGDELENE
c. (Last) BREHM

4. DATE OF DEATH (Month) FEB (Day) 15 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED
8. DATE OF BIRTH 7 MARCH 1897
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 01
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) FOND DU LAC, WISCONSIN
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JACOB DIENER — BIRTHPLACE FOND DU LAC, WISC
14. MOTHER'S MAIDEN NAME UNKNOWN — BIRTHPLACE FOND DU LAC, WISC.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S OWN SIGNATURE John C. Brehm — ADDRESS JOHN C. BREHM, MAJOR, USAF, MT. HOME AFB

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF OVARY WITH GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 13, 1952, *to* FEB 15, 1953, *that I last saw the deceased alive on* Feb 15, 1953, *and that death occurred at* 10:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE G. D. Schmitt (Degree or title) G. D. SCHMITT, CAPT., USAF (MC)
23b. ADDRESS MOUNTAIN HOME AIR FORCE BASE
23c. DATE SIGNED 16 FEB 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Feb 16, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Portland Memorial
24d. LOCATION (City, town, or county) (State) Portland Oregon

DATE REC'D BY LOCAL REG. Feb 16, 1953
REGISTRAR'S SIGNATURE A F Anderson
25. FUNERAL DIRECTOR Bay Mortuary — ADDRESS Mountain Home by D A Henderson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 623
Local Reg. No. 7
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 237 East 1st So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 237 East 1st So.

3. NAME OF DECEASED (Type or Print)
a. (First): Joan
b. (Middle): Geddes
c. (Last): Randall

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 8, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Plain City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm Geddes — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emma Stewart — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-14-4670
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Donald S. Randall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Feb 17, 1953, *that I last saw the deceased alive on* Feb 17, 1953, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 64 O. R. Cutler MLC
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 01 Feb. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Alderwin Webb — ADDRESS: Preston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 624
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 65 South 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 65 South 1st East

3. NAME OF DECEASED (Type or Print): a. (First) FENRETTA b. (Middle) THOMAS c. (Last) MECHAM

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 9, 1877

9. AGE (In years last birthday): 76 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Smithfield, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harrison A. Thomas
BIRTHPLACE: Mississippi

14. MOTHER'S MAIDEN NAME: Ann Morehead
BIRTHPLACE: Mississippi.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: J C Mecham
ADDRESS: 798-42nd St Ogden Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Feb 22, 1953, *that I last saw the deceased alive on* Feb 22, 1953, *and that death occurred at* 2:04 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title) MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-25-53

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 2-23-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman L. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 525
Local Reg. No. 9
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 53 North 1st West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 53 North 1st West

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle; b. (Middle) Greaves; c. (Last) Neeley

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 27, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John C. Greaves — BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Althea Card — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ethel B. Neeley — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4500

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1952, *to* Feb 26, 1953, *that I last saw the deceased alive on* Feb 26, 1953, *and that death occurred at* 12:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler — (Degree or title): MD

23b. ADDRESS: Preston Ida

23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 3-2-1953

REGISTRAR'S SIGNATURE: Effie M. Brouwer

25. FUNERAL DIRECTOR: Atherton Mortuary — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 526
Local Reg. No. 3
Reg. Dist. No. 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Preston R.F.D.#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale
d. STREET ADDRESS (If rural, give location): Preston R.F.D. # 2

3. NAME OF DECEASED (Type or Print): a. (First) ARCHIE b. (Middle) EZEKIAL c. (Last) McCOMBS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 27, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Helper

10b. KIND OF BUSINESS OR INDUSTRY: Utah Power & Light.

11. BIRTHPLACE (State or foreign country): Clarkston, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter E. McCombs
BIRTHPLACE: Smithfield, Ut.

14. MOTHER'S MAIDEN NAME: Mary Ann Goodey
BIRTHPLACE: Clarkston, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Martha McCombs
ADDRESS: Riverdale Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Chronic coronary insufficiency 2 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
angina pectoris

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Feb 2, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 1:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 2/5/53

158

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-53
24c. NAME OF CEMETERY OR CREMATORY: Riverdale
24d. LOCATION (City, town, or county) (State): Riverdale, Idaho.

DATE REC'D BY LOCAL REG.: 2-6-1953
REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman Richards

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 627
Local Reg. No. 6
Reg. Dist. No. 540

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of J.H. Taylor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): CARTER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 7, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.P. Rail
10b. KIND OF BUSINESS OR INDUSTRY: Road Engineer
11. BIRTHPLACE (State or foreign country): Lemmington, England.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Carter 16 — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Fanny Brown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ernest W. Carter — ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): My veardity — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Feb 16, 1953, *that I last saw the deceased alive on* Feb 16, 1953, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.R. Cutler MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-53 03
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 628
Local Reg. No. 7
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 229 West 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ISABEL b. (Middle) BINGHAM c. (Last) ERICKSON DANCE

4. DATE OF DEATH: (Month) (Day) (Year): Feb., 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec., 4, 1875

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months: 1 Days: 27 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Ogden, Utah (Wilson)

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Willard Bingham

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Amanda Melvina Snow

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Floyd R Erickson — St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis ?? — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Feb, 1953, only, 19___, *that I last saw the deceased alive on* 1 Feb, 19 53, *and that death occurred at* 11AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Brinton, M D

23b. ADDRESS: St Anthony Idaho

23c. DATE SIGNED: 3 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5 Feb 53

24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Weber, Utah

DATE REC'D BY LOCAL REG.: 4 Feb 53

REGISTRAR'S SIGNATURE: M D Hansen

25. FUNERAL DIRECTOR — ADDRESS: M D Hansen — St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 529
Local Reg. No.
Reg. Dist. No. 6-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural ~~Rexburg RFDx2~~
d. STREET ADDRESS (If rural, give location): Rexburg RFD 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alvin	D.	Lusk	Feb. 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 25, 1899	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alma h. Lusk	Malad, Idaho	Hettie Dredge	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: DeLos Lusk — ADDRESS: Sugar City Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 14 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatectomy — 3 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1952 ~~1951~~
19b. MAJOR FINDINGS OF OPERATION: metastases Abdominal Glands
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1952, *to* Feb. 11, 1953, *that I last saw the deceased alive on* Feb. 11, 1953, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. F. Rigby	M.D.	Rexburg Idaho	2/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/14/53	Fielding Mem.	Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.: 2-14-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR / ADDRESS: Russell Adamson Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49621

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

State File No. 630
Local Reg. No. 11
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frint's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) John c. (Last) Gribble

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 1, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 3, 1881

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 2, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Calumet, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Gribble — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth MaryGlanville — BIRTHPLACE: England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Annie Witton — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart disease — Unknown
DUE TO (c): ~~Senility~~ 416X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January, 1952, *to* Feb 1, 1953, *that I last saw the deceased alive on* November, 1952, *and that death occurred at* 10:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard — (Degree or title): M D

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Feb 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 5/1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Plummer Beatty — ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C31
Local Reg. No. 12
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Rolland
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 18, 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Prarieview, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John S. Rolland — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Anna Alice Randolph — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 03 0952
17. INFORMANT'S OWN SIGNATURE: x Nellie Rolland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dehiscence of wound — 1 week.
DUE TO (c) Abd. incision — 21 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-15-53
19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 3 Feb, 1953, *that I last saw the deceased alive on* 3 Feb., 1953, *and that death occurred at* 1:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Goodwin, M.D. 137
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 7 Feb. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 7, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 632
Local Reg. No. 14
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 931 So. Boise

3. NAME OF DECEASED (Type or Print): a. (First) Le Roy; b. (Middle); c. (Last) Thornton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 25, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Walla Walla, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Edward Thornton — BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Sarah Beckwith — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-0244

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Laura May Thornton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953, *to* Feb 1, 1953, *that I last saw the deceased alive on* Feb 9, 1953, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald P. Rawlinson MD

23b. ADDRESS: 325

23c. DATE SIGNED: 2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 13, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 11 1953

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR ADDRESS: Peaslee Chapel Emmett Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 633
Local Reg. No. 15
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY GEM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EMMETT
c. LENGTH OF STAY (in this place) 14 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 321 PARK ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BOISE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HORSESHOE BEND, RURAL
d. STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LUCY c. (Last) THOMPSON

4. DATE OF DEATH (Month) FEB. (Day) 16 (Year) 1953

5. SEX FEMALE

6. COLOR OR RACE CAU.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Aug. 4, 1877

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) CALEDONIA, MINNESOTA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phillip HENDEL. BIRTHPLACE GERMANY

14. MOTHER'S MAIDEN NAME KATHERINE LANG. BIRTHPLACE GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Genetta Stokesberry ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

345X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hardening — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mental
DUE TO (c) Senile Cerebral Hardening

II. OTHER SIGNIFICANT CONDITIONS died in coma
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14, 1953, *to* 2-16-, 1953, *that I last saw the deceased alive on* 2-16-, 1953, *and that death occurred at* 7 0 m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Reynolds (Degree or title)

23b. ADDRESS Emmett

23c. DATE SIGNED 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE FEB 19, 1953

24c. NAME OF CEMETERY OR CREMATORY HORSE SHOE BEND.

24d. LOCATION (City, town, or county) HORSE SHOE BEND. (State) IDAHO

DATE REC'D BY LOCAL REG. Feb. 20, 1953

REGISTRAR'S SIGNATURE Jean A. Beatty

25. FUNERAL DIRECTOR Glenn W. Beatty ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 634
Local Reg. No. 17
Reg. Dist. No. 340-341

BIRTH NO. MAR 7 1958 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maxwell
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) —. b. (Middle): Addie c. (Last): Pell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Sept. 5, 1878	74	5	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Dalton — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Tina Toller — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Walter S Dalton — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 24, 5 1/2 A.M., 1953, *to* Feb 24, 1953, 5:40 A.M., *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 5:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard (Degree or title): M D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Mar 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Feb 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Plainview Cemetery
24d. LOCATION (City, town, or county) (State): Maxwell, Nebraska

DATE REC'D BY LOCAL REG.: Mar 4 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR — ADDRESS: Glenn W. Beatty

Federal Security Agency
United States Public Health Service
Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 635
Local Reg. No. 18
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) Willis c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26.1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct.29.1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Murray, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel W. Smith
BIRTHPLACE: Canton, Ohio

14. MOTHER'S MAIDEN NAME: Josephine A. Thompson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Elva I Smith
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. asthma, bronchial — 9 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Feb 26, 1953 *that I last saw the deceased alive on* Feb 26, 1953, *and that death occurred at* 4:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Lawrenson M D
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 4, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn McBeath
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1953 DIVISION OF VITAL STATISTICS

State File No. 636
Local Reg. No. 10
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 Box 148

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2 Box 148

3. NAME OF DECEASED (Type or Print): a. (First) Sophia b. (Middle) Ann c. (Last) Ashley

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 1, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 9 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Holden, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul Hall
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Mathilda Schonhorse
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Velma Salazar
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Was not attended by me while alive. 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Feb 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 5, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Beatty Chapel

ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

State File No. 637
Local Reg. No. 13
Reg. Dist. No. 340-341
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Peggy b. (Middle) Ann c. (Last) Guinard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 18, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months: 1 Days: 20 | IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02

10b. KIND OF BUSINESS OR INDUSTRY: child

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson L. Guinard — BIRTHPLACE: Big Pinie, Wyo.

14. MOTHER'S MAIDEN NAME: Patricia Ann Flowers — BIRTHPLACE: Hershey, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs Jack Guinard

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cause undetermined — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 28 53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 18, 1952, *to* Feb 8, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at about* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard 582 md

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: Feb 10, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 10, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR ADDRESS: Beatty Chapel, Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 638
Local Reg. No. 16
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Orson
b. (Middle): Elisha
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 3, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): So. Cottonwood, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew C. Smith — BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Martina Hanson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-07-3617
17. INFORMANT'S OWN SIGNATURE: George L. Smith — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ! — INTERVAL BETWEEN ONSET AND DEATH: immediately

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) It was lead on arrival but history [illegible] seem to
DUE TO (c) bear out the diagnosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on arrival, *19*__, *to* Feb 18, *19*53, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 325 (Degree or title): Ronald P. Kuvlenson m
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 2/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 20, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 639
Local Reg. No. 1588
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 Nebraska

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~[illegible]~~ Gooding
d. STREET ADDRESS (If rural, give location) 26 Nebraska

3. NAME OF DECEASED (Type or Print) a. (First) ANTONIO b. (Middle) C. c. (Last) BRAGA

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 20, 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Azores Islands Portugal
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jesse Braga BIRTHPLACE Portugal
14. MOTHER'S MAIDEN NAME Frances BIRTHPLACE Portugal

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs A. C. Braga ADDRESS Gooding, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 Yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of prostate — 2-3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1953, *to* 2-8, 1953, *that I last saw the deceased alive on* Febr. 8, 1953, *and that death occurred at* 12:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter E. Anderson (Degree or title) M.D.
23b. ADDRESS Gooding, Ida
23c. DATE SIGNED 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 2-12-53
REGISTRAR'S SIGNATURE J H Cunnell
25. FUNERAL DIRECTOR Geo. Jerread Jr. ADDRESS GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 640
Local Reg. No. 1588
Reg. Dist. No. 424

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon	Arthur	Thayer	Feb	13	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never Married	10-1-1952		4	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gooding Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willis Thayer — BIRTHPLACE: Wyoming
14. MOTHER'S MAIDEN NAME: Leva Wright — BIRTHPLACE: Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): na (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1953, *to* Feb 13, 1953, *that I last saw the deceased alive on* Feb 13, 1953, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion L. Young MD	Gooding, Idaho	Feb 19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-16-1953	Glenns Rest	Glenns Ferry Ida.

DATE REC'D BY LOCAL REG.: Feb 19 53
REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mt Home
D.D. Patterson

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

State File No. 541
Local Reg. No. 373
Reg. Dist. No. 2-21

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNETTA b. (Middle) PAMELIA c. (Last) JENKINS

4. DATE OF DEATH (Month) (Day) (Year): FEB. 3, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: DEC. 7, 1879

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALCKO MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DAVID REARDON — BIRTHPLACE: MO.

14. MOTHER'S MAIDEN NAME: SUSAN BECKETT — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Ada Mills — ADDRESS: Wendell Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the bladder with — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-4-48, 19__, *to* death, 19__, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 11:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Holsinger 164 M.D.

23b. ADDRESS: Wendell, Idaho

23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: FEB. 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: ROSE HILL

24d. LOCATION (City, town, or county) (State): IDAHO FALLS IDAHO

DATE REC'D BY LOCAL REG.: 2-4-53

REGISTRAR'S SIGNATURE: Veronica Mans

25. FUNERAL DIRECTOR ADDRESS: J. Farrell Weaver Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6-62
Local Reg. No. 1590 / 1 8 62 90
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Gooding Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HOMER; b. (Middle) WADE; c. (Last) GREER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 21, 1915

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glenns Ferry, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Homer W. Greer
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Florence Peak
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: Harold Greer
ADDRESS: Glenns Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 8854 Basal Skull Fractures — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1 mile east of King Hill, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 5, 1953 4:45 P. m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile Accident.

22. ~~I hereby certify that I attended the deceased from~~ Patient was dead on arrival, 19__, ~~to~~ 19__, ~~that I last saw the deceased alive on~~ Feb 5, 1953, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: Walter E. Anderson (Degree or title): M.D.

23b. ADDRESS: Gooding, Ida.

23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Glenns Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 2-12-53

REGISTRAR'S SIGNATURE: J H Cummins

25. FUNERAL DIRECTOR: Geo Jensen Jr.
ADDRESS: Gooding, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 643
Local Reg. No. 27
Reg. Dist. No. 2-20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Nannie b. (Middle) A. c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year): 2 - 3 - 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: Feb 19. 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 11 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Green City Missouri

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Geo Scott. BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Sarah Davidson BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Carl Schrom ADDRESS: Grangeville.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

24 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asthmatic Bronchitis -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug, 1952, to 3 Feb, 1953, that I last saw the deceased alive on 3 Feb, 1953 and that death occurred at 8:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Donald L. Altman M.D

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 4 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-5-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Feb. 4 1953

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Glenn Gilon ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 514
Local Reg. No. 25
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 313 North C

3. NAME OF DECEASED (Type or Print): a. (First) MILDRED b. (Middle) K c (Last) REED

4. DATE OF DEATH: (Month) Feb.11 (Day) (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 29,1907
9. AGE (In years last birthday): 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): GRANGEVILLE? Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Knorr BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Amanda Heitholt BIRTHPLACE: Ill.
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Jessa M Reed ADDRESS: Grangeville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease with mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Jan, 1948, *to* 11 Feb, 1953, *that I last saw the deceased alive on* 10 Feb, 1953, *and that death occurred at* 3:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J Saltmarsh (Degree or title) M.D
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 11 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.14,1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Feb. 14, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Otis Johnson
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 545
Local Reg. No.
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	O.	Allen	2 - 12 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	3-30-1873	78	10	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retire Farmer		Lansing Michigan	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Allen.	Maine	VonGiesen.	Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Hazel Allen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Blood Clot in Heart. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Endocarditis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 1, 19 53, *to* Feb 11, 19 53, *that I last saw the deceased alive on* Feb 11, 19 53, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. H. E. Kelly M.D.	Grangeville Idaho.	Feb 12 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-53	Prairie View	Grangeville Ida Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 14, 1953	Irma Cone	Glenn Cole	

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No. 27
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Genral

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ed
b. (Middle):
c. (Last): Stamey

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sept. 8, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner-prospector 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Burke, Co. North Carolina
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wm. Stamey, BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: not known BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs. Zelma Lyons ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatectomy
DUE TO (c) Chronic prostatic obstruction generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 14 Feb 53
19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy of prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Feb, 1953, *to* 14 Feb, 1953, *that I last saw the deceased alive on* 14 Feb, 1953, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald J. Feltman M.D. 365
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 16 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 19, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature] ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 647
Local Reg. No. 29
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
c. LENGTH OF STAY (in this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) M.
c. (Last) JASPER,

4. DATE OF DEATH (Month) (Day) (Year) Feb.14,1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec.15,1863
9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Weiser, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Merrill Jasper BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Brown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE John Jasper ADDRESS McCall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 28, 1952, *to* 2-14, 1953, *that I last saw the deceased alive on* Feb. 9, 1953, *and that death occurred at* on 2-14-53 11 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 411
23b. ADDRESS Council Idaho
23c. DATE SIGNED 12 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Feb.18,1953
24c. NAME OF CEMETERY OR CREMATORY Roseburry,
24d. LOCATION (City, town, or county) (State) Donelly, Idaho.

DATE REC'D BY LOCAL REG. Feb. 21, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature]
ADDRESS Grangeville Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 648
Local Reg. No. 26
Reg. Dist. No. 240

BIRTH NO. 111-53-1768

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GENE b. (Middle) c. (Last) SNYDER

4. DATE OF DEATH (Month) (Day) (Year) Feb.16,1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby
8. DATE OF BIRTH Feb.16,1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lloyd Snyder, BIRTHPLACE Weippe, Ida.
14. MOTHER'S MAIDEN NAME Darlene Maffix, BIRTHPLACE Wallace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Lloyd Snyder ADDRESS Kamiah.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydro Nephrosis — INTERVAL BETWEEN ONSET AND DEATH 15 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Obstruction of Urethra
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 16, 1953, *to* Feb 16, 1953, *that I last saw the deceased alive on* Feb 16, 1953, *and that death occurred at* 10:05 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. M. Guttermann M.D. 029
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb.17,1953
24c. NAME OF CEMETERY OR CREMATORY Kamiah
24d. LOCATION (City, town, or county) (State) Kamiah, Idaho.

DATE REC'D BY LOCAL REG. Feb. 16, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 749
Local Reg. No. 28
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDMUND	C.	SCHMADEKA	Feb. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white		Dec. 28, 1892			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Grangeville, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. F. Schmadeka,	Eugene, Ore.	Lorena Harmon,	U. S

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	547-14-4345	Albert Miller,	Grangeville

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Left Cerebro - vasc. hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio - vasc. dis. — Several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rgt sided hemi - paresis for several years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 Feb, 1953 *to* 16 Feb, 1953, *that I last saw the deceased alive on* 15 Feb, 1953 *and that death occurred at* 4:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Saltman	M. D.	Grangeville, Idaho	17 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 20, 1953	Prairieview	Grangeville, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 20, 1953	Irma Cone	Joe Roberts	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. C50
Local Reg. No. 31
Reg. Dist. No. 240

BIRTH NO. MAR 12 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OSMAN
b. (Middle): ARTHUR
c. (Last): RICHEY

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 21, 1852
9. AGE (In years birthday): 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: diversified
11. BIRTHPLACE (State or foreign country): Kingston, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richey — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Cornelia Smith, — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Myrtle Thompson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intertrochanteric fracture left femur — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Whitebird Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall in home

22. *I hereby certify that I attended the deceased from* 2-17-, 1953, *to* 2-24, 1953, *that I last saw the deceased alive on* 2-24, 1953, *and that death occurred at* 5:16 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Feltman (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 25 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2
24c. NAME OF CEMETERY OR CREMATORY: Whitebird
24d. LOCATION (City, town, or county) (State): Whitebird, Idaho.

DATE REC'D BY LOCAL REG.: Feb. 26, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jesse Robertson — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-1778

RECEIVED MAR 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 651
Local Reg. No. 2
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah rural. 12 mi E
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PHILMORRIS.
b. (Middle): Harry
c. (Last): Smith

4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: February 2, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 23 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----- 02
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Owen Smith. BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Florence Demminger BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Owen Smith ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

760.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Not known

DUE TO (c) This mother had normal labor

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1953, *to* Feb. 3, 1953, *that I last saw the deceased alive on* Feb. 3, 1953, *and that death occurred at* 5:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 299 Wesley F. Orr (Degree or title) M. D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-4-53
24c. NAME OF CEMETERY OR CREMATORY: Cottonwood
24d. LOCATION (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.: 2-4-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr M. D. by TB
25. FUNERAL DIRECTOR: Cletus A. Wilson ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 652
Local Reg. No. 626
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Marian
b. (Middle):
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): Feb 11 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2 - 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Clay Center Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Rich — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Kent — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bert Baker — ADDRESS: Kooskia, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 593X cerebral hemorrage. — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High blood Pressure - Nephritis -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24, 1948, *to* Ahead, 1953, *that I last saw the deceased alive on* 2/11/, 1953, *and that death occurred at* 1:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 041 [signature] M. D.
23b. ADDRESS: Kamiah Idaho.
23c. DATE SIGNED: 2/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Tahoe Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho.

DATE REC'D BY LOCAL REG.: 2/12/53
REGISTRAR'S SIGNATURE: Claude Henary
25. FUNERAL DIRECTOR: Claude Henary — ADDRESS: Kooskia, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 653
Local Reg. No. 3
Reg. Dist. No. 2-2

BIRTH NO. 111-53-1789

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) S 320 N. 6th

3. NAME OF DECEASED (Type or Print) a. (First) Lowell b. (Middle) c. (Last) Marsh.

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 53

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 2-17-53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cottonwood Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H Marsh. BIRTHPLACE Idaho.
14. MOTHER'S MAIDEN NAME Myrle N. Craig BIRTHPLACE Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE James H. Marsh ADDRESS Grangeville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

481X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mother ill with Influenza at time of birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 8:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE K. H Collins M.D. (Degree or title) M.D.
23b. ADDRESS Craigmont Idg.
23c. DATE SIGNED 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Feb. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Seattle Washington

DATE REC'D BY LOCAL REG. Feb. 20, 1953
REGISTRAR'S SIGNATURE Wesley J. Orr, M.D. by WB
25. FUNERAL DIRECTOR Cleland Nelson ADDRESS Cottonwood Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 654
Local Reg. No. 627
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
c. LENGTH OF STAY (in this place): 3 yr. 9 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
d. STREET ADDRESS (If rural, give location): East Kamiah

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Elgin
c. (Last): Woods

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 19 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Indian Valley Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Woods — BIRTHPLACE: Little Rock, Ark.
14. MOTHER'S MAIDEN NAME: Mary M. Baker — BIRTHPLACE: Little Rock, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 519-20-8087
17. INFORMANT'S OWN SIGNATURE: Marvin E Woods — ADDRESS: Kamiah Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/52, 19__, *to* 2/20, 1953, *that I last saw the deceased alive on* 1/30, 1953, *and that death occurred at* 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 041 C H Bryan M.D.
23b. ADDRESS: Kamiah Idaho
23c. DATE SIGNED: 2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24 1953
24c. NAME OF CEMETERY OR CREMATORY: Indian Valley Cem.
24d. LOCATION (City, town, or county) (State): Indian Valley, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23 1953
REGISTRAR'S SIGNATURE: Claude Tenary
25. FUNERAL DIRECTOR: Claude Tenary — ADDRESS: Kooskia Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 855
Local Reg. No. 455
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COTTONWOOD
c. LENGTH OF STAY (in this place) 63 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Con. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First) ETHEL
b. (Middle) MAY
c. (Last) GRAHAM

4. DATE OF DEATH (Month) (Day) (Year) Feb.25,1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar.18,1900
9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Louis Webber BIRTHPLACE Fonde Lake, Minn
14. MOTHER'S MAIDEN NAME Oleca Allen BIRTHPLACE Rose Co., Arkansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Cyrus L. Graham ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-5-53
19b. MAJOR FINDINGS OF OPERATION Hypernephroma Rt. Kidney
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20-, 1953, *to* Feb.25, 1953, *that I last saw the deceased alive on* 2-24, 1953, *and that death occurred at* 1:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE K. H. Collins (Degree or title) M.D.
23b. ADDRESS Craigmont Idaho
23c. DATE SIGNED 2-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb.28,1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. 2-28-1953
REGISTRAR'S SIGNATURE Wesley D. Orr, M.D., Lyt B
25. FUNERAL DIRECTOR Jess Peterson ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 656
Local Reg. No. 6
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rigby
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1 Rigby, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 2035 Adams Ave.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): ISABELLA JANNETT ALLRED

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 15, 1860	92	8	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Arthur Wade — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Fred W Allred — ADDRESS: Rte.#1 Rigby, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4-5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 20, 1952, *to* Feb. 11, 1953 *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 10:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
421 Gedon Hall M.D.	Rigby, Idaho	2/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-1953	Ogden City Cemetery	Ogden Weber Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/13/53	Mrs A B Worsell	Bruce A. Eckwell	Rigby, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 657
Local Reg. No. 8
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Rte. #1 Rigby
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mile W. ¼ Mile S. Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rte. #1 Rigby
d. STREET ADDRESS (If rural, give location): 4 Mile W. ¼ Mile S. of Rigby

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): ERNEST
c. (Last): ELSER

4. DATE OF DEATH (Month) (Day) (Year): February 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 3, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sheridan, Montana.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marcus Elser — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Augusta Montana Bock — BIRTHPLACE: Montana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Nell Elser. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Emolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Occlusion — 6 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 18, 1948, *to* Feb. 21, 1953, *that I last saw the deceased alive on* February 21, 1953, *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: 422 Asael Hall (Degree or title): M. D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 2.25.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grant Central Cemetery
24d. LOCATION (City, town, or county) (State): Grant Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: 3/1/53
REGISTRAR'S SIGNATURE: Mrs A B Eckwell
25. FUNERAL DIRECTOR: Bruce A. Eckwell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 658
Local Reg. No. 10
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe.
c. LENGTH OF STAY (in this place): 6- Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
d. STREET ADDRESS (If rural, give location): None.

3. NAME OF DECEASED (Type or Print)
a. (First): Hyrum.
b. (Middle): J.
c. (Last): Christiansen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27th 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: May.1st 1871
9. AGE (In years last birthday): 81. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): To Retired Laboror.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad.
11. BIRTHPLACE (State or foreign country): Ephriam Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fredrick. Julius. Christiansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna. Christina. Anderson. Utah. — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Luella Hendrickson — ADDRESS: Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Emolism — INTERVAL BETWEEN ONSET AND DEATH: 18 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 years +
DUE TO (c): Hypertension — 6 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 8, 1953, *to* Feb. 25, 1953, *that I last saw the deceased alive on* Feb. 25, 1953, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 422 Asael Hall, (Degree or title) M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: March. 10 2th 1953.
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho.

DATE REC'D BY LOCAL REG.: 3/8/53
REGISTRAR'S SIGNATURE: Mrs A B Eckner
25. FUNERAL DIRECTOR: Dennis Kiser — ADDRESS: Ashton Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 659
Local Reg. No.
Reg. Dist. No. 64

MAR 10 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): ROSINA
b. (Middle):
c. (Last): SWANNER

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 15, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ravensburg, Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown Schaffer. BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Clotine Swanner ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3327

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 7 yrs.
DUE TO (c) Hypertension — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None Performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1950, *to* Feb. 28, 1953, *that I last saw the deceased alive on* Feb. 27, 1953, *and that death occurred at* 11:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 3, 53

24c. NAME OF CEMETERY OR CREMATORY: Haden

24d. LOCATION (City, town, or county) (State): Teton County, Idaho

DATE REC'D BY LOCAL REG.: 3/3/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 660
Local Reg. No. 71
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Alexander
c. (Last): Peak

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 25-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Wakefield - Kans
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: BIRTHPLACE: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Katherine A. Whitehead — ADDRESS: Arco, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic Ca of Prostate — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1947, *to* 2-3, 1953, *that I last saw the deceased alive on* 2-3-53, 19__, *and that death occurred at* 10:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: 289 [signature] (Degree or title)
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 2-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 6, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county): Shoshone (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 7 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 661
Local Reg. No. 72
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 5 DYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) MARIE c. (Last) ANDERSON

4. DATE OF DEATH: (Month) FEB (Day) 10 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: AUG. 22, 1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SMOLAND SWEDEN
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER MOGNUS — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: KISA MAGNUS — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Anna Potter — ADDRESS: Wendell, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ast. sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24, 1953, *to* 2-10, 1953 *that I last saw the deceased alive on* 2-10, 1953 *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel M.D
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB. 14. 1953
24c. NAME OF CEMETERY OR CREMATORY: FAIRMOUNT
24d. LOCATION (City, town, or county) (State): DENVER COLORADO

DATE REC'D BY LOCAL REG.: Feb. 13 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. Farrest Weaver
ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 662
Local Reg. No. 74
Reg. Dist. No. 440

BIRTH NO. FEB 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ambulance -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edward	Bourquin	Feb.	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	Oct-26-1869	83	4	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	self	Colfax Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Louis Bourquin	U.S.	Mary Ann Bailey	U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs. Cecil E. Dudley.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-13-53, 19___, *to* 2-13-53, 19___, *that I last saw the deceased alive on* 2-13-53, 19___, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
289 [illegible] MD	Shoshone Idaho	2-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/16/53	Shoshone	Shoshone Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 18, 1953	Sister M. Rose, O.S.B.	Myrtle C. Burdett	Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 563
Local Reg. No. 76
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wedell
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): —
c. (Last): Ulrich

4. DATE OF DEATH (Month) (Day) (Year): Feb 21 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar 22 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Decatour Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Lutes — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Susie Armbruster — ADDRESS: Rent Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Upper Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old Age
DUE TO (c): Inanition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25-53, 19__, *to* death, 19__, *that I last saw the deceased alive on* 2-21, 1953, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold H. Solsinger M.D. 164
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 2/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 24.53
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Memorial
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 25, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Leroy A. Mazier — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 664
Local Reg. No. 77
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) Demarkquis c. (Last) Silcock

4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH May 29 1864
9. AGE (In years last birthday) 88 Months 8 Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Grantsville Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alma Silcock BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Ann Hudson BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Burt Silcock ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH Indefinite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial hypertension; senility

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 20, 1953, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 10 15 A m., from the causes and on the date stated above.

23a. SIGNATURE 373 W. Carlyle Smail, M.D. (Degree or title)
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 28.
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) Burley (State) Ida.

DATE REC'D BY LOCAL REG. Feb 28 1953
REGISTRAR'S SIGNATURE Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR Ritter S. Payne ADDRESS Burley Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 665
Local Reg. No. 68
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt
d. STREET ADDRESS (If rural, give location): Rt 3

3. NAME OF DECEASED (Type or Print)
a. (First): Chesley
b. (Middle): Olin
c. (Last): Minor

4. DATE OF DEATH (Month) (Day) (Year): Feb 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 5. 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 5 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Mt Home Arkansas
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Thomas Minor — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Melvina Lance — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Myrtle Rigney — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Rural Jerome Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* ~~alive~~ dead *on* Feb 1, 1953, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 J R Wiley 4 (Coroner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 2/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 4. 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Feb. 3, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 666
Local Reg. No. 73
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Sylvester
c. (Last): Southworth

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Dealer 36
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Dingle, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chester Southworth — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Agnes Caldwell — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Grant S Southworth — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1953, *to* 1-6, 1953, *that I last saw the deceased alive on* 2-5, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 165 S Hopper MD
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 9, 1953 04
24c. NAME OF CEMETERY OR CREMATORY: Brigham City
24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: Feb. 17, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 667
Local Reg. No. 75
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hazelton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Hazelton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hazelton
d. STREET ADDRESS (If rural, give location): Rural - Hazelton

3. NAME OF DECEASED (Type or Print): a. (First) LELAND b. (Middle) K. c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 7, 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Sheep	Kalispell, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harve S. Miller	Iowa	Elizabeth Iseminger	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW1 US Army 4-20-17	519-09-7892	T M Robertson	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Sclerosis	6 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary thrombosis	0
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar, 19 42 *to* Feb 13, 19 53, *that I last saw the deceased alive on* Feb 13, 19 53, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Twin Falls, Idaho	2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/16/53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 19 1953	Sister M Rose, O.S.B.	Dwight L Phillips	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

State File No. 568
Local Reg. No. 78
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home in Eden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) S. c. (Last) Phillips

4. DATE OF DEATH: (Month) (Day) (Year): February 22, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Eden Variety Store

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William P. Phillips — BIRTHPLACE: Brigham City Utah

14. MOTHER'S MAIDEN NAME: Mitalda Perry — BIRTHPLACE: Perry, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: 518 22 8546

17. INFORMANT'S OWN SIGNATURE: X Wayne J. Phillips — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis Generalized — 15 Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Feb, 1953, *that I last saw the deceased alive on* 8 Aug, 1952, *and that death occurred at* 10:55 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: V. Ellis Knight 569 — (Degree or title): M.D.

23b. ADDRESS: Kimberly Idaho

23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Mar. 3, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: B. I. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. A. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 559
Local Reg. No. 26
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
FEB 13 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513-Lakeside avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 513-Lakeside avenue

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Clyde; c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 4, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker 18

10b. KIND OF BUSINESS OR INDUSTRY: Own Shop

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Winfield Scott
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mahalla J. (unknown)
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 517-09-8045

17. INFORMANT'S OWN SIGNATURE: Frank C. Scott
ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis c

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial infarction
DUE TO (c): arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 7 da.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25, 1953, *to* 2-1, 1953, *that I last saw the deceased alive on* 1-31, 1953, *and that death occurred at* 11 30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 018 Frank Barclay M.D.

23b. ADDRESS: Coeur d Alene

23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 2-3-53

24c. NAME OF CEMETERY OR CREMATORY: Hazen Jaeger

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 2-2-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 670
Local Reg. No. 28
Reg. Dist. No. 120

BIRTH NO.

FEB 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene, Idaho

c. LENGTH OF STAY (in this place): 69 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 1109 Harrison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Esther	Triplett	2	2	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W	Married	Oct 5, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife 01	Own Home	Olive Calif	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Maurice Pain	France	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Robert Triplett	Coeur d'Alene, Idah

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion (Nov 25 '52) — 10 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1/11, 19 52, to 2/2, 19 53, *that I last saw the deceased alive on* 2/2, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
175 [signature] MD	Coeur d'Alene Idaho	2-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-5-53 01	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-13-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Dr. Hughes

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 671
Local Reg. No. 24
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1717 Cd'A Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1717 Cd'A Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	H.	Langley	Feb. 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 27, 1892	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millworker	Kaiser Industries	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Langley	Ill	Anna Briedencamp	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	533-01-6687	Mrs Arthur Langley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4-30-1 Natural causes - presumed to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) be coronary thrombosis

DUE TO (c) became of antecedent chest pain - 12 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1950, *to* Feb, 1953, *that I last saw the deceased alive on* dead on arrival, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes MD	Coeur d'Alene Idaho	2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 5, 1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-9-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. C72
Local Reg. No. 29
Reg. Dist. No. 12

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5418 N 15th st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 5418 N 15th St

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) R. c. (Last) Harder

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nver Married

8. DATE OF BIRTH: May 17 1946

9. AGE (In years last birthday): 6 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 03-

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Spokane Wash

12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13. FATHER'S NAME: Hubert Harder — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Ruth Hollensteiner — BIRTHPLACE: Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. Hubert Harder — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-1-52, 19____, *to* 2-4-53 19____, *that I last saw the deceased alive on* 1-17-53, 19____, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-7-53

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-13-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Fox

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 73
Local Reg. No. 23
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1107-6th, st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Cora	A.	Carkuff	Feb. 5 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Aug. 11 1883	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hagey — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Adeline Mbobb — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 579-05-0274 None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 1952 *to* 2/5 , 1953, *that I last saw the deceased alive on* 2/5 , 1953 *and that death occurred at* 4:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
122 [signature]	MD	Coeur d'alene	2/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-7-53 01	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-7-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wm T. Wood

Certificate of Death

STATE OF IDAHO

State File No. 674
Local Reg. No. 98
Reg. Dist. No. 120

BIRTH NO. FEB 21 1953

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1222-Penn ave.

3. NAME OF DECEASED (Type or Print) a. (First) Ulysses b. (Middle) S c. (Last) Montanden

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 20, 187[illegible]
9. AGE (In years last birthday) [illegible] IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas Montanden BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Sophia Jacot BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE R. J. Montanden ADDRESS Coeur d' Alene Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4437

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular, Renal disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1949, *to* 2-11, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 470 William T. Wood M.D. Coroner
23b. ADDRESS Coeur d' alene, Idaho
23c. DATE SIGNED 2-16-'53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-15-53
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State) St. Maries Idaho

DATE REC'D BY LOCAL REG. 2-16-53
REGISTRAR'S SIGNATURE Lorraine K. Brueh
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

HAWKINS

Certificate of Death

STATE OF IDAHO

State File No. 675
Local Reg. No. 31
Reg. Dist. No. 12a

BIRTH NO.

FEB 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3-wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 810-Montana ave.

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn; b. (Middle) Bell; c. (Last) Davis

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 9, 1894	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 21	Own Home	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Zornes	Indiana	Martha E. Hyde	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	535-24-2154	W. W. Davis	Coeur d' Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Gall Bladder — 1 Yr. -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* 2/11, 1953, *that I last saw the deceased alive on* 2/11, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
180 James W. Hawkins MD		2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation 21	2-14-53	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-13-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. 676
Local Reg. No. 37
Reg. Dist. No. 120

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waverly (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): THOR
b. (Middle): XXXX
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles C. Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Emil Hansen — ADDRESS: Rosalia, Wash.

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral contusion
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractured left femur crushed left chest, internal injury abdom

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Highway car accident

22. *I hereby certify that I attended the deceased from* 2-16, 1953, *to* 2-19, 1953, *that I last saw the deceased alive on* 2-19, 1953, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Gunnerhe 54
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Feb. 26, 1953 013
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 2-23-53
REGISTRAR'S SIGNATURE: Lorraine K. Breesh
25. FUNERAL DIRECTOR: H. G. Jaeger — ADDRESS: Fairfield, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

State File No. C 77
Local Reg. No. 337
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootemai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'alene
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 Wallace Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur dAlene
d. STREET ADDRESS (If rural, give location): 110 Wallace Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Harter

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 53

5. SEX: F.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-20-1900

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 15

10b. KIND OF BUSINESS OR INDUSTRY: Nurisng Homes

11. BIRTHPLACE (State or foreign country): McIntosh Minn

12. CITIZEN OF WHAT COUNTRY: U.S. A

13. FATHER'S NAME: Jens Wikum — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Margaret Lee — BIRTHPLACE: dUnkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-28-7562

17. INFORMANT'S OWN SIGNATURE: Mr. James Harter — ADDRESS: Ceorud 'Alene Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Abrupt

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive heart — 10 yrs

DUE TO (c) disease.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 19___, *to* 2-19, 1953, *that I last saw the deceased alive on* 2-15, 1953, *and that death occurred at* 2:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A Hughes M.D. — **23b. ADDRESS**: Coeur d'Alene, Idaho — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-23-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 2-23-53 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — 25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur dAlene

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 678
Local Reg. No. 40
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1617 Mullan Ave

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) J; c. (Last) Ritchie

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 53

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unkown

8. DATE OF BIRTH: 1-20-53

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unkown

10b. KIND OF BUSINESS OR INDUSTRY: Unkown

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Nursing Home Records
ADDRESS: CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition + Exposure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__, *that I last saw the deceased alive on* 2-25-1953, *and that death occurred at* 12:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-28-53

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-2-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 679
Local Reg. No. 36
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 3rd and Front

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): M
c. (Last): Stavens

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 16, ~~1878~~ 1880
9. AGE (In years last birthday): 72 ~~74~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosuewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Sidney E. Smith — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Acute Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral thrombophlebitis both leg — 3 days
DUE TO (c) Chronic myocarditis with

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arteriosclerosis — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* 2-25, 1953, *that I last saw the deceased alive on* 2-25, 1953, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hamilton H. Greenwood 138 (Degree or title)
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-28-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Gumprecht

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 680
Local Reg. No. 35
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1624-Lakeside ave

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle; b. (Middle) A.; c. (Last) Rhodes

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Albert Rinehart — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Emaline Smith — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W Lynn Bradley — ADDRESS: Spokane Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular accident 1 week. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1953, *to* Feb 28, 1953, *that I last saw the deceased alive on* Feb 28, 1953, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M Gumprecht MD — **23b. ADDRESS**: 318 N 4th Coeur d'Alene — **23c. DATE SIGNED**: 3 March 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 4, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest Cemetery — **24d. LOCATION** (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-4-53 — REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeurd' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Wm Wood

RECEIVED FEB 13 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 681
Local Reg. No. 22
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lakeview
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) W-611-28th, Ave.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Austin

4. DATE OF DEATH (Month) (Day) (Year) February 7, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 10, 1876

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining 07

10b. KIND OF BUSINESS OR INDUSTRY Mines

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles L. Austin — BIRTHPLACE Maine

14. MOTHER'S MAIDEN NAME Mary Coon — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS
x Robert B. Austin - Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
William T. Wood, M.D. Coroner.

23b. ADDRESS Coeur d'alene, Idaho.

23c. DATE SIGNED 2-9-'53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Feb. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY Smith Funeral Home

24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. 2-9-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 582
Local Reg. No. 39
Reg. Dist. No. 12

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 511 S. 19th St.

3. NAME OF DECEASED (Type or Print): a. (First) Christian; b. (Middle); c. (Last) Braun

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: 4-15-1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 05

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: Records in Nursing Home
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio Sclerotic Cardio vascular disease — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 2-14-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-19-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 2-23-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates

ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. L. C. Fredrikson

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 683
Local Reg. No. 3283
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) c. (Last) Wilcox

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 25, 1860

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: NOne

17. INFORMANT'S OWN SIGNATURE ADDRESS: Mabel Cowles

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — One week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1948, *to* 2/18, 1953, *that I last saw the deceased alive on* 2/18/53, 19____, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Fredrikson M.D.

23b. ADDRESS: Spirit Lake, Idaho

23c. DATE SIGNED: 2/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-23-53

24c. NAME OF CEMETERY OR CREMATORY: Spirit Lake Cemetery

24d. LOCATION (City, town, or county) (State): Spirit Lake Idaho

DATE REC'D BY LOCAL REG.: 2-23-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR ADDRESS: Non English Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 684
Local Reg. No. 38
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt# 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Harold	Geren	Feb. 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 22, 1909	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance 62	Co. Highway Dept.	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Virgil Geren	Mo.	Edith Teague	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No — None	518-16-9668	× Mrs. R. H. Geren	Hayden Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/18, 1953 *to* 2/18, 1953, *that I last saw the deceased alive on* 2/18, 1953, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
175 O.M. Husted	MD	Coeur d'Alene Id	2/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-21-53 05	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-2-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Directory

RECEIVED Certificate of Death

FEB 19 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 685
Local Reg. No. 15
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 322 So. Lilly St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	D.	Wilcox	Feb	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan 1, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. ok
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eau Claire, Wisc.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bela H. Wilcox	N.H.	Lora Harshman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Howard Wilcox — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No.		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/21, 1953, *to* 2/4, 1953, *that I last saw the deceased alive on* 2/4, 1953, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Moscow, Idaho.	2/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-7-1953	Colfax Cemetery	Colfax Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/12/53	[signature]	W R Smith	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 886
Local Reg. No. 18
Reg. Dist. No. 200

BIRTH NO. Klaarenbeek

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow rural rt. 3
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	Erick	Flack	Feb	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Jan 4, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Flack — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Clyde Flack — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary disease — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 3 years
DUE TO (c) General arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1952, *to* February, 1953, *that I last saw the deceased alive on* Feb. 6, 1953, *and that death occurred at* 9:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
208 C. F. Klaarenbeek M.D.	Box 227, Moscow, Idaho	2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	2-9-1953 01	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2/17/53	Lois E. Angel	W R Smart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 687
Local Reg. No. 19
Reg. Dist. No. 206

BIRTH NO. Wilson

RECEIVED FEB 19 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): City Parking lot

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle); c. (Last) Johnson

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept 15, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ok

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. L. Anderson
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza & Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia with Cardiac decompensation

480X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-29, 1953, *to* 2-8, 1953, *that I last saw the deceased alive on* 2-8, 1953, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Gladson MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/17/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: VR Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 688
Local Reg. No. 27
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO. Wilson

RECEIVED MAR 2 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 627 So. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Ransom
c. (Last): Davis

4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 18, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hartford City, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Ransom — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Jenkins — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-6111
17. INFORMANT'S OWN SIGNATURE: X Paul E. Wickward — ADDRESS: Moscow

18. CAUSE OF DEATH 481X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro intestinal bleeding — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myasthenia gravis — 5-6 years
Cardiac decompensation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16-, 1942, *to* 2-17-, 1953 *that I last saw the deceased alive on* 2-17, 1953, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE 450 (Degree or title): Joseph R. Wilson MD
23b. ADDRESS: Moscow Ida
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/25/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 639
Local Reg. No. 25
Reg. Dist. No. 200

BIRTH NO. Ayres

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 713 So. Adams

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle):
c. (Last): Egger

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: about 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-22-6691
17. INFORMANT'S OWN SIGNATURE: Fred Goetz — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 431X Acute myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 24..

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recuperated by acute G. I. upset diarrhea and vomiting. — 1 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:50 P m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M D
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 3/5/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/11/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: N R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Coroner RECEIVED FEB 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 690
Local Reg. No. 16
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy 95 2 miles south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 20± No. Almon

3. NAME OF DECEASED (Type or Print): a. (First) Eudora b. (Middle) Ellen c. (Last) Maybury

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb 7, 1864	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): McHenry Co., Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Fish — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple head and body injuries — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Hwy 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow Latah Idaho

21d. TIME OF INJURY: (Month) 2 (Day) 7 (Year) 53 (Hour) 7pm.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 pm., from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Short (Degree or title): Coroner, Latah Co.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 2-10-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-12-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/10/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: U R Short ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

State File No. 591
Local Reg. No. 20
Reg. Dist. No. 200

RECEIVED MAR 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 47 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Trotter

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 20, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 09
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Nickerson, Minn.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: L. R. Trotter — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Alice Flannigan — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-0173
17. INFORMANT'S OWN SIGNATURE: Chas E Trotter — ADDRESS: Potlatch, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

431X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Sudden heart failure

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: From
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pre visit (Died on Arrival) *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Armstrong M.D.
23b. ADDRESS: Moscow, Idaho.
23c. DATE SIGNED: 2/20/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-53
24c. NAME OF CEMETERY OR CREMATORY: Potlatch Cemetery
24d. LOCATION (City, town, or county) (State): Potlatch, Idaho

DATE REC'D BY LOCAL REG.: 2/25/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR — ADDRESS: H E Kimball Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. C92
Local Reg. No. 23
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 11 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 46 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Miles S.E. of Potlatch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 5 Miles S.E. of Potlatch

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Walser

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 8, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sauk Co., Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Sebastian Katiepolt — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Lucy Grass — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ingo Walser — ADDRESS: Palouse Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio sclerosis — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1941, *to* Feb 21, 1953, *that I last saw the deceased alive on* Sept, 1952, *and that death occurred at* 9 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 091 J.W. Debree M.D
23b. ADDRESS: Palouse Wn
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2-26-53 01
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co., Idaho

DATE REC'D BY LOCAL REG.: 3/10/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR — ADDRESS: H E Kimball Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 693
Local Reg. No. 22
Reg. Dist. No. 200

Certificate of Death

BIRTH NO. MAR 11 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 31 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2½ Miles N. of Potlatch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 2½ Miles N. of Potlatch

3. NAME OF DECEASED (Type or Print) a. (First) Amy b. (Middle) c. (Last) Easton

4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 13, 1878
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wamego, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME William McCadden BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Martha Wraight BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Margaret Williams ADDRESS Chico Cal.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Metastasis from

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1941, *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb. 18, 1953, *and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 091 J.W. DeBree (Degree or title) M.D
23b. ADDRESS Palouse W
23c. DATE SIGNED 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 2-24-53 01
24c. NAME OF CEMETERY OR CREMATORY Fraternal Cemtery
24d. LOCATION (City, town, or county) (State) Palouse, Washington

DATE REC'D BY LOCAL REG. 3/10/53
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR R E Kimball ADDRESS Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 691
Local Reg. No. 24
Reg. Dist. No. 200

BIRTH NO. MAR 11 1953

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potlatch Confectionary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leon
b. (Middle): Kenneth
c. (Last): McCall

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 6, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Audubon, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mac McCall — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Flora Sunbrook — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 503-09-8754
17. INFORMANT'S OWN SIGNATURE: Selma B. McCall — ADDRESS: Potlatch

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: E R Short 470 — (Degree or title): Coroner, Latah Co.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-53
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county): Potlatch — (State): Idaho

DATE REC'D BY LOCAL REG.: 3/10/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 695
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Uel
b. (Middle): Cleve
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 13, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & teaching
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elias Cook — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Sarah E. Stewart — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Bert Schneider — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (c) chronic myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (c) senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Feb 3, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 5:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John R. Goggins M.D. 474 (Degree or title)
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: Feb 3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): Wilford, Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 696
Local Reg. No. 690
Reg. Dist. No.

FEB 21 1953

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 15 miles So. Salmon
c. LENGTH OF STAY (in this place): 0 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 15 miles So. of Salmon
d. STREET ADDRESS (If rural, give location): Ranch home

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Birrell
c. (Last): Burnham

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad 70
10b. KIND OF BUSINESS OR INDUSTRY: Conductor
11. BIRTHPLACE (State or foreign country): Kinsman, Ohio
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry L. Burnham — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Marjorie Birrell — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: Mrs. A. B. Burnham — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10, 1951, *to* 5-9, 1952 *that I last saw the deceased alive on* 5-9, 1952 *and that death occurred at* 10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Blackadar, M.D. 031
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-10-53 15
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Viola G. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 697
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

FEB 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) c. (Last) Proksch

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Sept. 25, 1864	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker 60
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Katcher, Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anton Proksch — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Marie unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x James E. Moockie — ADDRESS: Salmon, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Senile Dementia — 12 yrs

450.10

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15-52, 19 52, *to* 2-7, 19 53, *that I last saw the deceased alive on* 2-7, 19 53 *and that death occurred at* 7:30Am., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder M.D (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPHS-49031

RECEIVED
MAR 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C98
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 14 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Orlando
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13-1953.

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 12-1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner
10b. KIND OF BUSINESS OR INDUSTRY: mining
11. BIRTHPLACE (State or foreign country): Maroni - Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph White — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Ames — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-10-2093
17. INFORMANT'S OWN SIGNATURE: Mary Agnes White — ADDRESS: Mackay

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 1. Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2. Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952 *to* Feb 13, 1953, *that I last saw the deceased alive on* Feb 13, 1953, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John V. Goggins M.D. — 474
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: Feb 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 16-53
24c. NAME OF CEMETERY OR CREMATORY: Mt McCaleb Cem.
24d. LOCATION (City, town, or county): Mackay — (State): Idaho

DATE REC'D BY LOCAL REG.: Feb-28-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Ida

F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 699
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Elizabeth c. (Last) Hale

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 2, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wainsville, N. C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: E. R. Plott — BIRTHPLACE: Wainsville, N.C.
14. MOTHER'S MAIDEN NAME: unknown Rich — BIRTHPLACE: Wainsville, N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Robert C Hale — ADDRESS: Paicines, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2) Cerebral sclerosis & arteriosclerosis
DUE TO (c) 3) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 19 52, *to* Feb. 16, 19 53 *that I last saw the deceased alive on* Feb. 15, 19 53, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R Goggins (Degree or title) M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: Feb. 18, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb-21-53
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 700
Local Reg. No. 690
Reg. Dist. No.

MAR 12 1953

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Leah
c. (Last): Garner

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 14, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Merthyr Tudfil, Wales
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edward Joseph — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Thomas — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Hazel L. Snodgrass — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 1953 *to* 2-28, 1953, *that I last saw the deceased alive on* 2-28, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder MD 262
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 2-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 701
Local Reg. No. 8
Reg. Dist. No. 630

BIRTH NO. MAR 11 1953

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 111 East 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Ellen c. (Last) Fife Middleton

4. DATE OF DEATH: (Month) (Day) (Year): February 14, 1953

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 24, 1846

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Riverdale Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Joseph Fife — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Martha Bingham — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Joseph F. Middleton — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intestinal Obstruction (Volvulus) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 12, 1953, *to* Feb. 14, 1953, *that I last saw the deceased alive on* Feb. 14, 1953, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon H. Cline, M.D. (Degree or title)

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 2-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/16/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 2-16-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 702
Local Reg. No. 18
Reg. Dist. No. 630

BIRTH NO. MAR 11 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Martin b. (Middle) L. c. (Last) Nave

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 27, 1876

9. AGE (In years last birthday): 73 — If UNDER 1 YEAR: Months / Days — If UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mendon, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thaddius L. Nave — BIRTHPLACE: Savanah, Missouri

14. MOTHER'S MAIDEN NAME: Martha M. Crylar — BIRTHPLACE: Almont, Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Louis Nave — ADDRESS: Sugar City Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

337X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-15-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-15, 1953, *to* 2-20, 1953, *that I last saw the deceased alive on* 2-20, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. L. Rigby 337 (Degree or title): MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/23/53

24c. NAME OF CEMETERY OR CREMATORY: Teton

24d. LOCATION (City, town, or county): Teton, Idaho (State)

DATE REC'D BY LOCAL REG.: 2-23-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Bennett Flamm

ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 703
Local Reg. No. 9
Reg. Dist. No. 630

BIRTH NO.

MAR 11 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edmonds
c. LENGTH OF STAY (In this place): 15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2 St. Anthony, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edmonds
d. STREET ADDRESS (If rural, give location): R.F.D.#2 St. Anthony, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Murial b. (Middle) DeAnne c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1918

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ashton, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Oliver Wood
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Emma Powers
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: John T. White
ADDRESS: St. Anthony Route #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombocytopenic Purpura — 5 yrs
DUE TO (c): Chronic Gastritis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1951, Sept 1952
19b. MAJOR FINDINGS OF OPERATION: Splenectomy, Sub total Gastrectomy
20. AUTOPSY? YES NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1945 *to* Feb. 14, 1953, *that I last saw the deceased alive on* Feb. 14, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Rigby 337 (Degree or title): MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 2/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/1953 01
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker Idaho

DATE REC'D BY LOCAL REG.: 2-17-53
REGISTRAR'S SIGNATURE: Lena Flamm

25. FUNERAL DIRECTOR: Roland D. Reis
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 704
Local Reg. No. 17
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 722-7th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 722-7th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle):
c. (Last): Updike

4. DATE OF DEATH (Month) (Day) (Year): 2-2-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 8-3-1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): DesMoines, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Earl Harmon — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 20 yrs
DUE TO (c) arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart disease, hypertensive

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-29, 1953, *to* 2-2, 1953, *that I last saw the deceased alive on* 2-2, 1953, *and that death occurred at* 12 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton MD 291
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/5/53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 4 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent D. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 705
Local Reg. No. 16
Reg. Dist. No. 220

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 314 Main

3. NAME OF DECEASED (Type or Print)
a. (First): Homer Guy
b. (Middle):
c. (Last): Laney

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 28, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Painter 23
10b. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Pullman, Washington
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Albert Laney — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary ? — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Albert L Laney — ADDRESS: Spokan, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Aspiration Bronchopneumonia — ? — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial infarction
DUE TO (c) Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy only *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Seeman MD 045
23b. ADDRESS: Boise
23c. DATE SIGNED: 4 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burail
24b. DATE: 2-4-53
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Pullman, Washington

DATE REC'D BY LOCAL REG.: Feb. 4 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 706
Local Reg. No. 220
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1303-- N St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1303 -- N St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Pearl	Chaney	Lacey	February 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	August 15, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Adair County, Iowa
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Warrick Lacey — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Martha Chaney — BIRTHPLACE: Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Martha E Lacey — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Heart failure (shock).	10 d.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	3-4 years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Severe mental depression	1 month.

19a. DATE OF OPERATION: Jan. '53
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb. 10, 1953, *that I last saw the deceased alive on* Feb. 8, 1953; *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23a. SIGNATURE: B Stein (Degree or title): MD
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: Feb 13 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb 18 1953
REGISTRAR'S SIGNATURE: Jean Vegelius
25. FUNERAL DIRECTOR: Brower-Wann By K.H. Melcon
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Dr. B. Stein

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 707
Local Reg. No. 19
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis Clark Coop

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston (Rural)
d. STREET ADDRESS (If rural, give location): Route #1 Box 167 AA

3. NAME OF DECEASED (Type or Print)
a. (First): HJALMAR
b. (Middle):
c. (Last): SALOVAARA (SALO)

4. DATE OF DEATH (Month) (Day) (Year): Feb 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2, 1892
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matt Salovaara — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Lena (Unknown) — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518 16 9205
17. INFORMANT'S OWN SIGNATURE: Mary Salo — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-11-, 1953, *to* 2-11, 1953, *that I last saw the deceased alive on* dead on arrival, 19__, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Hans Jr. 687 MD.
23b. ADDRESS: 936 7th St. - Clarkston, Wa
23c. DATE SIGNED: 2-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/14/53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Feb 14 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: M C Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 88
Local Reg. No. 20
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1222-Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1222-Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Wesley c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): 2-16-53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 7-9-1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Wayne Co., Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brown — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Evelyn Worklin — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2nd attack - 3 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis - hypertension — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1953 *to* Feb 14, 1953, *that I last saw the deceased alive on* Feb 14, 1953, *and that death occurred at* 1.35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. White M.D. 520 (Degree or title)
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: Feb 17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-17-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb 17, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 709
Local Reg. No. 27
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 812-- 7 th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 812-- 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle) BELLE
c. (Last) PETERS

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 10, 1895
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Hamilton — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Nancy M. Clawson — BIRTHPLACE Iowa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Pierce Blewett — ADDRESS Myrtle, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxemia from Pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Severe, crippling rheumatoid arthritis

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* Feb 15 1953 *that I last saw the deceased alive on* Feb 15, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy W. Eastwood M.D. (Degree or title) 114
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burail
24b. DATE 2-19-53 01
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston, (State) Idaho

DATE REC'D BY LOCAL REG. Feb 24 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Wann by K. H. Malcom — ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. R. Eastwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 710
Local Reg. No. 23
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sommerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1426 - Main

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): 2 - 16 - 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1-20-1862
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: common
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Carter — BIRTHPLACE: W. Virginia
14. MOTHER'S MAIDEN NAME: Nancy Mustoe — BIRTHPLACE: W. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: O. Vasser — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocardial infarction
DUE TO (c): Arteriosclerotic

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953 *to* 2-16, 1953 *that I last saw the deceased alive on* 2-11, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy W. Eastwood MD — (Degree or title): 114
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-19-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb 19 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent Vasser — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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MAR 5 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 11
Local Reg. No. 24
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 428-Thain Rd

3. NAME OF DECEASED (Type or Print): a. (First) Ernest b. (Middle) August c. (Last) Schultz

4. DATE OF DEATH: (Month) (Day) (Year) Feb 17, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 7, 1877

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fellows Station Wis.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: no record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 392-01-6958

17. INFORMANT'S OWN SIGNATURE: Lloyd W Schultz — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17- , 1953 *to* 2-17- , 1953, *that I last saw the deceased alive on* 2-17- , 1953 *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White M.D.

23b. ADDRESS: Lewiston, Ida.

23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-20-53

24c. NAME OF CEMETERY OR CREMATORY: Jaquesville, Wis

24d. LOCATION (City, town, or county) (State): Jaquesville, Wis

DATE REC'D BY LOCAL REG.: Feb 20, 1953

REGISTRAR'S SIGNATURE: Jean Vogelius

25. FUNERAL DIRECTOR: Andrew H. Vassar — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 712
Local Reg. No. 25
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 540 - Thain Road

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Edward
c. (Last): Swanson

4. DATE OF DEATH (Month) (Day) (Year): 2 - 20 - 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-24-1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-09-4677
17. INFORMANT'S OWN SIGNATURE: x Alice Swanson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

467.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Retroperitoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 19, 1953, *to* Feb 20, 1953, *that I last saw the deceased alive on* Feb 19, 1953, *and that death occurred at* 7 50/a *m., from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 383 M D. (Degree or title)
23b. ADDRESS: 307 - St Johns Way Lewiston
23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 2-23-53
24c. NAME OF CEMETERY OR CREMATORY: Craigmont
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: Feb 23 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 713
Local Reg. No. 28
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3339---14th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 3339-----14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): HENRIETTA
b. (Middle): LOUISE
c. (Last): SCHAEFER

4. DATE OF DEATH (Month) (Day) (Year): February 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 23, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Christian Kreuger — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Henriett L. Tallman — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Alma C. Peterson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 155X Carcinoma of common bile duct. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 19, 1953, *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 446 A. J. White MD
23b. ADDRESS: Lewiston, Id.
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2-24-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb 24 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wa nn by K H Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 714
Local Reg. No. 2914
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 1947
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1432-- Burrell

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) HENRY c. (Last) MUNDLIN

4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, 1890

9. AGE (In years last birthday): 62 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired ob

10b. KIND OF BUSINESS OR INDUSTRY: Cement Finisher

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: August Mundlin — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Grabbet — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes WW 1 (If yes, give war or dates of service): 3-30-18 to 12-5-18

16. SOCIAL SECURITY NO.: 501-09-6772

17. INFORMANT'S OWN SIGNATURE: Lois Mundlin — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disease
DUE TO (c) Drug Poisoning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Nez Perce co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: overdose of medicine

22. *I hereby certify that I attended the deceased from* Nov. 29, 1951, *to* 2/22/, 1953, *that I last saw the deceased alive on* 2/22, 1953, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover M.D. 408
23b. ADDRESS: 627 Burrell Lewiston, Idaho
23c. DATE SIGNED: 2/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb. 24 1953
REGISTRAR'S SIGNATURE: Jean Vogelius
25. FUNERAL DIRECTOR: Brower-Wann by K H Malcom
ADDRESS: Lewiston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. R. M. Stover

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 15
Local Reg. No. 32
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~926-9 Ave~~ St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 926-9 Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vera	Ann	Stewart	2-23-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	widowed	12-14-1897	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
beauty Operator	Sels	Whitebird, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Poe	Oregon	Katherine Evans	Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no		Theo E. Potter	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	2 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	2 hours
DUE TO (c)	Hypertensive Heart disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 23, 1953, *to* Feb 23, 1953, *that I last saw the deceased alive on* Feb 23, 1953, *and that death occurred at* 9 20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Ray Hedgewood 63	MD	307 10th Fellows Way Lewiston	2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 36	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-26-53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 27 1953	Jean Hegelina	Vincent O. Jansen	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 716
Local Reg. No. 326
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1306 Burrell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1306 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jessie	Wihelmina	Evans	Feb. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widower	Oct. 31, 1882	70	3	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01		Whalen, Minnesota	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Canfield	Minn.	Christina Johnson	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	None	Emma A Tagestrom	Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paroxysmal ventricular tachycardia — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — Several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January 26, 1953, *to* Feb. 23, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 6 3/4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R R Stein	M.D.	3075 St Johns way Lewiston	Feb 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2-26-53		Winnebago, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 24 1953	Jean Wegelin	M. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Stein

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 5 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 717
Local Reg. No. 33
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1513-14 St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1513-14 St.

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Colburn
c. (Last) Darby

4. DATE OF DEATH (Month) (Day) (Year) 2-24-53

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12-4-52

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 2, Days 20; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Darby
BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Elizabeth DuBois
BIRTHPLACE North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Charles C. Darby
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Over whelming Infection — 12 hours

DUE TO (c) Causes unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1952, *to* Feb. 2, 1953, *that I last saw the deceased alive on* Feb. 2, 1953 *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Schaffer (Degree or title) M.D.

23b. ADDRESS 307 St Johns Way Lewiston Idaho

23c. DATE SIGNED 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 2-26-53

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Feb 27 1953

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR O. Larson - Lewiston, Idaho
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 718
Local Reg. No. 26
Reg. Dist. No. 228

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sweetwater
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Lapwai~~ Sweetwater
d. STREET ADDRESS (If rural, give location) box 122 Lapwai

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) PSWALO*PO c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1953

5. SEX Female

6. COLOR OR RACE Indain

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 1856

9. AGE (In years last birthday) 97 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Asotin , Washington

12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME Andy Captian John Williams BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME ? Pswalo-po BIRTHPLACE Ellensburg, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Non (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE James Jenniles ADDRESS Lapwai, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Renal vase D's — 2 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25, 1952 *to* 1/10, 1953, *that I last saw the deceased alive on* 1/10, 1953, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John E Carssow M.D.55

23b. ADDRESS Lewiston Idaho

23c. DATE SIGNED 2/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-13-53

24c. NAME OF CEMETERY OR CREMATORY Sweetwater Cemetery

24d. LOCATION (City, town, or county) (State) Sweetwater, Idaho

DATE REC'D BY LOCAL REG. Feb. 24 1953

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR Brower-Wann by K H. Wann ADDRESS Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Dr. J. E. Carssow

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 5 1953 DIVISION OF VITAL STATISTICS

State File No. 710
Local Reg. No. 39
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3/4 miles up Old Lapwai Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~NEZ~~ Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ISAAC	ROBERT	DAVIS	Feb. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	Merried	Jan. 1, 1911	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ol		Spalding , Ida ho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charlie Adams	Unknown	Pheobe Davis	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-05-0809	Helen Downs	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable Interacranial Hemorrhage	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Concussion	
DUE TO (c)	Auto Accident	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	Lapwai (area) NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Feb. 23, 1953 12:40 AM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	drove over the side of road Auto Accident) into a canyon ,

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:40Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Malcom Coroner	Lewiston, Idaho	2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-27-53	Ahaskha, Cemetery	Ahaskha, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 26 1953	Jean Hopkins	Brower-Wann by W. H. Malcom	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 720
Local Reg. No. 2
Reg. Dist. No. 530

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 332 North 400 West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 332 North 400 West

3. NAME OF DECEASED (Type or Print): a. (First) Hugh b. (Middle) Morgan c. (Last) Griffiths

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1953

5. SEX: Male

6. COLOR OR RACE: wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 22, 1891

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: dry farm

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William T. Griffiths — BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Elizabeth Morgan — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: H. Darrell Griffiths — ADDRESS: Provo, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Double mitral — INTERVAL BETWEEN ONSET AND DEATH: years ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): and myocarditis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Jan 31, 19 53, *that I last saw the deceased alive on* Jan 31, 19 53 *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O.A. Maby — (Degree or title): M.D.

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 4, 53

24c. NAME OF CEMETERY OR CREMATORY: Malad City, Cemty.

24d. LOCATION (City, town, or county) (State): Malad City, Idaho

DATE REC'D BY LOCAL REG.: Feb-2-1953

REGISTRAR'S SIGNATURE: J. Leroy Hansen

25. FUNERAL DIRECTOR: Lloyd L. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 721
Local Reg. No. 5
Reg. Dist. No. 530

RECEIVED FEB 20 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 71 Court St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 71 Court St.

3. NAME OF DECEASED (Type or Print): a. (First) Cynthia b. (Middle) Adeline c. (Last) Uptain Wharton

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1953

5. SEX: Fe.

6. COLOR OR RACE: Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 1, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Tuscaloosa, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James J. Uptain
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Eliza Taylor
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Olaf A. Wharton
ADDRESS: Malad

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Progressive Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Debility — Several yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Feb., 1953, *to* 14 Feb., 1953, *that I last saw the deceased alive on* 14 Feb., 1953, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph F. Maley, M.D. M.D.
23b. ADDRESS: 450 Main, Malad, Idaho
23c. DATE SIGNED: 2/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-16-53
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad City, Idaho

DATE REC'D BY LOCAL REG.: 2-16-53
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raiford G. Benson
ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

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RECEIVED FEB 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 522
Local Reg. No. 4
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 41 North Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location) 385 North 400 West St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ralph
b. (Middle) Newman
c. (Last) Hess

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1953

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Nov. 12, 1917
9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY home building
11. BIRTHPLACE (State or foreign country) Plymouth, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph W. Hess — BIRTHPLACE Farmington, Ut.
14. MOTHER'S MAIDEN NAME Esther L. Jones — BIRTHPLACE Malad, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 717-14-5718
17. INFORMANT'S OWN SIGNATURE J. W. Hess — ADDRESS Malad Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Died while sitting in booth in beer parlor.
DUE TO (c) Head resting on hands.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Malad (COUNTY) Oneida (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, Feby. 14, 1953, that I last saw the deceased alive on _____, 19__, and that death occurred at 1230 A m., from the causes and on the date stated above.*

23a. SIGNATURE 136 U. P. Garst M. D. Lo H. Office (Degree or title)
23b. ADDRESS Malad City, Idaho
23c. DATE SIGNED 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY Malad City Cemty.
24d. LOCATION (City, town, or county) (State) Malad, Idaho

DATE REC'D BY LOCAL REG. 2-16-53
REGISTRAR'S SIGNATURE J. Guy Benson
25. FUNERAL DIRECTOR Raiford G. Benson — ADDRESS Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 523
Local Reg. No. 6
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ONEIDA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 352 So. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 352 So. Main

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Davis
c. (Last): Bolingbroke

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1953

5. SEX: Female
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 19, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel E. Davis — BIRTHPLACE: Tradegio, Wales
14. MOTHER'S MAIDEN NAME: Mary Jones — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry Bolingbroke — ADDRESS: Malad, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart (most likely)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Saw only a few minutes before death

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1953 *to* Same, 19___, *that I last saw the deceased alive on* Same, 19___, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. H. Mabey (Degree or title): M.D.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-53
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: 2-17-53
REGISTRAR'S SIGNATURE: J. Bug Benson
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 530

RECEIVED FEB 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural (Malad)
c. LENGTH OF STAY (in this place): 78 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1, Malad, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural (Malad)
d. STREET ADDRESS (If rural, give location): RFD#1 Malad

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Williams
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1953

5. SEX: Malae
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 14, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Benjamin H. Evans — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Williams — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John L Evans — ADDRESS: Malad Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old Age + Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1949, *to* Febr 8, 1953, *that I last saw the deceased alive on* Febr 7, 1953, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Cowlishaw M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-11-53
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Rafford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 725
Local Reg. No. 27
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Gertrude
c. (Last): Craig

4. DATE OF DEATH (Month) (Day) (Year): February 7-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 3-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar County. Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin B. Linn — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Ruby M. Carpenter, — BIRTHPLACE: Tipton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs G.E. Woodburn — ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/7, 1953 *to* 2/7, 1953 *that I last saw the deceased alive on* 2/7, 1953 *and that death occurred at* 6.00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 470 (Degree or title): Dr. Wm. A. Reimer Coroner
23b. ADDRESS: Homedale, Idaho
23c. DATE SIGNED: 2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: Feb. 10-1 01
24c. NAME OF CEMETERY OR CREMATORY: Macedonia
24d. LOCATION (City, town, or county) (State): Macedonia, Iowa

DATE REC'D BY LOCAL REG.: 2/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 50
Reg. Dist. No. 3 6

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oregon Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Oregon Ave

3. NAME OF DECEASED (Type or Print): a. (First) Leo; b. (Middle) Mervin; c. (Last) Keech

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1913

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Gem Irrigation

11. BIRTHPLACE (State or foreign country): Ainsworth, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Edward Monroe Keech — Nebraska

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ginnie Pearl McLaughlin — Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-8286

17. INFORMANT'S OWN SIGNATURE: Donna M. Keech — ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cranial Decapitation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shot Gun Blast
DUE TO (c): Suicide

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Neurosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Homedale Owyhee Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-22-53 12AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from* 1/25, 1953, *to* 1/26, 1953, *that I last saw the deceased alive on* 1/26, 1953, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Wm. L. Reiner M.D. Coroner

23b. ADDRESS: Box 735 Homedale

23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/25/53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 5 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F. Alsip Jr.

ADDRESS: Nampa, Idaho.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 727
Local Reg. No. 39
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
c. LENGTH OF STAY (in this place): 31 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Martha
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): February 27-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7-1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Conant, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert C. Brown — BIRTHPLACE: Conant, Illinois
14. MOTHER'S MAIDEN NAME: Mary Frances Brown — BIRTHPLACE: Cutler, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-0695
17. INFORMANT'S OWN SIGNATURE: Ross H Miller — ADDRESS: Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anemia
DUE TO (c): Carcinoma in Bowel

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 1953, *to* Feb 27, 1953, *that I last saw the deceased alive on* Feb 23, 1953, *and that death occurred at* 3.45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Warner DO. 438 2
23b. ADDRESS: Caldwell Idaho.
23c. DATE SIGNED: Mar. 4, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 2-1953
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 3/9/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel
E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 728
Local Reg. No. 7
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 237 S. 7th

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Hart c. (Last) Yoachum

4. DATE OF DEATH (Month) (Day) (Year) 2-13-53

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 6-16-59

9. AGE (In years last birthday) 93
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming

11. BIRTHPLACE (State or foreign country) Boone County, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Solomon Yoachum
BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Mary Stallings
BIRTHPLACE Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE A. Yoakum
ADDRESS Myrtle Creek, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4422

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular renal disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9, 1953, *to* 2-15, 1953, *that I last saw the deceased alive on* 2-13, 1953 *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Kaiser (Degree or title) MD

23b. ADDRESS Payette Idaho

23c. DATE SIGNED 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial

24b. DATE 2-16-53

24c. NAME OF CEMETERY OR CREMATORY Evergreen

24d. LOCATION (City, town, or county) (State) Ontario, Oregon

DATE REC'D BY LOCAL REG. 2-16-53

REGISTRAR'S SIGNATURE Gabriel E. Hoffer

25. FUNERAL DIRECTOR Geo. C. Beechler,
ADDRESS Ontario - Vale, Oregon

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 29
Local Reg. No. 6
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 830 - 2nd Avenue South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	FRANKLIN	HARPER	February 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 20, 1876	76	5	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Farm - retired	Beaver, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Henry Harper	England	Srena Fieldhouse	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Spanish-American	- - - - - - -	Lulu M. Harper	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - - - - -

RECEIVED
FEB 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 790
Local Reg. No. 8
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 N. 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 516 N. 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) LEVI b. (Middle) ALEXANDER c. (Last) GIDDINGS

4. DATE OF DEATH (Month) (Day) (Year): February 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: August 21, 1877

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: 5 Days: 27 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY: Retired - school

11. BIRTHPLACE (State or foreign country): Beaman, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alonzo Decalvis Giddings
BIRTHPLACE: Hebron, Illinois

14. MOTHER'S MAIDEN NAME: Catharine Ann Burley
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-38-8719

17. INFORMANT'S OWN SIGNATURE: L. E. Giddings
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction, secondary to Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: less than 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis, generalized arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC 31, 1952, *to* Feb. 18, 1953, *that I last saw the deceased alive on* Feb. 18, 1953, *and that death occurred at* 3:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter S. Kotas, M.D. (Degree or title)
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Feb. 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 731
Local Reg. No. 9
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 20 1953

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): River Street

3. NAME OF DECEASED (Type or Print): a. (First) Bernie; b. (Middle) Bentain; c. (Last) Wiles

4. DATE OF DEATH: (Month) (Day) (Year): February 20, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 8, 1902

9. AGE (In years last birthday): 50 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Wilmette, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ross Wiles
BIRTHPLACE: Arora, Missouri

14. MOTHER'S MAIDEN NAME: Malinda Williams
BIRTHPLACE: Arora, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-14-3206

17. INFORMANT'S OWN SIGNATURE: Lucille I Carter
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure with pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion and myocardial infarct — 2 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic gastric ulcer and pyloric stenosis — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 19, 1953, *to* Feb. 20, 1953, *that I last saw the deceased alive on* Feb. 20, 1953, *and that death occurred at* 7:07 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis MD
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 2-20-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 2-24-1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 322
Local Reg. No. 10
Reg. Dist. No. 330

BIRTH NO. MAR 20 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 726 No. 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 726 No. 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) Harmon b. (Middle) Clayton c. (Last) Killebrew

4. DATE OF DEATH: (Month) (Day) (Year) February 25, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 12, 1893

9. AGE (In years last birthday): 59 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
4 months 13 days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10b. KIND OF BUSINESS OR INDUSTRY: contracting

11. BIRTHPLACE (State or foreign country): Nebo, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Culver Killebrew
BIRTHPLACE: Green Cty, Illinois

14. MOTHER'S MAIDEN NAME: Frances Weaver
BIRTHPLACE: Martinsburg, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-16-5540

17. INFORMANT'S OWN SIGNATURE: Kathryn Killebrew
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1953, *to* Feb. 25, 1953, *that I last saw the deceased alive on* 2-25, 1953, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John H. Carver (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 2-25-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2-28-1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 2-28-53

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 733
Local Reg. No. 5
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Outside Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): East Outside Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Meyer

4. DATE OF DEATH (Month) (Day) (Year): February 5, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 17, 1862
9. AGE (In years last birthday): 90 yrs — IF UNDER 1 YEAR: Months 8, Days 18 — IF UNDER 24 HRS.: Hours --, Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home keeper 01
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Miller — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Marie Meuller — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Anna M Creasey — ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Many years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gangrene left leg with femoral artery thrombosis 3 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ---
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ---
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ---
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ---
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ---

22. *I hereby certify that I attended the deceased from* Jan. 16, 1953, *to* Feb. 5, 1953, *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: Feb. 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 7, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 324
Local Reg. No. 3
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Roland	Richard	Orr		2	10	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 28, 1901	52	11	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ludington, Michigan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David A. Orr — BIRTHPLACE: Little Rock, Ark.
14. MOTHER'S MAIDEN NAME: Mary C. Baylor — BIRTHPLACE: Ludington, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: David A. Orr — ADDRESS: 3627 Ogden Ogden, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
no	none	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Feb 10, 1953, *that I last saw the deceased alive on* Feb 10, 1953 *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lorez Bjorkman M.D.	Am. Falls Idaho	2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	2-11-53 T	Ogden City Cemetery	Ogden Utah

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Am. Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25
Local Reg. No. 6
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hans	---	Christenson		2	11	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	July 17, 1877	75	6	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Bergen, Norway	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kristine Christenson	Norway	Oline Andrewson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE. ADDRESS
no	519-05-1690	Mrs Olga Christenson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 1, 1953 *to* Feb 11, 1953 *that I last saw the deceased alive on* Feb 11, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Borkman M.D.	American Falls Ida	2/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem. & burial	2-16-53	Fallsview	American Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 13-1953	Gertrude Thornhill	W. Downs	American Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 326
Local Reg. No. 23
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 602 - 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First) Sophie b. (Middle) Miles c. (Last) Merrick
4. DATE OF DEATH (Month) (Day) (Year) January 24, 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH December 1, 1881
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 1 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Scranton Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William Rise BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Mary J. Thomas BIRTHPLACE Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Estha Simmons ADDRESS Kellogg Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertensive Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 49, to 24 Jan, 19 53 that I last saw the deceased alive on 24 Jan, 19 53 and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE Glen M. Whitesel (Degree or title) M.D.
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 27 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/29/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 2/14/53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Gordon Funeral Home ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 737
Local Reg. No. 9
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO. FEB 12 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 West Mission

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 11 West Mission

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle):
c. (Last): Piskulic

4. DATE OF DEATH (Month) (Day) (Year): February 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 17, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Novi Vinodal Yugoslavia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Vincel Mattich — BIRTHPLACE: Yugoslavia
14. MOTHER'S MAIDEN NAME: Lucia Baron — BIRTHPLACE: Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: August Piskulic — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

444 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemo Block

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 *19*__, *to* 2-1, 53, *that I last saw the deceased alive on* 2-1, 1953, *and that death occurred at* 8 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Stein M.D. (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 2-3-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/4/53 01
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 2-4-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 538
Local Reg. No. 14
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	LOUISE	WALTERS	Febr. 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	~~Married~~	April 15, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	Helena, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Torkelson	Wisc.	Isabella McCaig	Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO		Paul Walters	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1537 Carcinoma Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	8-18-52 - Inoperable Ca of Sigmoid	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-15, 1952, *to* 2-7-, 1953, *that I last saw the deceased alive on* 2-7-, 1953, *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Osburn E. Stone	Kellogg Idaho	2-11-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-10-1953	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-13-1953	Hale L Cornell	Hale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 739
Local Reg. No. 13
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 846 S. Division

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 846 S. Division

3. NAME OF DECEASED (Type or Print): a. (First) Patricia b. (Middle) Ray c. (Last) Edge

4. DATE OF DEATH (Month) (Day) (Year): February 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 5, 1936
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 8, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 77
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baxter Springs Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eldin Edge — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lola Faye Brook — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eldin Edge — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

089X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Post Mumps Encephalitis)
Progressive Degenerative CNS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Disorder. 4 yrs duration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* 11 Feb, 1953, *that I last saw the deceased alive on* 10 Feb, 1953 *and that death occurred at* 8 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. G. Gibbon MD. 134
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 16 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/13/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 2/8/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glass — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 40
Local Reg. No. 19
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Vets Housing

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Girl
c. (Last): Barker

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: February 14 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Barker — BIRTHPLACE: Kellogg Idaho
14. MOTHER'S MAIDEN NAME: Jo Ann Wilkes — BIRTHPLACE: Kellogg Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert Barker — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY - (5 Months)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Feb, 1953, *to* 14 Feb, 1953, *that I last saw the deceased alive on* 14 Feb, 1953 *and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/17/1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/3/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Gibbs — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 741
Local Reg. No. 14
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Bunker Barracks

3. NAME OF DECEASED (Type or Print): a. (First) Adolph b. (Middle) Theodore c. (Last) Hagen

4. DATE OF DEATH (Month) (Day) (Year): February 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 29, 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 9 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Halna Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John J. Hagen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Tilda Hagen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-05-6077
17. INFORMANT'S OWN SIGNATURE: Carl Hagen — ADDRESS: Spokane Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825,4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion +/or laceration — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe head injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 14 1953 5 p.m.?
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* Feb. 14, 1953, *to* Feb 17, 1953, *that I last saw the deceased alive on* Feb 17, 1953, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O B Scott MD 405
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: Feb 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/18/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park Hagen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 2/18/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 19 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 312
Local Reg. No.
Reg. Dist. No. 12-

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone County 3 Tosts
d. STREET ADDRESS (If rural, give location): 3 Tosts Shoshone County

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sulo	Einer	Maki	February 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	November 26, 1912	40	2	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Owner	Tavern Owner	Cranville Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Maki	Finland	Mary Maki	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		531-05-0425	Virginia Maki	Smelterville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 25 February, 19 53, *to* 25 February, 19 53, *that I last saw the deceased alive on* 25 February, 19 53, *and that death occurred at* 3:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert K. Cardwell, M.D.	MD	Kellogg, Idaho	3/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/1/1953	Hunts Cemetery	Kingston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/2/53		Frank McGlade	Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 743
Local Reg. No. ~~140~~ 10
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gem
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN b. (Middle) MARTINIS c. (Last) CARLSON

4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 23, 1895
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl Carlson BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. C. M. Carlson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral pulmonary silicosis — 15 yrs
DUE TO (c) Chronic myocarditis — 1 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26, 1946, *to* 1-2, 1953, *that I last saw the deceased alive on* 1-2, 1953, *and that death occurred at* 3:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul Ellis (Degree or title) MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-6-1953
NAME OF CEMETERY OR CREMATORY Forest
24d. LOCATION (City, town, or county) (State) Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG. 2-20-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 744
Local Reg. No. 11
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle)
c. (Last) FLINT

4. DATE OF DEATH (Month) (Day) (Year) Jan 23. 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov 6 - 1874
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 2 Days 17 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Creston, Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Flint BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Margaret Weiss BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John R. Lovelace ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Adrno - carcinoma of kidney — INTERVAL BETWEEN ONSET AND DEATH 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12.20 -, 1952, *to* 1.23 -, 1953, *that I last saw the deceased alive on* 1.23, 1953, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Brueckner (Degree or title) M.D.
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 26-53
24c. NAME OF CEMETERY OR CREMATORY St. Lawrence
24d. LOCATION (City, town, or county) Miller So Dak (State)

DATE REC'D BY LOCAL REG. 2-6-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 745
Local Reg. No. 12
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): KENNEDY
c. (Last): CARTWRIGHT

4. DATE OF DEATH (Month) (Day) (Year): JAN. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining 07
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mines
11. BIRTHPLACE (State or foreign country): Johnstown, Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Cartwright — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Ann Gibson — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-12-8906
17. INFORMANT'S OWN SIGNATURE: Irvin E. Harlow — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 5 yrs
DUE TO (c) Hypertension Cardiovascular Disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1945, *to* Jan 26, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul W. Ellis MD (Degree or title) 109
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 1-29-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Jan 30. 1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 1-29-1953
REGISTRAR'S SIGNATURE: Dale J Cornell
25. FUNERAL DIRECTOR: Dale J Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 746
Local Reg. No. 11
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Mine
d. STREET ADDRESS (If rural, give location): R.F.D. Sunshine

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) Dell c. (Last) Loudon

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 11, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 9 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pullman Washington
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin F Shanks — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary L. Branahan — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles M Loudon — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-16-, 1949, *to* 2-4-, 1953, *that I last saw the deceased alive on* 2-4-, 1953, *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Louis B. Hunter 173 (Degree or title) M.D.
23b. ADDRESS: Wallace, Idaho.
23c. DATE SIGNED: 2-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/7/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 947
Local Reg. No. 9
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 44 Cottage Grove

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) JESSOR c. (Last) KIEFFER

4. DATE OF DEATH (Month) (Day) (Year): Febr. 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 19, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (State or foreign country): Lancaster, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE & ADDRESS: Mrs. A. J. Kieffer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic nephritis — 14 yrs
Diabetes mellitus — 8 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 3, 1953, *to* Feb 9, 1953, *that I last saw the deceased alive on* Feb 9, 1953, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Eccles MD

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: Feb 11 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur D Alene Idaho

DATE REC'D BY LOCAL REG.: 2-12-1953

REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 718
Local Reg. No. 15
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gearon Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Gearon Building

3. NAME OF DECEASED (Type or Print): a. (First) Eugene b. (Middle) c. (Last) Keesey

4. DATE OF DEATH (Month) (Day) (Year): February 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Del Co. Operator
10b. KIND OF BUSINESS OR INDUSTRY: Gas and Oil
11. BIRTHPLACE (State or foreign country): Eau Clair Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Keesey 52 — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mae Keesey — ADDRESS: Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 50 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1953, *to* 2-15, 1953, *that I last saw the deceased alive on* 2-15, 1953, *and that death occurred at* 3.50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis B. Hunter 173 (Degree or title) M.D.
23b. ADDRESS: Wallace, Idaho.
23c. DATE SIGNED: 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 2/23/53
REGISTRAR'S SIGNATURE: Joe [illegible]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 749
Local Reg. No. 16
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) M c. (Last) HALEY

4. DATE OF DEATH (Month) (Day) (Year): February 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Operator
10b. KIND OF BUSINESS OR INDUSTRY: Mining Sherman Mill
11. BIRTHPLACE (State or foreign country): Empire, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Haley — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Bessie J Haley. — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cedrus - carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1951
19b. MAJOR FINDINGS OF OPERATION: Cedrus · Ca. of Stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* Feb 16, 1953, *that I last saw the deceased alive on* 2-16, 1953, *and that death occurred at* 9:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Brubaker M.D. (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 2-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 2-19-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 750
Local Reg. No. 16
Reg. Dist. No. 172

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 10 East of Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 10 East of Kellogg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Apt 30 Bunker Court

3. NAME OF DECEASED (Type or Print)
a. (First): Teneva
b. (Middle): B
c. (Last): Sharp

4. DATE OF DEATH (Month) (Day) (Year): February 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3 1924
9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months 5 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Haskel Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Josh Lee — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Lucy Blood — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 569-32-0846
17. INFORMANT'S OWN SIGNATURE: Joe Sharp — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Comp Chest & whole body
DUE TO (b): Hit by auto while walking on road
DUE TO (c): Hgwy 10 near Osborne

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Hgwy 10
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osborne Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 1 53 1:20 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hit by auto while walking on Hgwy 10

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on 2-1, 1953, and that death occurred at 1:20 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C McWhorter Coroner 470
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 2/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Visita Oklahoma
24d. LOCATION (City, town, or county) (State): Visita Oklahoma

DATE REC'D BY LOCAL REG.: 2-25-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 751
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) c. (Last) PETERSON

4. DATE OF DEATH: (Month) Febr (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: May 1 1861

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months: 9 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 480X

17. INFORMANT'S OWN SIGNATURE: Hospital Records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza Pneumonia

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2-dys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Febr 5, 1953, *that I last saw the deceased alive on* Febr 5, 1953, *and that death occurred at* 8:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: Feb 10 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 11-53

24c. NAME OF CEMETERY OR CREMATORY: Dunlap

24d. LOCATION (City, town, or county) (State): Wallace Shoshone Ida

DATE REC'D BY LOCAL REG.: Feb 6 53

REGISTRAR'S SIGNATURE: John A Burke

25. FUNERAL DIRECTOR: John A Burke ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

752

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinecreek
d. STREET ADDRESS (If rural, give location) Pinecreek

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) V. c. (Last) Kelly

4. DATE OF DEATH (Month) (Day) (Year) February 9, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH January 12, 1869
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Hillsborough Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME 37 No Record BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-8545
17. INFORMANT'S OWN SIGNATURE Shoshone County Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute — INTERVAL BETWEEN ONSET AND DEATH 4-5 dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 5-6 dy
DUE TO (c) Influenza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 2-9, 1953 *that I last saw the deceased alive on* Feb 9, 1953, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 263 A. Mowery Jr. (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 2/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/16/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg Idaho (State)

DATE REC'D BY LOCAL REG. 2/18/53
REGISTRAR'S SIGNATURE Joe Levine
25. FUNERAL DIRECTOR Grant M. Grade ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 753
Local Reg. No. 15
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silver Dollar Bar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): G.
c. (Last): HAWKINS

4. DATE OF DEATH (Month) (Day) (Year): Feb 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-22-1887
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 5 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mine
11. BIRTHPLACE (State or foreign country): Buffalo Cove, North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: T.M. Hawkins
BIRTHPLACE: N.Carolina
14. MOTHER'S MAIDEN NAME: Martha Pipes
BIRTHPLACE: N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 516-16-6218
17. INFORMANT'S OWN SIGNATURE: X Chas. Hawkins
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Coronary Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall Dest of Shoot While
DUE TO (c) Taking Drink in Silver Mine Bar

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 2/10, 1953, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery Coroner Wallace Idaho
23b. ADDRESS
23c. DATE SIGNED: 2-13-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-1953
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: 2-13-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 754
Local Reg. No. 36
Reg. Dist. No. 460

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 511 Fifth Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) W.
c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 28, 1860
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Lampeter, South Wales
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Tom Edwards — BIRTHPLACE South Wales
14. MOTHER'S MAIDEN NAME No Information — BIRTHPLACE South Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Vernon Beeson — ADDRESS Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old age c̄ Flu + Broncho pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1952 *to* 2-1-, 1953, *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-3-1953
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2-3-53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] — ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 755
Local Reg. No. 35
Reg. Dist. No. 460

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: TwinFalls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 332 Ostrander St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 332 Ostrander St.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) FREDRICK c. (Last) DANKENBRING

4. DATE OF DEATH (Month) (Day) (Year): February 2, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 3, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanover, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dankenbring — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Williamina Kiel — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 535-01-3185
17. INFORMANT'S OWN SIGNATURE: Ruth L. Vandenbark — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 2 Feb, 1953, *that I last saw the deceased alive on* 2 Feb, 1953, *and that death occurred at* 10:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Ablick M.D. 013
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 3 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-6-53
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 2-4-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Ruth Bird — ADDRESS: White Mortuary, 136 4th Ave. E. Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 756
Local Reg. No. 41
Reg. Dist. No. 460

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nightinggale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Lucinda
b. (Middle): A.
c. (Last): Woodruff

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 20, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Gilmore Co., Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Goodwin Raney — BIRTHPLACE: ? Georgia
14. MOTHER'S MAIDEN NAME: Martha Ellington — BIRTHPLACE: ? Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X W. E. Woodruff — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Large Bowel Tumor - Specific
DUE TO (c) type Undetermined — 2-3 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949, *to* Feb, 1953, *that I last saw the deceased alive on* 2-3, 1953, *and that death occurred at* 4:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McPushy MD (Degree or title) 247
23b. ADDRESS: Twin Falls Ida.
23c. DATE SIGNED: 2/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, '53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 2-10-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 757
Local Reg. No. 43
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 444 4th Ave. No.

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W. c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year) February 5, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 29, 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennslyvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Thomas BIRTHPLACE Wales, England
14. ~~MOTHER'S MAIDEN NAME~~ Informant BIRTHPLACE Twin Falls
Mrs. George Holloway
~~INFORMANT'S SIGNATURE~~ ~~ADDRESS~~
Mother's maiden name - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3327

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb 5, 19____, *that I last saw the deceased alive on* Feb. 5, 1953, *and that death occurred at* 7:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Glenn O Voyle 435 (Degree or title) MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED Feb 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-9-53
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2-11-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 46C

BIRTH NO. FEB 11 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1246 Seventh Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Delila
b. (Middle): Mae
c. (Last): Hollon

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 20, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 10 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 63
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John A. Hollon — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Hazel Dingle — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John A. Hollon — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - broncho - coalescing, involving hilar regions of all lobes both lungs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title): MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Feb 7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/10/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED FEB 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 759
Local Reg. No. 47
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 219 8th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Wilson
c. (Last): West

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 27, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan City, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H. W. Wilson — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Linda Buck — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: P. L. West — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Primary Carcinoma of Breast
Primary Carcinoma of Uterus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma
DUE TO (c) Carcinomatosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1934, 19__, *to* 2/5/__, 19 53, *that I last saw the deceased alive on* ~~10~~ 2/5m, 19 53, *and that death occurred at* 11:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 516 (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/9/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: Reynolds Funeral Home — ADDRESS: Twin Falls
[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 760
Local Reg. No. 44
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1315 9th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1315 9th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First) LANCE b. (Middle) ROLLAND c. (Last) WHITEHEAD

4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 2, 1907
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optician 14
10b. KIND OF BUSINESS OR INDUSTRY Optical
11. BIRTHPLACE (State or foreign country) Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lambert Whitehead BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Winifred Kempton BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs L.R. Whitehead ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH (a) 2 hrs (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1950, *to* 7 FEB, 1953, *that I last saw the deceased alive on* 7 FEB, 1953, *and that death occurred at* 4:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean H. Offleck MD
23b. ADDRESS Twin Falls
23c. DATE SIGNED 9 FEB 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-12-53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2-13-53
REGISTRAR'S SIGNATURE Donna Reed
25. FUNERAL DIRECTOR Doyle Hullinger ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 45
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nightengale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 246 Fourth Avenue East

3. NAME OF DECEASED (Type or Print): a. (First) Rova; b. (Middle) Alice; c. (Last) Hayes

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 29, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Linneus, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: No Information
BIRTHPLACE: No Information

14. MOTHER'S MAIDEN NAME: No Information
BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile arteriosclerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 30, 1953, *to* Feb 11, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 9:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C. Talley M D
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Alonna Tuck
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 1 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 762
Local Reg. No. 59
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Malinda
b. (Middle): Emeline
c. (Last): Burgess

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Winesap, Tennesee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Edmons — BIRTHPLACE: Tennesee
14. MOTHER'S MAIDEN NAME: Lee Ann Fields — BIRTHPLACE: Tennesee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. L. Burgess — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 45010 Acute Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 11, 1953, *to* Feb 12, 1953 *that I last saw the deceased alive on* Feb 12, 1953 *and that death occurred at* 4:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb 16, 01 '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 763
Local Reg. No. 49
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 145 9th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. HATTIE
b. (Middle):
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 21, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jeremiah Holmes — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Nellie Bredlove — BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: * Genevieve Bogard — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Agranulocytosis, cause unknown, acute	10 days
ANTECEDENT CAUSES	Brochopneumonia & cellulitis neck	10 days
DUE TO (b)	Epilepsy, idiopathic	life
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	Arteriosclerotic heart disease	2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-19-52, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 2-17-53, 19__, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, MD FACP
23b. ADDRESS: Twin Falls, IDAHO
23c. DATE SIGNED: 2-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/19/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery Boise, Idaho
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 764
Local Reg. No. 54
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 728 Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
d. STREET ADDRESS (If rural, give location): Hollister

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): EUGENE
c. (Last): CALDWELL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 19, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Basco, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Caldwell — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Jane McGee — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John H Caldwell — ADDRESS: Hollister

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility Cardiac — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): failure terminal
DUE TO (c): chronic nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Twin Falls, Idaho
23b. ADDRESS: [signature]
23c. DATE SIGNED: 2/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2/21/53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-21-53
REGISTRAR'S SIGNATURE: Donna Crack
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Boston

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 565
Local Reg. No. 55
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 711 2nd Ave East

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY LOUIS STEWART
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 30, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Little Prairie, Wisconsin
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: JJ. J. Stewart — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Jane Leonard — BIRTHPLACE: Little Prairie, Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Oliver W. Stewart — ADDRESS: Idaho Twin Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility - Pulmonary Coccidiomycosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus Pneumonia — 6 mo
DUE TO (c) ~~Pulmonary Tbc inactive~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tbc inactive

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7, 1944, *to* 2-18, 1953, *that I last saw the deceased alive on* 2-17, 1953, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A A Boston MD
23b. ADDRESS: TwinFalls, Idaho
23c. DATE SIGNED: 2/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/20/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Donna Black
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 766
Local Reg. No. 58
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 401 Jackson

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) LEE c. (Last) WARREN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 23, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 28; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Warren
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: LINDA HERSHBERGER
BIRTHPLACE: IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert Lee Warren
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congenital Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atelectasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 hr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-22, 1953, *to* 2-20, 1953, *that I last saw the deceased alive on* 2-20, 1953 *and that death occurred at* 6:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 364

23b. ADDRESS: TWIN FALLS, IDAHO

23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/23/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-23-53

REGISTRAR'S SIGNATURE: Donna Lind

25. FUNERAL DIRECTOR: Dean L. Sullivan
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 787
Local Reg. No. 62
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fehrenback Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Lora
b. (Middle): Cline
c. (Last): Fransen

4. DATE OF DEATH (Month) (Day) (Year): February 21, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Tryon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Cline
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Flannagan
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXXX

16. SOCIAL SECURITY NO.: 519 28 5824

17. INFORMANT'S OWN SIGNATURE: Fred Fransen
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Malegnant Melanoma
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 1952, *to* Feb 21, 1953 *that I last saw the deceased alive on* Feb. 11, 1953, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard L. Kreilkamp M.D.
23b. ADDRESS: 168 Pierce St. Twin Falls Ida
23c. DATE SIGNED: Feb 24 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-11-53
REGISTRAR'S SIGNATURE: Donna Lark
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 768
Local Reg. No. 51
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3 - Twin Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. # 3, ¼ W. of Twin Falls

3. NAME OF DECEASED (Type or Print): a. (First) MAUDE b. (Middle) F. c. (Last) KIRKMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prattsville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Cornelius Fairbanks
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Emily Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Russell Herron — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21, 1952, *to* 2-21, 1953, *that I last saw the deceased alive on* 2-21, 1953, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD 013
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 23 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-24-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 769
Local Reg. No. 60
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 904 No. 11th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mickal	Lee	Forest	February 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	Never Married	June 3, 1944	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School child 03	School Boy	Toole, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stanley Forest	Unknown	Norma Harnar	Lanagan, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	XXXXXXXXXXXXX	None	Mrs. C R Mills	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Diphtheria — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-20-53	Tracheotomy	YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-20-, 1953, *to* 2-22, 1953, *that I last saw the deceased alive on* 2-22, 1953, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson, MD	Buhl, Idaho	3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 24, '53	Filer Cemetery	Filer Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-12-53	Alonza Rice	D. T. Albertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 770
Local Reg. No. 33
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
B.	W.	Salisbury	Feb	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	March 29, 1876	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Salisbury — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Carrie Burr — BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J R Wiley — ADDRESS: Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Rectum — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10 Feb 53	Carcinoma Rectum	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 15, 1953 *to* 23 Feb, 1953, *that I last saw the deceased alive on* 23 Feb 1953 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas. B. Raymond 024 MD	Twin Falls, Ida.	23 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-25-53	Donna Lair	J R Wiley	Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 771
Local Reg. No. 70
Reg. Dist. No. 460

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 261 Madison St.

3. NAME OF DECEASED (Type or Print): a. (First) Jo; b. (Middle) Charlotte; c. (Last) Dennis

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock-Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Byron Township, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Wilkinson- BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Venie Thompson BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-26-9204

17. INFORMANT'S OWN SIGNATURE: Seil A. Dennis ADDRESS: Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension, Chronic — 5 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21, 1953, *to* 2/23, 1953, *that I last saw the deceased alive on* 2-23, 1953, *and that death occurred at* 7:40A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymers M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 25 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/26/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53

REGISTRAR'S SIGNATURE: Donna Lach

25. FUNERAL DIRECTOR: Reynolds Funeral Home-Twin Falls ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 772
Local Reg. No. 49
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. LEORA
b. (Middle): BUTLER
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Uniopolis, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Focht — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Maria Justus — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Madge Panting — ADDRESS: Kimberly, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 541.1 Perforated duodenal Ulcer. — INTERVAL BETWEEN ONSET AND DEATH: 63 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Feb, 1953, *that I last saw the deceased alive on* 2-25-, 1953, *and that death occurred at* 5:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Ellis Knight 569 M.D.
23b. ADDRESS: Kimberly Idaho
23c. DATE SIGNED: 2-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal - 3
24b. DATE: 2/26/53 01
24c. NAME OF CEMETERY OR CREMATORY: Soda Springs
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 2-25-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 773
Local Reg. No. 69
Reg. Dist. No. 462

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knightengale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Emmons

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 25.1854

9. AGE (In years last birthday): 98 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Recovery Ohio

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Ambrose Emmons — BIRTHPLACE: New Jersey

14. MOTHER'S MAIDEN NAME: Mary Ann Derby — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Amy Hagedorn — ADDRESS: Burl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro - vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2-12-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — to 2-26-53 (9 days)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-26, 1953, *to* 2-26, 1953, *that I last saw the deceased alive on* 2-26, 1953 *and that death occurred at* 10:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray M. Kellogg, M.D. (Degree or title) — **23b. ADDRESS**: 313 Shoshone St. North — **23c. DATE SIGNED**: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb 28.53

24c. NAME OF CEMETERY OR CREMATORY: Stromsburg

24d. LOCATION (City, town, or county) (State): Stromsburg Nebraska

DATE REC'D BY LOCAL REG.: 3-10-53

REGISTRAR'S SIGNATURE: Donna Lund

25. FUNERAL DIRECTOR: J.R. Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 774
Local Reg. No. 56
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1018 Main Apt. 205 Stokes Apt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 1016 Main Stokes Apts. # 205

3. NAME OF DECEASED (Type or Print): a. (First) Herbert b. (Middle) W. c. (Last) Hoeness

4. DATE OF DEATH (Month) (Day) (Year): February 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: August 1, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler

10b. KIND OF BUSINESS OR INDUSTRY: Watch Repairing

11. BIRTHPLACE (State or foreign country): Lincoln, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Received from deceased personal effects.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 4 yrs
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19-, 1953, *to* _____, 19____, *that I last saw the deceased alive on* 2-19, 1953 *and that death occurred at* 12:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 2-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Witt Funeral Home
24d. LOCATION (City, town, or county) (State): Muskegon, Michigan

DATE REC'D BY LOCAL REG.: 2-26-53
REGISTRAR'S SIGNATURE: Donna Rusch
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 775
Local Reg. No. 38
Reg. Dist. No. 460

BIRTH NO. FEB 10 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls - Rural
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD # 3 Filer Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): RFD # 3 Filer Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ULYSESS b. (Middle) HARVEY c. (Last) LINDEMOOD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 16, 1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bucyrus, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Lindemood — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Eliza Jane Amos — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E.W. Lindemood — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 194X Carcinoma of Thyroid — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial pneumonia — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-31, 1949, *to* 2-4, 1953, *that I last saw the deceased alive on* 1-28, 1953, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Ofo Affleck MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2/7/53

24c. NAME OF CEMETERY OR CREMATORY: Bucyrus Cemetery

24d. LOCATION (City, town, or county) (State): Bucyrus, Kansas

DATE REC'D BY LOCAL REG.: 2-6-53

REGISTRAR'S SIGNATURE: Donna Linn

25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 776
Local Reg. No. 42
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Twin Falls
d. STREET ADDRESS (If rural, give location) Twin Falls County Farm

3. NAME OF DECEASED (Type or Print) a. (First) LIZZIE b. (Middle) J. c. (Last) SHAW

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 1, 1872
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nowrytown, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James W. Stockdale BIRTHPLACE Unk.
14. MOTHER'S MAIDEN NAME Sarah Unk. BIRTHPLACE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grant E. Kunkle ADDRESS Kimberly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* Feb 6, 1953, *that I last saw the deceased alive on* Jan 15, 1953, *and that death occurred at* 3 *m., from the causes and on the date stated above.*

23a. SIGNATURE 309 Willard M. Peterson MD. (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 2-9-53 01
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2-11-53
REGISTRAR'S SIGNATURE Donna Liard
25. FUNERAL DIRECTOR [signature]
ADDRESS White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 77
Local Reg. No. 53
Reg. Dist. No. 460

BIRTH NO. Kellogg

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): County Farm

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): E.
c. (Last): LEEDS

4. DATE OF DEATH (Month) (Day) (Year): Mar February 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Mar. 20, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairmont, West Virginia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Gruber — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Unknown Wilson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dwyer M. Kellogg — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2-9-53 to 2-17-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile dementia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-9, 1953, *to* 2-13, 1953, *that I last saw the deceased alive on* 2-15, 1953, *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwyer M. Kellogg, M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/20/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 2-26-53
REGISTRAR'S SIGNATURE: Donna Kraik
25. FUNERAL DIRECTOR: Dwyer M. Kellogg — ADDRESS: White Mortuary, TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 78
Local Reg. No. 6
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jacobs Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GUY; b. (Middle); c. (Last) EVERETT

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-4-1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marshall Everett
BIRTHPLACE: Detroit, Mich

14. MOTHER'S MAIDEN NAME: Anna Grooms
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lewis Everett
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 Jan, 1953, *to* 1 Feby, 1953, *that I last saw the deceased alive on* 1 Feby, 1953, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert McFate M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-5-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2-4-53

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: R. Lee Thomason

ADDRESS: Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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MAR 4 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 779
Local Reg. No. 13
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. # 2 Weiser, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HANNA b. (Middle) c. (Last) MARTIN
4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan, 24, 1917
9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Milken, Colo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Arntt BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Ghristina Lanehart, BIRTHPLACE Russia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXX (If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO. XXXXX
17. INFORMANT'S OWN SIGNATURE Henry Martin ADDRESS Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus
INTERVAL BETWEEN ONSET AND DEATH Sudden Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/10/53
19b. MAJOR FINDINGS OF OPERATION Occ Cholecystectomy & Stone
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1953, to 2/12, 1953, that I last saw the deceased alive on 2/12, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 2-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-16-53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 2-13-53
REGISTRAR'S SIGNATURE Marie Hawthorn
25. FUNERAL DIRECTOR [signature] ADDRESS Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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FEB 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 730
Local Reg. No. 7
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 647 W. Galloway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 647 W. Galloway

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): GALBRAITH

4. DATE OF DEATH (Month) (Day) (Year): 2-14-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Mar. 19, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY: Sheep Industry
11. BIRTHPLACE (State or foreign country): White City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Grant Galbraith — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Andeline M. Brown — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXXX — (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.: 518-01-5139
17. INFORMANT'S OWN SIGNATURE: x Chris A. Galbraith — ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary heart 1 yr
DUE TO (c): duration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Found dead in bed. Moving died during night

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1-, 1953, *to* 2-11, 1953, *that I last saw the deceased alive on* 2-11, 1953, *and that death occurred at* night *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F A Schmitz M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 2-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2-16-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Dee Thomason — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Dr. Coats

Certificate of Death

STATE OF IDAHO

State File No. 781
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): JOSEPH
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): 2- 22- 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 6, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buttler, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Grace Campbell — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Ida Cook — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jm H Campbell — ADDRESS: Marysville Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia — INTERVAL BETWEEN ONSET AND DEATH: undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia - type undetermined — undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Feby, 1953, *to* 21 Feby, 1953, *that I last saw the deceased alive on* 20 Feby, 1953, *and that death occurred at* 12:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Coats M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-53
24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 2-25-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 4 1953
DIVISION OF VITAL STATISTICS

Dr. Schmitz

Certificate of Death

STATE OF IDAHO

State File No. 732
Local Reg. No. 12
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 333 E. Galloway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 333 E. Galloway

3. NAME OF DECEASED (Type or Print)
a. (First): LAVINIA
b. (Middle): BELLE
c. (Last): RIGGS

4. DATE OF DEATH (Month) (Day) (Year): 2-22-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-12-1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Vancover, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): #########
16. SOCIAL SECURITY NO.: #######
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs Nina Pence.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 93 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser Wash Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1-, 1952 *to* 2-22, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:04 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Schmitz Sr. D. 363
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-24-53 51
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-24-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 733
Local Reg. No. 15
Reg. Dist. No. 3-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALICE; b. (Middle); c. (Last) ABT

4. DATE OF DEATH: (Month) 2- (Day) 22- (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): St. Paul, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Holgate
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Hayes
BIRTHPLACE: St. Johns N. Bruns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war, or dates of service): ########

16. SOCIAL SECURITY NO.: 331X

17. INFORMANT'S OWN SIGNATURE: Emma Hawthorn
ADDRESS: Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7, 1953, *to* 2-22, 1953, *that I last saw the deceased alive on* 2-22, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2-23-53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-23-53
REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: K. Dale Thomason
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 784
Local Reg. No. 1784
Reg. Dist. No. 3-20

RECEIVED MAR 6 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 W. Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 120 W. Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) OREN; c. (Last) JOHNSTON

4. DATE OF DEATH: (Month) Feb. (Day) 24, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-25-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 66
10b. KIND OF BUSINESS OR INDUSTRY: Fuel & Transfer
11. BIRTHPLACE (State or foreign country): Lyons County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Johnston — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Julia A. Harris — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Donald Adams — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of the Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lobar Pneumonia - Bilateral — 1½ days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Feby, 1953, *to* 23 Feby, 1953 *that I last saw the deceased alive on* 23 Feby, 1953, *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Foote M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 2-26-53
REGISTRAR'S SIGNATURE: Marie Hamilton
25. FUNERAL DIRECTOR: R. Dale Thomason
ADDRESS: Weiser, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) c. (Last) KISER

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 2-22-1881

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Albuquerque, New Mexico

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Kiser BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Alice Dickinson BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clifford M. Kiser ADDRESS: Weiser, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-18, 1953, *to* 2-28, 1953, *that I last saw the deceased alive on* 2-28, 1953, *and that death occurred at* 2:28 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3-3-53
REGISTRAR'S SIGNATURE: Marie Faulkner
25. FUNERAL DIRECTOR: R. Lee Thomason ADDRESS: Weiser, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 786
Local Reg. No. 85
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): DENA
b. (Middle): AMELIA
c. (Last): STARTUP

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 18, 1868
9. AGE (In years last birthday): 84-2-13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Soren Nielsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Amelia Berg — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Gloria Link Route 2. — ADDRESS: Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic + hypertensive
DUE TO (c): Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Baum Md 040 (Degree or title)
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/3/53 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Provo, Utah

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 787
Local Reg. No. 91
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): Elizabeth
c. (Last): Brownlee

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 28, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Clay Co, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Campbell — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Achsah Parcell — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Morgan Brownlee — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of the ovary — 6 mos
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: —

19a. DATE OF OPERATION: 10.17.52
19b. MAJOR FINDINGS OF OPERATION: Same
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3.13, 1951, *to* 3.1, 1953, *that I last saw the deceased alive on* 2.28, 1953, *and that death occurred at* 7:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Newcombe M. D.
23b. ADDRESS: 512 N. 16 St., Boise
23c. DATE SIGNED: 3.2.53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 3-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Glenn W Beatty — The Beatty Chapel
ADDRESS: Emmett, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 788
Local Reg. No. 84
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2322 State Street

3. NAME OF DECEASED (Type or Print): a. (First) HAZEL; b. (Middle) MAE; c. (Last) MIELECKE

4. DATE OF DEATH: (Month) (Day) (Year): March 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1897

9. AGE (In years last birthday): 55-5-14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Walla Walla, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Corkrum
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Martha Kennedy
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise Idaho 2322 State St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 153X Metastatic Ca. of Lung & Brain — INTERVAL BETWEEN ONSET AND DEATH: 18 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Desc Colon — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-45, *to* 3-1-, 19[illegible], *that I last saw the deceased alive on* 3-1-, 1953, *and that death occurred at* 9:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 371

23b. ADDRESS: Boise

23c. DATE SIGNED: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/5/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 789
Local Reg. No. 86
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALEC b. (Middle) OSCAR c. (Last) GEDDES

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 16, 1902

9. AGE (In years last birthday): 50-9-16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fillmore County, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Irvin H. Geddes — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Gertrude Hadley — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 526-14-4510

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Grandview Idaho
Mrs Nellie M. Geddes

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis & Pericarditis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): organism or etiology not known
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial asthma — 40 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1951, 19__, *to* March 2, 1953, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Draper, M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/7/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-10-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 790
Local Reg. No. 90
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): H
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): Mar. 3. 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: Sept. 11th 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: R. C. [illegible] — ADDRESS: Records of Belknap Nursing Home. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-4, 1949, *to* Mar 3, 1953, *that I last saw the deceased alive on* Mar 2, 1953, *and that death occurred at* 8:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C Ward 437 MD
23b. ADDRESS: Boise. Idaho
23c. DATE SIGNED: 3-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 7th.1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill. Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise Idaho

F. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 10 1953

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 701
Local Reg. No. 88
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 39 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At. Home. 928 No. 8th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 928 No 8th St

3. NAME OF DECEASED (Type or Print)
a. (First): Katie
b. (Middle):
c. (Last): Brennan

4. DATE OF DEATH (Month) (Day) (Year): Mar. 6. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1863
9. AGE (In years last birthday): About 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Edward Flynn — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Wynn — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mary E. Brennan — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 3 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* March 6, 1953, *that I last saw the deceased alive on* March 5, 1953, *and that death occurred at* 12:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R Jones M.D
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 9th 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK ... be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK ... typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 792
Local Reg. No. 92
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Rawlins
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) NEWELL c. (Last) HAWKINS

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 31, 1871

9. AGE (In years last birthday): 81-11-6 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LaPort, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orlando S. Hawkins — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary E. Shaffer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: R. J. Hawkins Box 295 Meridian Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardia C. Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. 1, *19*53, *to* Mar. 7, *19*53, *that I last saw the deceased alive on* Mar 6, *19*53, *and that death occurred at* 2:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey L. Smith M.D. 375

23b. ADDRESS: Box 335 Meridian, Idaho

23c. DATE SIGNED: Mar. 8, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/9/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Colby, Kansas

DATE REC'D BY LOCAL REG.: 3-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 793
Local Reg. No. 93
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Lola
b. (Middle): Eleanor
c. (Last): Sayers

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 21, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Derby, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sanford Exley — BIRTHPLACE: Derby, Iowa
14. MOTHER'S MAIDEN NAME: Ida Lucy Lugar — BIRTHPLACE: Derby, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Elva Webb — ADDRESS: Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive & Arteriosclerotic Heart Disease and
DUE TO (c) Generalized Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1948, *to* March 8, 1953, *that I last saw the deceased alive on* March 8, 1953 *and that death occurred at* 11:48 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder, M.D.
23b. ADDRESS: 401 Idaho St., Boise, Ida.
23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County, Idaho.

DATE REC'D BY LOCAL REG.: 3-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 704
Local Reg. No. 1054
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 7 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 1815 N. 11th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print): a. (First) ALMA b. (Middle) M. c. (Last) QUIGLEY

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 2/14/1862

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months: 0 Days: 24 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 54

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): FARMINGTON, UTAH

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW QUIGLEY BIRTHPLACE: TYRONE, IRELAND

14. MOTHER'S MAIDEN NAME: ELIZABETH MILLER BIRTHPLACE: No record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE & ADDRESS: Edna Q. Byers

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis c embolus to left femoral artery — INTERVAL BETWEEN ONSET AND DEATH: 4 years 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricullar fibrillation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 11-10, 1952, *to* 3-8, 1953, *that I last saw the deceased alive on* 3-8, 1953, *and that death occurred at* 8:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lawn L. Floyd (Degree or title): M.D.

23b. ADDRESS: 500 Eastman Bldg Boise Ida

23c. DATE SIGNED: 3-12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 3/12/1953

24c. NAME OF CEMETERY OR CREMATORY: BUHL CEMETERY

24d. LOCATION (City, town, or county) (State): BUHL IDAHO

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR & ADDRESS: Russell A. Relyea 318 N. Latah
Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 795
Local Reg. No. 795
Reg. Dist. No. 270

BIRTH NO. 111-53-2265 MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 406 N. PACIFIC

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) ELAINE c. (Last) HOWELL

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE		MARCH 3, 1953			7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (2
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOISE, IDAHO
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN P. HOWELL — BIRTHPLACE: AUGUSTA, GEORGIA
14. MOTHER'S MAIDEN NAME: BERNICE E. REED — BIRTHPLACE: GLENNS FERRY, IDAHO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X John P. Howell — ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth 19__, *to* March 10 1953, *that I last saw the deceased alive on* March 10 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Ellick M.D.	218 N. 18th Boise	3/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	3/12/53	MORRIS HILL	BOISE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-19-53	Myrtle Palmer	Russell W. Relyea	318 N. LATAH
		RELYEA MORTUARY	BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 796
Local Reg. No. 95
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 110 E. Jefferson Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) N. c. (Last) TOLMAN

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1878

9. AGE (In years last birthday): 74-5-24 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bellows Falls, Vermont

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred A. Tolman ADDRESS: Boise, Idaho 110 E. Jefferson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5-10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it. Chronic Nephritis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1946, *to* March 10, 1953 *that I last saw the deceased alive on* March 10, 1953 *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Scalapha M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 3/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/13/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Pointdexter

Certificate of Death

STATE OF IDAHO

State File No. 707
Local Reg. No. 180
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1728 S. ATLANTIC

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): E.
c. (Last): MOYER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 10 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10/25/1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DAVID CITY, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MILTON S. LOWELL — BIRTHPLACE: WISCONSIN
14. MOTHER'S MAIDEN NAME: ADA SMITH ~~NO RECORD~~ — BIRTHPLACE: NO RECORD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Curtis M. Moyer — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — about 10 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 6/10, 1947, *to* 3/10, 1953, *that I last saw the deceased alive on* 3/10, 1953, *and that death occurred at* 9P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 311 (Degree or title) — 23b. ADDRESS: Boise, Idaho — 23c. DATE SIGNED: 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/14/53 01
24c. NAME OF CEMETERY OR CREMATORY: MORRIS HILL
24d. LOCATION (City, town, or county) (State): BOISE IDAHO

DATE REC'D BY LOCAL REG.: 3-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell N. Relyea — RELYEA MORTUARY — ADDRESS: 318 N. LATAH BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Crosby

Certificate of Death

State File No. 7798
Local Reg. No. 40
Reg. Dist. No. 371

BIRTH NO. MAR 21 1953 4281 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2507 Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2507 Kootenai

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) REE c. (Last) COURTNEY

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1876

9. AGE (In years last birthday): 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steetcar and interurban operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ashville, N. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Hamilton Courtney, BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Martha Jane Thrash, BIRTHPLACE: Ashville, N.C.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-10-6223

17. INFORMANT'S OWN SIGNATURE: Mrs Mildred Courtney ADDRESS: 2507 Kootenai Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 2-3 years
DUE TO (c) Generalized Arteriosclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Paroxysmal Auricular fibrillation

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Hip fracture with non-union

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2, 1951, *to* 3-10, 1953, *that I last saw the deceased alive on* 1-6-, 1953, *and that death occurred at* 11:00 a.m., 3-10-1953 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Crosby M.D. **23b. ADDRESS**: 1320 Vista Ave Boise **23c. DATE SIGNED**: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Mar. 13, 1953 **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53 REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 799
Local Reg. No. 41
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pennsylvania Ave. Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): BOX 786

3. NAME OF DECEASED (Type or Print)
a. (First): ENZLEY
b. (Middle): C.
c. (Last): LOVELAND

4. DATE OF DEATH (Month) (Day) (Year): MARCH 10, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11/10/1911
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCK SALESMAN 17
10b. KIND OF BUSINESS OR INDUSTRY: ODOR-RIDD CORP.
11. BIRTHPLACE (State or foreign country): GEORGETOWN, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: MELVIN LOVELAND — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ALLA WELLSER — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): PEACETIME NAVY
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Tillie Loveland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in heart

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 10 53 8:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: By Police Officer

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea Coroner
23b. ADDRESS: 318 No. Latah Boise Ida
23c. DATE SIGNED: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/16/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: 3-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. LATAH BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 800
Local Reg. No. 107
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ustick
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RICHARD	WHITTIER	CAMPBELL	March 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Mar. 8, 1952	1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard W. Campbell — BIRTHPLACE Council Bluffs, Ia.
14. MOTHER'S MAIDEN NAME Grace Ward — BIRTHPLACE Rupert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Earl Waggoner — ADDRESS 419 N. 8th Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 8, 1953, *to* Mar 12, 1953, *that I last saw the deceased alive on* Mar 12, 1953, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) — 23b. ADDRESS — 23c. DATE SIGNED 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden — ADDRESS Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 801
Local Reg. No. 77
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4914 Holmes

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) ROLLIN c. (Last) HINER

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 7, 1913

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shovel optr.

10b. KIND OF BUSINESS OR INDUSTRY: State Highway

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George N. Hiner
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Stella Syzemore
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-9927

17. INFORMANT'S OWN SIGNATURE: Gloria Bell Hiner ADDRESS: 4914 Holmes Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/12, 1953, to Death, 19___, *that I last saw the deceased alive on* 3/12, 1953, *and that death occurred at* 1045 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clarence L. Jones (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-17-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 802
Local Reg. No. 10802
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Milton
c. (Last): Kester

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 24, 1878
9. AGE (In years last birthday): 74 — If under 1 year: Months 5, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: agri.
11. BIRTHPLACE (State or foreign country): Guthrie Center, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Milton H. Kester — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Lucretia Van Aken — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Harold Kester — ADDRESS:

18. CAUSE OF DEATH 570.5
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic intestinal Obstruction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Peritonitis following Abdominal Operation.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: March 8, 1953
19b. MAJOR FINDINGS OF OPERATION: Barin Salts taken for X-Ray Chronic obstruction of bowel
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Mar 10, 1953, *that I last saw the deceased alive on* Mar. 8, 1953, *and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 J L Reynolds
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 16, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR ADDRESS: Glenn W Beatty, Beatty Chapel, Emmett, Ida.

Federal Security Agency
United States Public Health Service
323-53
Myrtle Palmer
Form DDH-2021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 803
Local Reg. No. 104
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1713 Resseguie Street

3. NAME OF DECEASED (Type or Print): a. (First) ELI b. (Middle) LAWRENCE c. (Last) LARSON

4. DATE OF DEATH: (Month) (Day) (Year): March 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1867

9. AGE (In years last birthday): 85-7-13
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boise Ice and Produce

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Larson
BIRTHPLACE: Sweden.

14. MOTHER'S MAIDEN NAME: Caroline Marmstrom.
BIRTHPLACE: Sweden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-12-7691

17. INFORMANT'S OWN SIGNATURE: Mrs. Maude D. Larson ADDRESS: Boise Ida 1713 Resseguie

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Dead suddenly.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria - sclerotic Heart Disease — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-17-, 1953, *to* 3-14, 1953, *that I last saw the deceased alive on* 3-14, 1953, *and that death occurred at* 6:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. T. Swindell 393 M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/17/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Transcribed 2-8-

Certificate of Death

STATE OF IDAHO

State File No. 894
Local Reg. No.
Reg. Dist. No. 270

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1804 Eastman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1804 Eastman St.

3. NAME OF DECEASED (Type or Print)
a. (First): Forrest
b. (Middle): Melvin
c. (Last): Tarr

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14th 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18th. 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman 62
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Highway
11. BIRTHPLACE (State or foreign country): Baltimore Ohio
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Tarr — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-8028
17. INFORMANT'S OWN SIGNATURE: X Mrs. F. M. Tarr — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — DUE TO (b): —

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, *19*__, *to* —, *19*__, *that I last saw the deceased* after death 3/14, *1953, and that death occurred at* 8:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 311 (Degree or title) MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 18. 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 805
Local Reg. No. 105
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4021 West State Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AMOS	HENRY	THOMPSON	March 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 30, 1877	75-8-14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Theatrical Stage Hand
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos G. Thompson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-10-3937
17. INFORMANT'S OWN SIGNATURE: Leste W Thompson — ADDRESS: 9691 W 30

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs.
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* March 14, 1953, *that I last saw the deceased alive on* March 14, 1953, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice A. Rothrock, M.D.	401 Idaho St. Boise Idaho	3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/17/53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-23-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECE[illegible]

Certificate of Death

STATE OF IDAHO

State File No. 806
Local Reg. No. 119
Reg. Dist. No. 370

111-53-2339
BIRTH NO.

APR 10 1953

DIVISI[illegible] VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 807 E. Washington

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): BABY BOY HAYES

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: March 15, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Hayes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Helen Cameron — BIRTHPLACE: New Brunswick, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Alex H. Leitch — ADDRESS: 1516 - WESBROOK CRESC., VANCOUVER, B.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

769.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (25 wks)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature labor — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO (c): Maternal rubeola

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 AM, 19 7 PM 3-15, 19 53 *that I last saw the deceased alive on* 3-15, 19 53 *and that death occurred at* 7 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gustav E. Pramberson M.D. 691
23b. ADDRESS: 310 Ida. Boise, Ida.
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 9807
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 218 Ruby St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 218 Ruby St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jerome
b. (Middle): William
c. (Last): Schlag

4. DATE OF DEATH (Month) (Day) (Year): Mar. 16. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 19. 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mngr. Penny Theatre
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul C. Schlag 74 — BIRTHPLACE: Brown Co. Wisc:
14. MOTHER'S MAIDEN NAME: Lillie Nachtwey. — BIRTHPLACE: Wisc:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Paul C. Schlag — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old rheumatic carditis. — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I did not attend the deceased from _____, 19___, to _____, 19___, that I never saw the deceased alive on 1, 19___, and that death occurred at 6.15 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Lewicombe, 283 M.D.
23b. ADDRESS: 512 N. 16 St. Boise, Idaho
23c. DATE SIGNED: 3.17.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 17th. 53.
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED 3 MAR 24 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 808
Local Reg. No. 43
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5122 Denton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Palm Beach
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Palm Beach
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle): M
c. (Last): CRESELIOUS

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 31, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brotherton, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Wesley Willett — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Harriet Maxwell — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 262-30-8099
17. INFORMANT'S OWN SIGNATURE: John H. Creselious — ADDRESS: 5122 Denton Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* March, 1953, *that I last saw the deceased alive on* 7 Mar, 1953, *and that death occurred at* 9 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart C. Merrill 536 M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 3/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Kreisch

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 809
Local Reg. No. 186
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1015 No.16th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1015 No. 16th. St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	J.	Schilling	Mar. 19. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 9th. 1861	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist.
10b. KIND OF BUSINESS OR INDUSTRY: Western Chemical Co.
11. BIRTHPLACE (State or foreign country): Lacrosse Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Rudolph Schilling — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown. — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-36-1360
17. INFORMANT'S OWN SIGNATURE: Phillip H Schilling — ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 1953, *to* March 19, 1953, *that I last saw the deceased alive on* March 19, 1953, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): F A Kreisch M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise
J. V. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C 210
Local Reg. No. 470
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5110 Fairview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5110 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) Boni b. (Middle) c. (Last) Ormaechea

4. DATE OF DEATH: (Month) (Day) (Year) March 19 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 14th 1903

9. AGE (In years last birthday): 49-10-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Pedro M. Ormaechea
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Simona Mallea
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-28-0565

17. INFORMANT'S OWN SIGNATURE: Mrs. Domingo Eiguren
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9:15, 19___, *to* 9:30, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 9:05 m., *from the causes and on the date stated above.*

pronounced patient dead

23a. SIGNATURE (Degree or title): Robert L. Smith M.D.

23b. ADDRESS: 312 West Idaho, Boise, Idaho

23c. DATE SIGNED: 3/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 23 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson

ADDRESS: Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C 11
Local Reg. No. 1011
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Milner Hotel

3. NAME OF DECEASED (Type or Print): a. (First) ARCHIE b. (Middle) WAYNE c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) March 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 24, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Master (retired)

10b. KIND OF BUSINESS OR INDUSTRY: N.P. R.R.

11. BIRTHPLACE (State or foreign country): Colfax, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James L. Jones
BIRTHPLACE: Penn

14. MOTHER'S MAIDEN NAME: Edith Lee
BIRTHPLACE: Colfax, Wn.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 701-09-6636

17. INFORMANT'S OWN SIGNATURE: Mrs Helen L Jones ADDRESS: Milner Hotel, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

194X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Carcinoma of thyroid & metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-30-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma rt. lobe thyroid & lymphnode metastases

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): —

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Oct 23, 1952 *to* 3-19, 1953 *that I last saw the deceased alive on* 3-18, 1953 *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dawn J. Floyd M. D.

23b. ADDRESS: 500 Eastman Bldg. Boise Ida.

23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/24/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 812
Local Reg. No. 109
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1716 Hazel Street

3. NAME OF DECEASED (Type or Print): a. (First) KATHERINE b. (Middle) H. c. (Last) CROFT

4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 30, 1875

9. AGE (In years last birthday): 77-9-20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dirk Hamming — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Maria DeGroot — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Anthony B Croft — ADDRESS: Boise, Ida. 1716 Hazel St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia Adeno Carcinoma of the Rectum & Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation. Arteriosclerosis

154X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Cancer of Rectum - Regional
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/5, 1953, *to* 3/20, 1953, *that I last saw the deceased alive on* 3/20, 1953, *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everett N Jones 193 (Degree or title): M.D.
23b. ADDRESS: Boise, Idaho.
23c. DATE SIGNED: 3/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/23/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 813
Local Reg. No. 114
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1409 E. Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID	SHERMAN	POTTER	March 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 30, 1866	86-10-20				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Polk County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henderson Potter	Tennessee	Elisey Hall	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Raymond S Potter	RD #2 Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* March 20 1953, *that I last saw the deceased alive on* Jan __, 1953, *and that death occurred at* 3:p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
040	Meridian Idaho	3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/2/53 01		Rialto, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-30-53	Myrtle Palmer	Clyde L. Summers	SUMMERS FUNERAL HOME Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 814
Local Reg. No. 110
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 710 Fort Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 S. 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): WERTMAN

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 28, 1870
9. AGE (In years last birthday): 82-11-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wellington, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mathew Curry. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Elsie Walker. BIRTHPLACE: Scotland,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Marjorie Morrow — ADDRESS: Boise 409 So. 10th St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 10 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 3-21, 1953, *that I last saw the deceased alive on* 3-21, 1953 *and that death occurred at* 6:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Swindell M. D. 393
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 815
Local Reg. No. 111
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1001 N. 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): HOPE
b. (Middle): E.
c. (Last): BACA

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 3, 1891
9. AGE (In years last birthday): 61-4-20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lusk, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orson J. Demmon — BIRTHPLACE: Tioga Co., Ohio
14. MOTHER'S MAIDEN NAME: Mary E. Pennock — BIRTHPLACE: Rockford, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Horace L. Bass — ADDRESS: 1001 N 21 St Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of breast with Lung metastases — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Possible Cerebrovascular accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Essential Hypertension — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* March, 1953, *that I last saw the deceased alive on* March 23, 1953, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max L. Bell, M.D. 046
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 816
Local Reg. No. 10
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Rt. 1:

3. NAME OF DECEASED (Type or Print): a. (First) Manuel; b. (Middle); c. (Last) Gaviola

4. DATE OF DEATH (Month) (Day) (Year): Mar. 23. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 3rd 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wool Grower & Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lequeito Spain

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: [illegible] BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mitchell Gaviola ADDRESS: Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardosis — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1953, *to* 3-23, 1953, *that I last saw the deceased alive on* 3-23, 1953, *and that death occurred at* 11:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: 417 Eastman Bldg. Boise, Ida

23c. DATE SIGNED: 3/25.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 27. 1953.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

S. S. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Permit issued to: Daniel G. Gibson
Schreiber-McCann-Gibson
Boise, Idaho

Oct 3, 1956

Sept. 27 1956
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Manuel Gaviola

DATE OF DEATH March 23 1953

CAUSE OF DEATH Cerebral Thrombosis

ATTENDING PHYSICIAN Dr. Richard Simonton

BURIED IN St. John's section of Morris Hill Section 11 CEMETERY

TO BE REMOVED TO St. John's section of Morris Hill section 12 CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Daughter

NAME OF LICENSED EMBALMER Daniel G. Gibson No. 400

REASON FOR DISINTERMENT Family desires different location

Very truly yours,

Mrs Richard Gabica Daughter
Signature of relative or person requesting permit.

403 West Lincoln. Nampa, Idaho
Address

- * * * * * * * * * * * * * * -

State of Idaho)
County of _____) ss

On this 1st day of October, 1956, before me Patrick J. Vaughan a Notary Public, in and for the within county and state personally appeared Mrs Richard Gabica known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Patrick J. Vaughan
Notary Public, residing at BOISE, Idaho
My commission expires SEPT. 14, 1959

RECEIVED APR 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 817
Local Reg. No. 112
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 912 Franklin Street

3. NAME OF DECEASED (Type or Print)
a. (First) DELLA
b. (Middle) JOSEPHINE
c. (Last) MICHAEL

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 24, 1868
9. AGE (In years last birthday) 84-10-0 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME W. H. Stewart BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown Osborn BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Frank P. Michael ADDRESS Salmon Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420,1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/25, 1944, *to* 3/24, 1953, *that I last saw the deceased alive on* 9/26, 1952 *and that death occurred at* 3:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 311 (Degree or title) MD
23b. ADDRESS Boise
23c. DATE SIGNED 3/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 26, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-30-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 818
Local Reg. No. 126
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Horseshoe Bend
d. STREET ADDRESS (If rural, give location) As Above

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) T.
c. (Last) Hanson

4. DATE OF DEATH (Month) (Day) (Year) March 24 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Feb. 11. 1867
9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME No Record
BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Samuel G. Gibson ADDRESS Records of Belknap Nursing Home. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes

INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1950, *to* 3-18, 1953, *that I last saw the deceased alive on* 23-17, 1953, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Roscoe C Ward MD (Degree or title)
23b. ADDRESS Boise - Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 27. 1953.
24c. NAME OF CEMETERY OR CREMATORY Horseshoe Bend
24d. LOCATION (City, town, or county) Horseshoe Bend (State) Idaho

DATE REC'D BY LOCAL REG. 4-14-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho
J. S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 819
Local Reg. No. 121
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY in this place: 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 316 Boise, Ave.

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	HAZEL	RUTH	NEWELL

4. DATE OF DEATH: (Month) 3 (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	WIDOWED	8/3/1893	59	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ORVILLE O. FRANCE	ILLINOIS	IDA BELLAS	ILLINOIS

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -- --
17. INFORMANT'S OWN SIGNATURE: x Viola Newell Bentley ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) excessive loss of blood — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) slashed wrist (left)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Boise Ada Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3	25	53	? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Slashed wrist with razor blade

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Relyea	Coroner	318 No. Latah	3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	3/30/53	SWEET CEMETERY	SWEET IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-10-53	Myrtle Palmer	Russell A. Relyea	318 N. LATAH

Federal Security Agency
United States Public Health Service

Form DPH-48021

RELYEA MORTUARY BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Frazier

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APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 820
Local Reg. No. 59
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 65 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 3915 Albion St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3915 Albion St.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Franklin c. (Last) Crawford

4. DATE OF DEATH (Month) (Day) (Year): Mar 26. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 16. 1862
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming.
11. BIRTHPLACE (State or foreign country): Springfield Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leona Boos — ADDRESS: 3915 Albion Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown, probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis c̄ Coronary insufficiency — years

DUE TO (c) Degenerative Cardiovascular disease.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Massive rt scrotal Hernia — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 26, 1953 *to* Mar. 26, 1953, *that I last saw the deceased alive on* February, 1953, *and that death occurred at* 1108 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier, M.D.
23b. ADDRESS: Eastman Bldg. Boise
23c. DATE SIGNED: 3.31.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 30.53.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 821
Local Reg. No. 60
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4408 Hoover Street

3. NAME OF DECEASED (Type or Print)
a. (First): RDV
b. (Middle):
c. (Last): WADE

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1900
9. AGE (In years last birthday): 52-5-17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pearl, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Fowler Floyd Teater. Wisconsin.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Sarah Joan Lietzke, Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-14-6203
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Howard Wade 4408 Hoover Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Sclerosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Hypertension — unknown
Diabetes — 9 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 24, 1950, *to* March 26, 1953, *that I last saw the deceased alive on* March 24, 1953, *and that death occurred at* 10:30pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubbaldes, M.D. 051
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: March. 30. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E. Summers
Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 822
Local Reg. No. 46
Reg. Dist. No. 371

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PAULS AUCTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
d. STREET ADDRESS (If rural, give location): 918 S. ORCHARD

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) A.; c. (Last) MOSS

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9/11/1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): LINCOLN, KANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DANIEL MOSS
BIRTHPLACE: IOWA

14. MOTHER'S MAIDEN NAME: IDA McREYNOLDS
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: ****

17. INFORMANT'S OWN SIGNATURE: X Sylvia E. Moss
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Kelly Sr 4th Coroner
23b. ADDRESS: 318 No Latah Boise Ida
23c. DATE SIGNED: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/31/1953
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE
24d. LOCATION (City, town, or county) (State): BOISE IDAHO

DATE REC'D BY LOCAL REG.: 4-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Kelly Sr
ADDRESS: 318 N. LATAH
RELEEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Kill

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APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. £23
Local Reg. No. 115
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Danice	Kam	Kurdy	Mar. 29. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Child	May 31. 1952	0	9	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank L. Kurdy — BIRTHPLACE: Grangeville Idaho
14. MOTHER'S MAIDEN NAME: Jeane Moldenhauer. — BIRTHPLACE: Kimberly Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

763.0
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1952, *to* 29 March, 1953, *that I last saw the deceased alive on* 29 March, 1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max H. Bell Jr. (Degree or title): M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
[signature] McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dept. of RECEIVED APR 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 116
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 27 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Alphonsus Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2607 Woodlawn St

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Mar. 30th 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 9. 1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Mngr-Salesman

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (State or foreign country) Weston Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur Smith

BIRTHPLACE Weston Ohio

14. MOTHER'S MAIDEN NAME Carrie M. Brown.

BIRTHPLACE Huron Co. Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 509-03-7417

17. INFORMANT'S OWN SIGNATURE + William E. Smith ADDRESS Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4422

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH Feb 9-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio vascular

DUE TO (c) renal disease — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 3-30, 1953 *that I last saw the deceased alive on* 3-29-53 *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. E. Spencer MD

23b. ADDRESS Boise, Idaho

23c. DATE SIGNED 4-1-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 1st 1953.

24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 4-1-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Schreiber-McCann-Gibson-Gibson.

ADDRESS Boise

Schreiber McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

3-4281 RECEIVED

APR 15 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 825
Local Reg. No. 127
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 4 S. Curtis Road

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Greensboro, North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unk — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William C. Brown — ADDRESS: Rt. 4, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary occlusion

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-30, 1953, *to* 3-31, 1953, *that I last saw the deceased alive on* 3-31, 1953, *and that death occurred at* 4 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. S. Joelsch MD.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Ida

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 826
Local Reg. No. 125
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2502 Dewey St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLYDE	EVERETT	STONE	3	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	9/25/1938	14	6	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HAGERMAN, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EVERETT STONE — BIRTHPLACE: OKLAHOMA
14. MOTHER'S MAIDEN NAME: INICE SCHIES — BIRTHPLACE: SHAWNEE, OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S OWN SIGNATURE: X Everett Stone — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse traumatic subarachnoid hemmorhage
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Blow on head
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture Left femur

INTERVAL BETWEEN ONSET AND DEATH: 813.4 — 20-30'?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Hiway 44	Boise	ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
3	31	53	9:15 p.m.		Automobile - Bicycle Accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Leeman MD	Boise	6 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	4/6/53	CLOVERDALE	BOISE	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-10-53	Myrtle Palmer	Russell A. Kelyea RELYEA MORTUARY	318 N. Latah BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

APR 9 - 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. C-27
Local Reg. No. 11827
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
c. LENGTH OF STAY (in this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
d. STREET ADDRESS (If rural, give location): 809 No. 17th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c (Last)	4 DATE OF DEATH (Month)	(Day)	(Year)
	MINNIE	GORDON	TREMAINE	3	31	1953

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	DIVORCED	2/14/1883	70	1	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): JEFFERSON CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE GORDON	TENNESSEE	POLLOCK	UNKNOWN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			X Betty Tremaine	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181 X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage; Uremia	Oct, 1952
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Bladder	Oct. 1952
DUE TO (c)	Hydronephrosis	Oct 1952
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Bronchitis;	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 12/2 *, 1947, to* 3/31 *, 1953, that I last saw the deceased alive on* 3/30 *, 1953, and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 3/31 M.D.	Boise Idaho	4/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	4/2/53	MORRIS HILL	BOISE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-3-53	Myrtle Palmer	Russell Relyea	318 N. LATAH
		RELYEA MORTUARY	BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

MAR 21 1953

STATE OF IDAHO

State File No. 220
Local Reg. No. 35-8
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Grant
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates
d. STREET ADDRESS (If rural, give location): c/o Oregon Lumber Co.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jerry	Emmanuel	Smith	March 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1-9-91	62	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Council Bluffs, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald O. Smith	Ohio	Emiline Smith	Kansas City, Kans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	543-03-1490	[signature]	Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

296 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhagic diathesis

DUE TO (c) Etiology undetermined.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Mar. 3, *19*53, *to* March 4, *19*53, *that I last saw the deceased alive on* March 4, *19*53, *and that death occurred at* 12:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar. 6th. 1953		Portland Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-6-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 839
Local Reg. No. 78
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1323 E.21/2 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1323 E.21/2 St.

3. NAME OF DECEASED (Type or Print): a. (First) Edmund b. (Middle) Douglas c. (Last) Zimmer

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec.17,1903

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lee Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: August Zimmer
BIRTHPLACE: Hamburg, Germany

14. MOTHER'S MAIDEN NAME: Jeannette Mc Cord
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-6673

17. INFORMANT'S OWN SIGNATURE: Boyd L. Zimmer
ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 199X Cancer of Chest
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1953, *to* March 6, 1953, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* 320 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W C Watts M.D
23b. ADDRESS: Nampa
23c. DATE SIGNED: 3/9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 3-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: E W Robison
ADDRESS: Meridian, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 330
Local Reg. No. 37
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada County Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): OSGOOD
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unk

8. DATE OF BIRTH: Feb. 12, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Fernando, Calif.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Henry Taylor
BIRTHPLACE: Calif.

14. MOTHER'S MAIDEN NAME: Theodosia Riley
BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C. E. Alden
ADDRESS: Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* Mar 7, 1953, *that I last saw the deceased alive on* Mar 5, 1953, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 3-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/11/53

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 331
Local Reg. No. 39
Reg. Dist. No. 371

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box 564

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) R. c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-22-91

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR Months: I Days: 16
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Cascade, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Shallum P. White
BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Louisa Haines
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518161849

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema & Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute infarct left ventricle
DUE TO (c) Coronary Arteriosclerosis 420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 16, *19* 53, *to* March 8, *19* 53, *that I last saw the deceased alive on* March 8, *19* 53, *and that death occurred at* 8:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman M.D.
JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 3-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/53
24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 3-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No. 38
Reg. Dist. No. 371

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Claude; b. (Middle); c. (Last) DeMasters

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-25-91

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 6, Days 17
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Ola, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George De Masters
BIRTHPLACE: Clay Co. Mo.

14. MOTHER'S MAIDEN NAME: Mary M. Miller
BIRTHPLACE: Holt Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease with congestive failure — Undetermined
DUE TO (c) Bronchitis, chronic — 3 yrs plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, *19* 53, *to* March 12, *19* 53, *that I last saw the deceased alive on* March 12, *19* 53, *and that death occurred at* 1:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. STEVENSON, M. D. — Chief, Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAR. 16, 1953

24c. NAME OF CEMETERY OR CREMATORY: OLA

24d. LOCATION (City, town, or county) (State): OLA, IDAHO.

DATE REC'D BY LOCAL REG.: 3-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Glenn W Pratt — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 833
Local Reg. No. 42
Reg. Dist. No. 371

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) Bob; b. (Middle); c. (Last) Kokotovich

4. DATE OF DEATH (Month) (Day) (Year): Mar. 12. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger & Construction

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Yugoslavia

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Records of the Ada Co. Hospital.
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary Insuff. — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* Mar 12, 1953, *that I last saw the deceased alive on* Mar 10, 1953, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 14th. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-18-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

Schreiber-McCann-Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 834
Local Reg. No. 96
Reg. Dist. No. 370

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Pine St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adaa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Pine St. Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nannie b. (Middle) Louise c. (Last) Moon

4. DATE OF DEATH: (Month) (Day) (Year) March 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug. 22, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chattanooga, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel C. Blair
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Nancy Walker
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel Mersdorf
ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic hypertensive heart disease — unk
DUE TO (c): generalized Arteriosclerosis — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* May 16, 1953, *that I last saw the deceased alive on* Mar. 15, 1953, *and that death occurred at* 3: A. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridan Ida

23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mch. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 3-18-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B W Robinson
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 835
Local Reg. No. 4835
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4506 Fremont St.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) A.
c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-28-80
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 7 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Joc Davis Co. Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Wilson — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Emily Barthwick — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia, terminal	36 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive cardio-vascular renal disease	6 yrs
DUE TO (c)	Uremia	3 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1953, *to* March 19, 1953, *that I last saw the deceased alive on* March 19, 1953, *and that death occurred at* 3:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 434 Chief, Medical Services (Degree or title) C. P. STEVENSON, M. D.
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 21. 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 3-23-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson — ADDRESS Boise Idaho
[signature]

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 536
Local Reg. No. 49
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3 (Hill Road)

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) ELLEN c. (Last) FULLER

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 17, 1881

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LaGrande, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John F. Green — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Olive Peebler — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Earl Alden — ADDRESS: 911 State Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 491X Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 24hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 12, 1952, *to* May 20, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 4:05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 3-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 23. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 52
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1309 Franklin St

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle); c. (Last) Westerbeek

4. DATE OF DEATH (Month) (Day) (Year): Mar. 22. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct 12. 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-05-2169

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Eldorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1950 *to* Mar 22, 1953, *that I last saw the deceased alive on* Mar 22, 1953, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar 26.1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 838
Local Reg. No. 45
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2518 Tamarack Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Leon
c. (Last): Marks

4. DATE OF DEATH (Month) (Day) (Year): March 22 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/30/85
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggageman
10b. KIND OF BUSINESS OR INDUSTRY: transportation
11. BIRTHPLACE (State or foreign country): Beattie, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James P. Marks — BIRTHPLACE: Mazon, Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth J. Gill — BIRTHPLACE: Leavonworth, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x Mrs Della Marks — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary heart disease — 2 yrs
DUE TO (c) arterio sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Mar 22, 1953 *that I last saw the deceased alive on* Jan 1953, 19__, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Springer (Degree or title) MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 539
Local Reg. No. 50
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1405 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle); c. (Last) Courtney

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 23. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 14. 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oconomonoc Wisc.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Olson — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Hanabal — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Margaret Levet — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 / Mar / 1953, *to* 23 Mar, 1953, *that I last saw the deceased alive on* 22 Mar 1953 *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart C. Merrill M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal.
24b. DATE: Mar. 24. 1953
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory.
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 3-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 240
Local Reg. No. 51
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1621 N. Howry

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) c. (Last) TELFER

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 5, 1868
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jedburgh, Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Telfer BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Isabelle Hughes BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-3257
17. INFORMANT'S OWN SIGNATURE Robert M. Telfer ADDRESS 1621 Howry Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

154x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Recto-Sigmoid. — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Advanced Cancer of Rectum
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* March, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Emmett N. Jones (Degree or title) M.D.
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 3/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR C. E. Alden
ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 841
Local Reg. No. 44
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1810 Potter Drive

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) D.; c (Last) Campbell

4. DATE OF DEATH: (Month) March (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 9 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Warner, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph A. R. Campbell — BIRTHPLACE: Salt Creek, Iowa

14. MOTHER'S MAIDEN NAME: Phoebe M. Lent — BIRTHPLACE: Salt Creek, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519301005

17. INFORMANT'S OWN SIGNATURE: Records, VA Hospital — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Cancer, left lung with metastasis to heart — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumoconiosis, right lung

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Old healed left Pneumonectomy

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, *1953, to* March 24, *1953, that I last saw the deceased alive on* March 24, *1953, and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEHAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 26 1953.

24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial. Crematory.

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 3-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — **ADDRESS**: Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

APR 8 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5552
Local Reg. No. 371
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) Fay c. (Last) Botkin

4. DATE OF DEATH: (Month) (Day) (Year): March 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clark Co. Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ben Botkin
BIRTHPLACE: Clark Co. Ohio

14. MOTHER'S MAIDEN NAME: Lucinda Lippincott
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: V. R. Botkin
ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, Hypertension
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 10, 1953, *to* Mar. 24, 1953, *that I last saw the deceased alive on* Mar. 24, 1953, *and that death occurred at* 4:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.O.

23b. ADDRESS: 124 Caldwell Blvd., Nampa, Ida.

23c. DATE SIGNED: March 25, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/27/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 3-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B. W. Robison
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 243
Local Reg. No. 55
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Ervin c. (Last) Voorhees

4. DATE OF DEATH (Month) (Day) (Year): March 26th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months / Days
IF UNDER 1 HR. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Powersville Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. Voorhees
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Brundage
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dale E. Voorhees
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion or Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 1953, 19__, *that I last saw the deceased alive on* Feb, 1953, *and that death occurred at* 3:30P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John T. Mann M.D. (Degree or title)
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robinson
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. C 541
Local Reg. No. 541
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barber Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Volusia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeLand Florida
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	Carl	Clarke	March	26	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	11/29/35	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed 91	---------	DeLand, Florida	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Clarke	no record	Berniece Flint	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
nn	-----	no record	Robert Millet	Twin, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries — INTERVAL BETWEEN ONSET AND DEATH: 825.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Barber Road	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
3	26	53	3:00 a.m.		Automobile Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Relyea ada Co. Coroner	318 No. Latah Boise Ida	3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3/27/53	DeLand	DeLand Florida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-27-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah

RELYEA MORTUARY Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. C-15
Local Reg. No. 56
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sweet
d. STREET ADDRESS (If rural, give location) Box 31

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	A.	Skippen	March 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-20-93	59	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Ontario, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Skippen	Canada	Angelina Gordon	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	None	[signature] Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma, right upper lobe with metastasis — 6½ months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 3, 1953, *to* March 28, 1953, *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 1:00 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. P. Stevenson, M.D. Chief, Medical Services	VA Hospital, Boise, Idaho	3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar. 28.1953.	Interment. 3/31/53	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-1-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED SEPTEMBER 21, 1953

Certificate of Death

STATE OF IDAHO

State File No. 846
Local Reg. No. 57
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Guy; b. (Middle) Herbert; c. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-17-1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: 3; Days: 13
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Hotel OPerator

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Maund City, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatic Aortic Stenosis with myocardial failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infarct, left frontal lobe of Brain.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, *19* 53, *to* March 30, *19* 53, *that I last saw the deceased alive on* March 30, *19* 53, *and that death occurred at* 5:15 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. M. Pathologist
23b. ADDRESS: VA Hospital, Boise
23c. DATE SIGNED: 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grangeville
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 4-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 53-846
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Guy Herbert Smith (Name on Original Certificate) who died (Was Born or Died) on March 30, 1953 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Army Discharge Papers (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	12-17-75	12-17-1884
Age at time of death	77 yrs- 3 mos - 13 days	68 yrs - 3 mos. - 13 days

Subscribed and sworn to before me this 18th day of Sept., 1953

V.A. Notary Public, residing at Boise, Idaho
My commission expires
(Seal)

AUTHORITY: VETERANS ADMINISTRATION FORM 4505b

Signed H.V. O'BRIEN, Registrar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Veterans Admn. Hospital, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 th day of September, 1953

V.A. Notary Public, residing at Boise, Idaho
My commission expires
(Seal)

AUTHORITY: VETERANS ADMINISTRATION FORM 4505b

Signed WM. G. RETTER, Asst. Registrar
(Signature of Any Credible Person)

Veterans Admn. Hospital, Boise, Idaho
(Street Address, City, State)

FORM DPH

RECEIVED

APR 9 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No. 57
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Guy; b. (Middle) Herbert; c. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-17-75

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 3 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Hotel Operator

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Maund City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

411X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Aortic Stenosis with myocardial failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infarct, left frontal lobe of Brain.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, *19* 53, *to* March 30, *19* 53, *that I last saw the deceased alive on* March 30th, *19* 53, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise
23c. DATE SIGNED: 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 2. 1953
24c. NAME OF CEMETERY OR CREMATORY: Grangeville
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 4-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR
ADDRESS: Schreiber-McCann-Gibson. Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 217
Local Reg. No. 132
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
c. LENGTH OF STAY (in this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 52 East State Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) XX Meridian
d. STREET ADDRESS (If rural, give location) 52 East State Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Florence	Ewing	Lewis	3	31	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed	Dec. 13, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (State or foreign country) Smithfield, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J. Ewing — BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Rebecca E. Smith — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE x Lee R. Wright — ADDRESS Meridian, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794X Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Meridian (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) 3 (Day) 31 (Year) 53 (Hour) 9:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Heart attack

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE Russell A. Relyea (Degree or title) Coroner
23b. ADDRESS 318 N. Latah, Boise, Idaho
23c. DATE SIGNED 4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sat. Apr. 4, '53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 4-15-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Russell A. Relyea
ADDRESS 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

F.H. Howard

Certificate of Death

STATE OF IDAHO

State File No. E 18
Local Reg. No. 91
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 2½ MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 830 NO. HARRISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 830 NO. HARRISON

3. NAME OF DECEASED (Type or Print): a. (First) LINDA b. (Middle) c. (Last) BEGAY

4. DATE OF DEATH: (Month) (Day) (Year) FEBRUARY 20, 1953

5. SEX: FEMALE

6. COLOR OR RACE: INDIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: DECEMBER 7, 1952

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 2 Days: 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **

10b. KIND OF BUSINESS OR INDUSTRY: ***

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CARL BEGAY — BIRTHPLACE: SHONTO SPRING, ARIZONA

14. MOTHER'S MAIDEN NAME: GRACIE McCLOUD — BIRTHPLACE: FORT WASHAKIE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S OWN SIGNATURE: Carl Begay — ADDRESS: POCATELLO, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 475X upper resp. inf — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 15, 1953, *to* Feb 15, 1953, *that I last saw the deceased alive on* Feb 15, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D. — FORREST H. HOWARD M.D.

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED: April 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: FEB 24 / 53

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: APR 10 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: COLIN M. EDWARDS — ADDRESS: HALL GRANT MORTUARY POCATELLO,

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 23 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No. 70529
Reg. Dist. No. 510

BIRTH NO. [redacted]

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1535 NO GARFIELD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1535 NO GARFIELD

3. NAME OF DECEASED (Type or Print): a. (First) ZELDA b. (Middle) MARIE c. (Last) COLLINS TRAPPETT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 2, 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 17, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): GRACE, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: HYRUM COLLINS — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: ELIZABETH LUCY BENNETT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Arnold Trappett — ADDRESS: Por.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 9

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1952 *to* 3-2, 1953, *that I last saw the deceased alive on* 3-2-1953 *and that death occurred at* 3 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MARCH 6/53

24c. NAME OF CEMETERY OR CREMATORY: GRACE CEMETERY

24d. LOCATION (City, town, or county) (State): GRACE IDAHO

DATE REC'D BY LOCAL REG.: MAR 21 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: CONNAR [illegible] MORTUARY

ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 850
Local Reg. No. 65
Reg. Dist. No. 510

RECEIVED MAR 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 762 Ebony Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): D.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): March 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 49
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Soldier Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James L. Johnson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Laretta Smith — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War No. I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gladys Johnson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XXX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* March 2, 1953, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L S Case 558 — (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: March 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAR 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 651
Local Reg. No. 78
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

c. LENGTH OF STAY (in this place): 3 MO. 26 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 154 TRAIL CREEK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

d. STREET ADDRESS (If rural, give location): 154 TRAIL CREEK

3. NAME OF DECEASED (Type or Print): a. (First) MARILYN b. (Middle) c. (Last) AUSTIN

4. DATE OF DEATH: (Month) MARCH (Day) 5 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: NOVEMBER 7, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 26; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **** 07

10b. KIND OF BUSINESS OR INDUSTRY: ****

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DEAN AUSTIN BIRTHPLACE: IDAHO FALLS, IDAHO

14. MOTHER'S MAIDEN NAME: MILDRED CHANDLER BIRTHPLACE: PRESTON, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: ********

17. INFORMANT'S OWN SIGNATURE: X DEAN AUSTIN ADDRESS: POCATELLO, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Probable aspiration — 5 min.

DUE TO (c) Respiratory infection

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

527.2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct., 1952 *to* Feb., 1953, *that I last saw the deceased alive on* Feb., 1953, *and that death occurred at* 5:9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Sharp, MD

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED: 3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MARCH 7/53

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: MAR 27 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: COMAN GRANT HALL GRANT MORTUARY ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 852
Local Reg. No. 79
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Hotel Yellowstone

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): ROY
c. (Last): MEAD

4. DATE OF DEATH (Month) (Day) (Year): March 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 29, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed
11. BIRTHPLACE (State or foreign country): no data Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Prince Albert Mead — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Josephine Frank — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jennie Mead — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aleukemic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1952, *to* March 5, 1953, *that I last saw the deceased alive on* March 5, 1953, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Merrell M.D. 254
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAR 27 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 853
Local Reg. No. 66
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 123 South 19th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ISABELLA
b. (Middle): ***
c. (Last): PETERS

4. DATE OF DEATH (Month) (Day) (Year): March 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 1, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Cross Town, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henri Callier — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Nancy Hoskin — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: William C. Peters — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X Carcinoma of Fallopian Tube — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 12, 1952, *to* March 6, 1953, *that I last saw the deceased alive on* March 6, 1953, *and that death occurred at* 7:15 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 298 W. L. Olsen, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Mar. 9, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Memorial Mausoleum
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: MAR 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 554
Local Reg. No. 77
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 153 SO THIRD

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) E. c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 6, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: APRIL 22, 1885

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR

10b. KIND OF BUSINESS OR INDUSTRY: IDAHO LUMBER & HARDWARE

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** — (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: 519-09-8605

17. INFORMANT'S OWN SIGNATURE: BANNOCK COUNTY WELFARE OFFICE — ADDRESS: POCATELLO, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory paralysis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio-Renal
DUE TO (c): Alcoholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

44 2X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 2, 19 53, *to* March 6, 19 53, *that I last saw the deceased alive on* March 5, 19 53, *and that death occurred at* 5:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Hughart M.D.

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MARCH 9- 53

24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY

24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: March 24, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: CONWAY GRANT HALL-GRANT MORTUARY — ADDRESS: POCATELLO,

Conway Grant

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 055
Local Reg. No. 67
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 14 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 mths.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nick's Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Touraine Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Gust b. (Middle) John c. (Last) Spurakos (also Konstantinos Spirakos)

4. DATE OF DEATH: (Month) March, (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March, 10, 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cobbler

10b. KIND OF BUSINESS OR INDUSTRY: Royal Shoe Rep.

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Spirakos
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Wm H Angelos
ADDRESS: Pocatello Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 9 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1943, 19____, *to* Mar 7, 1953, *that I last saw the deceased alive on* Feb 26 1953, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C P Howard M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 3-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March, 11, '53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAR 13 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Maynard
ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

BYRON B DOWNARD
FUNERAL DIRECTOR

MRS BYRON B DOWNARD
LADY ATTENDANT

Downard's
Funeral Home
PHONE 672

Pocatello Idaho

AMBULANCE SERVICE

March 31

Dept. Public Health
Boise Idaho

Sirs: Will you please send me a form for "change of dates" on a death cert. It's regarding Gust John Spurakos cert. who died here Mar. 7, 1953. He has a friend who gave us the information, but according to the man's own statement on his insurance policy, date of birth should have been 1888 instead of 1887.

If this can be corrected without a statement, we'd appreciate it.

Thanks,

FR M. Downard

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 756
Local Reg. No. 510
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 23 YRS 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 606 W. CARSON

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) HILL c. (Last) Mc LENNAN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 9, 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 1, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WELLSVILLE, UTAH

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DANIEL BRICE HILL — BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: JANE LEIGHMAN — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Jean Brewer — ADDRESS: POCATELLO, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c) Hepatic cirrosis — "
Uremia — 2 years
II. OTHER SIGNIFICANT CONDITIONS — Heart block 2:1 — 2 years
Conditions contributing to the death but not related to the disease or condition causing death. — Decubitus ulcer — 3 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 June 1950 *to* 9 March 1953, *that I last saw the deceased alive on* 9 March 1953, *and that death occurred at* 5:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arch T. Wigle, M.D.
23b. ADDRESS: 1605 North Arthur, Pocatello, Idaho
23c. DATE SIGNED: 15 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 12/53
24c. NAME OF CEMETERY OR CREMATORY: CLAWSON-TETONIA CEMETERY
24d. LOCATION (City, town, or county) (State): DRIGGS IDAHO

DATE REC'D BY LOCAL REG.: MAR 21 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: SOLIN M. EDWARD — ADDRESS: GRANT MORTUARY POCATELLO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 857
Local Reg. No. 68
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1014 S. 3d Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) c. (Last) DIBBLE

4. DATE OF DEATH (Month) (Day) (Year): Mar. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver-Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Brown Icecream Co.

11. BIRTHPLACE (State or foreign country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Dibble
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-07-1353

17. INFORMANT'S OWN SIGNATURE: Mrs Alfred Dibble
ADDRESS: Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Edema of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Ht. Dis — 1½ years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Benign Prostatic Hypertrophy 2 years

420.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* Mar 10 19 53 *that I last saw the deceased alive on* Mar 10, 19 53 *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Howard M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-12-'53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAR 13 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 858
Local Reg. No. 72
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 49 WEST ELDREDGE

3. NAME OF DECEASED (Type or Print)
a. (First): KARMA
b. (Middle): NELSON
c. (Last): COFFIN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 10, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPTEMBER 16, 1919
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): McCAMMON, IDAHO
12. CITIZEN OF WHAT COUNTRY?: 00 USA

13. FATHER'S NAME: LAWRENCE NELSON — BIRTHPLACE: WESTON, IDAHO
14. MOTHER'S MAIDEN NAME: MADORA ANTHONY — BIRTHPLACE: OXFORD, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *** — (If yes, give war or dates of service) ****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: POCATELLO, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Psychotic Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Schizophrenia - Paranoid type - Approx 18 Mo
DUE TO (c) Old Traumatic Cerebral Hemorrhage 2 yrs 9 Mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Convulsive Therapy Fracture, Left Femur 1 day

19a. DATE OF OPERATION: 3/3/53
19b. MAJOR FINDINGS OF OPERATION: Open Reduction fracture Neck of Left Femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10/, 1953, *to* 3/10/, 1953, *that I last saw the deceased alive on* 3/10/, 1953, *and that death occurred at* 3:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor H. Sinecek M.A.
23b. ADDRESS: 210 Kane Bldg Pocatello Ida
23c. DATE SIGNED: 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 13/53
24c. NAME OF CEMETERY OR CREMATORY: ARIMO CEMETERY
24d. LOCATION (City, town, or county) (State): ARIMO IDAHO

DATE REC'D BY LOCAL REG.: MAR 21 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: CONWAY GRANT / HALL GRANT MORTUARY — ADDRESS: POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 659
Local Reg. No. 73
Reg. Dist. No. 510

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 50 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 225 W. Connor

3. NAME OF DECEASED (Type or Print)
a. (First) HATTIE
b. (Middle) SARAH
c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 20, 1881
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Craig, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM E. GAUNT — BIRTHPLACE ENGLAND
14. MOTHER'S MAIDEN NAME LILLA E. LIVELY — BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Mrs. H.C. McMullin — ADDRESS Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

586 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Biliary Obstruction. — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of Gall Bladder — 3 wks.
DUE TO (c) Thrombosis Cystic Artery — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — Senile Bronchial Asthma — 40 yrs.

19a. DATE OF OPERATION 2-18-53
19b. MAJOR FINDINGS OF OPERATION Ruptured Gall Bladder
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1953, *to* 3-10, 1953, *that I last saw the deceased alive on* 3-9, 1953, *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED Mar. 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-13-53
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. MAR 21 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 14 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 860
Local Reg. No. 69
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1-DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 923 W. Center

3. NAME OF DECEASED (Type or Print)
a. (First): NEWTON
b. (Middle): F
c. (Last): SHILLING

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-R.R. Cashier
10b. KIND OF BUSINESS OR INDUSTRY: UPRR-Frt.Dep.
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Watson N. Shilling — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Angelena Harrison — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-05-1452
17. INFORMANT'S OWN SIGNATURE: Pocatello Ida. — ADDRESS: Millie Amundsen, 541 W. Young

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163x

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ac. Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): L. Jobe Stony
DUE TO (c): Cancer Jung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Performed in Salt Lake City
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/11, 1953, *to* 3/12, 1953, *that I last saw the deceased alive on* 3/11, 1953, *and that death occurred at* 3a m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. N. Roberts M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Mar. 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: MAR 13 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 661
Local Reg. No. 75
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 128 Park Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ALVIN; b. (Middle) FRANCIS; c. (Last) WASHINGTON

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: December 13, 1933

9. AGE (In years last birthday): 19 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker's Helper

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry F. Washington — BIRTHPLACE: Greensberry, Virginia

14. MOTHER'S MAIDEN NAME: Esther J. Berg — BIRTHPLACE: [illegible]

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): nno — (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 518-28-9294

17. INFORMANT'S OWN SIGNATURE: Esther J. Washington — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1953, *to* March 14, 1953, *that I last saw the deceased alive on* March 14, 1953, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Mar. 16, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAR 21 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 662
Local Reg. No. 74
Reg. Dist. No. 10

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 738 No. Main

3. NAME OF DECEASED (Type or Print): a. (First) HELENA b. (Middle) REILLY c. (Last) DE LATE

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 12, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Reilly
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Ellen Coffey
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Kenneth F. DeLate. ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Mitral stenosis and insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 12 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 18 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1941, 19____, *to* Mar 14, 1953, *that I last saw the deceased alive on* Mar 14, 1953 *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard P. Howard MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: MAR 21 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Bynn Downard
ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 80
Reg. Dist. No. 511

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
d. STREET ADDRESS (If rural, give location): 221 So. Pine.

3. NAME OF DECEASED (Type or Print): a. (First) NETTIE; b. (Middle) YOUNIE; c. (Last) BOYLE

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 28, 1870
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Bend, Palo Alot Co., Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alexander Younie — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Laura Eliott — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Archie A. Kennedy — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to lung and Mediastinum

19a. DATE OF OPERATION: 1943
19b. MAJOR FINDINGS OF OPERATION: Ca of Breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19—, *to* March 15, 1953, *that I last saw the deceased alive on* March 15, 1953, *and that death occurred at* 11:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Howard (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: APR 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2264
Local Reg. No. 85
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
c. LENGTH OF STAY (in this place) 9YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 238 ROOSEVELT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
d. STREET ADDRESS (If rural, give location) 238 ROOSEVELT

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) MARIAH c. (Last) ARBON JOSEPHSON

4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MARCH 4, 1868
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (State or foreign country) WILLARD, UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME CHARLES ARBON BIRTHPLACE ENGLAND
14. MOTHER'S MAIDEN NAME MARTHA ROBERTS BIRTHPLACE WALES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **** (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO. ***
17. INFORMANT'S OWN SIGNATURE Mrs Art Ford ADDRESS POCATELLO,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 3-20, 1953 *to* 3-21, 1953, *that I last saw the deceased alive on* 3-20, 1953, *and that death occurred at* 7P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Pocatello Ida
23c. DATE SIGNED 3-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MARCH 25/53
24c. NAME OF CEMETERY OR CREMATORY ROCKLAND CEMETERY
24d. LOCATION (City, town, or county) ROCKLAND (State) IDAHO

DATE REC'D BY LOCAL REG. APR 7 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR CONWAY GRANT
ADDRESS GRANT MORTUARY POCATELLO, IDA.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 865
Local Reg. No. 86
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): *****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 West Center Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 327 South Hayes Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): TITUS

4. DATE OF DEATH (Month) (Day) (Year): March 21 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 12, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY: Naval Ordnance Plant
11. BIRTHPLACE (State or foreign country): Vincennes, Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Harvey Titus — BIRTHPLACE: (no data)
14. MOTHER'S MAIDEN NAME: Mary Purway — BIRTHPLACE: (no data)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 313-10-5552
17. INFORMANT'S OWN SIGNATURE: Jeneath B. Titus — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subarachnoid cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of nasal bones
DUE TO (c): Laceration of skin above Rt eye brow

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Moderate aortic stenosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: (Probably of rheumatic origin)
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Retail store
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 21 1953 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR?: By force or blows to right eye and nose

22. *I hereby certify that I attended the deceased from* **** *, 19__, to* ***** *, 19__, that I last saw the deceased alive on* ***** *, 19__, and that death occurred at* about 6:55 P.M. *, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. B. Webb MD Pathologist 521
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 25, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 25, 1953 4
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 7 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 566
Local Reg. No. 87
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 4DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 233 NO. FOURTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 412 WEST CENTER

3. NAME OF DECEASED (Type or Print): a. (First) LEROY b. (Middle) LYMAN c. (Last) JENSEN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 23, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: JUNE 23, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months: 9 Days: 0
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: NEWSPAPER INDUSTRY

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES PETER JENSEN
BIRTHPLACE: COPENHAGEN, DENMARK

14. MOTHER'S MAIDEN NAME: ANNIE MARIA CHRISTENSEN
BIRTHPLACE: ARAHUS, DENMARK

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 519-09-8117

17. INFORMANT'S OWN SIGNATURE: X J. C. JENSEN
ADDRESS: POCATELLO, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7954

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural, but unknown causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found dead in bed.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* *****, 19____, *to* ******, 19____, *that I last saw the deceased alive on* ******, 19____, *and that death occurred at* *****m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 24, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MARCH 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: LOGAN CEMETERY
24d. LOCATION (City, town, or county): LOGAN (State): UTAH

DATE REC'D BY LOCAL REG.: APR 7 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant
ADDRESS: HALL GRANT MORTUARY POCATELLO, IDA

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 867
Local Reg. No. 93
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1003 South 4th Avenue

3 NAME OF DECEASED (Type or Print): a. (First) LELAH; b. (Middle) GROVE; c. (Last) LaBELLE

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: February 26, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Davis County Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry B. Corwin — BIRTHPLACE: Springfield, Ill.
14. MOTHER'S MAIDEN NAME: Rebecca Grove — BIRTHPLACE: Kirksville, Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 518-34-2633
17. INFORMANT'S OWN SIGNATURE: Dorothy Barnyard — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): B. Coli Septicemia — 3 weeks

203X

19a. DATE OF OPERATION: Jan 53
19b. MAJOR FINDINGS OF OPERATION: Biopsy sternum = multiple myeloma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 19 52, to March 23, 19 53, *that I last saw the deceased alive on* March 23, 19 53, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard P. Howard M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 25, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 10 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Just Henderson — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC. 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 568
Local Reg. No. 97
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST ANTHONY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY CUSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MACKAY
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
STEVE		MURGIC	MARCH	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
male	white	single	Oct. 24, 1890	62	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed 74
10b. KIND OF BUSINESS OR INDUSTRY: hotel & theater
11. BIRTHPLACE (State or foreign country): Austria — Konpko brdo Perusic Lika
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH MURGIC — BIRTHPLACE: AUSTRIA
14. MOTHER'S MAIDEN NAME: MARY HECIMOVIC — BIRTHPLACE: AUSTRIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-38-5893
17. INFORMANT'S OWN SIGNATURE: Nick Rukavina — ADDRESS: MACKAY, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 593X Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 to 6 mon

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7 1953, *to* March 24 1953, *that I last saw the deceased alive on* March 24, 1953, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A.M. Newton M.D.	Pocatello, Idaho	4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	3/31/53	MT. MC CALEB CEM.	MACKAY	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1953	Eva M. Wallen	MARVEL FUNERAL HOME	ARCO, IDAHO

W. A. Marvel

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 869
Local Reg. No. 88
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 310 E. Center-Touraine Hotel

3. NAME OF DECEASED (Type or Print)
a. (First) GUS
b. (Middle)
c. (Last) AKTIPES

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1881
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 47
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN AKTIPES — BIRTHPLACE GREECE
14. MOTHER'S MAIDEN NAME ASPOSIA KOUTSOUNOS — BIRTHPLACE GREECE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 51907 1802
17. INFORMANT'S OWN SIGNATURE Tom Aktipes — ADDRESS Farmington Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal Tumor not involving abdominal viscera, but not diagnosed.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION
19b. ~~MAJOR FINDINGS OF OPERATION~~ Post would have made diagnosis possible but County will not permit
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1953, *to* 3-26-, 1953, *that I last saw the deceased alive on* 3-25-, 1953, *and that death occurred at* 11:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. J. Hastingsen, M.D. (Degree or title)
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 30, '53
24c. NAME OF CEMETERY OR CREMATORY MOUNTAINVIEW
24d. LOCATION (City, town, or county) (State) POCATELLO, IDAHO

DATE REC'D BY LOCAL REG. APR 1 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Downard — ADDRESS Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

C.P. Thomas Bldg. Carlson Bldg.

Certificate of Death

RECEIVED
APR 16 1953

STATE OF IDAHO

State File No. 270
Local Reg. No. 95
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
c. LENGTH OF STAY (in this place) 13 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1017 NO HAYES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
d. STREET ADDRESS (If rural, give location) 1017 NO HAYES

3. NAME OF DECEASED (Type or Print) a. (First) SUSANAH b. (Middle) SMITH c. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) MARCH 26 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAY 24, 1864
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (State or foreign country) BRIGHAM CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME SAMUEL SMITH BIRTHPLACE ENGLAND
14. MOTHER'S MAIDEN NAME JANE INGRAHAM BIRTHPLACE ENGLAND

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) *** (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Donald S. Jenson ADDRESS POCATELLO, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 444X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 131 [signature] M.D.
23b. ADDRESS Pocatello
23c. DATE SIGNED 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MARCH 28/53
24c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) POCATELLO (State) IDAHO

DATE REC'D BY LOCAL REG. APR 10 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR [signature]
ADDRESS COLIN M. EDWARDS, HALL GRANT MORTUARY POCATELLO, IDA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

APR 8 - 1953

DIVISION OF VITAL STATISTICS

State File No. 871
Local Reg. No. 89
Reg. Dist. No. 510

III 53-2514
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
c. LENGTH OF STAY (in this place) 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BANNOCK COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
d. STREET ADDRESS (If rural, give location) 948 WEST LEWIS

3. NAME OF DECEASED (Type or Print) a. (First) BABY GIRL b. (Middle) c. (Last) PANAPOLAS

4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT

8. DATE OF BIRTH MARCH 24, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****

10b. KIND OF BUSINESS OR INDUSTRY *****

11. BIRTHPLACE (State or foreign country) POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME LOUIE PANAPOLAS
BIRTHPLACE POCATELLO, IDAHO

14. MOTHER'S MAIDEN NAME GWEN LOUISE MARSHALL
BIRTHPLACE DOWNEY, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ****
(If yes, give war or dates of service) *****

16. SOCIAL SECURITY NO. *****

17. INFORMANT'S OWN SIGNATURE x Louie Panapolas
ADDRESS POCATELLO, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1953, *to* March 26 1953 *that I last saw the deceased alive on* 26 March 1953, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis S Bush (Degree or title) MD

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 31 March

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MARCH 28, 1953

24c. NAME OF CEMETERY OR CREMATORY DOWNEY CEMETERY

24d. LOCATION (City, town, or county) DOWNEY (State) IDAHO

DATE REC'D BY LOCAL REG. APR 7 1953

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR COLLIS M. EDWARDS HALL GRANT MORTUARY

ADDRESS POCATELLO, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Certificate of Death

STATE OF IDAHO

State File No. 272
Local Reg. No. 84
Reg. Dist. No. 510

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 408 S. Third

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) CORDON c. (Last) HUBBARD

4. DATE OF DEATH: (Month) March (Day) 28, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 5, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Switchman

10b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

11. BIRTHPLACE (State or foreign country): Willard Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: David Hubbard — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ida Cordon — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 712-05-6198

17. INFORMANT'S OWN SIGNATURE: Mrs Mildred Hillestrand — ADDRESS: Pocatello Id.

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombus — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auricular fibrillation — 7 days

DUE TO (c): Arteriosclerosis General. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia — 30 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1947, *to* March 28, 1953 *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 12:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H Howard M.D. — **23b. ADDRESS**: 421 W. Center Pocatello Id. — **23c. DATE SIGNED**: 30 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3-31-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 1 1953 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin — **25. FUNERAL DIRECTOR** — **ADDRESS**: Byron B. Downard Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 9673
Local Reg. No. 96
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 9 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 821 SOUTH FOURTH AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 821 SOUTH FOURTH AVE.

3. NAME OF DECEASED (Type or Print): a. (First) HYRUM b. (Middle) JOHNATHAN c. (Last) NAEF

4. DATE OF DEATH (Month) (Day) (Year): MARCH 28, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: SEPTEMBER 6, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 6 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): PROVIDENCE, UTAH

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB J. NAEF — BIRTHPLACE: ST. GALLEN SWITZERLAND

14. MOTHER'S MAIDEN NAME: ANNIE CATHERINE TOBLER — BIRTHPLACE: SWITZERLAND

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): *****
(If yes, give war or dates of service): *******

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Alvin Walker — ADDRESS: POCATELLO, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma of right colon — about 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-22-53

19b. MAJOR FINDINGS OF OPERATION: Par-advanced carcinoma of colon & metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12-53, 19__, *to* 3-28, 1953, *that I last saw the deceased alive on* about 3-15, 1953, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves, M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: APRIL 1/53

24c. NAME OF CEMETERY OR CREMATORY: DOWNEY CEMETERY

24d. LOCATION (City, town, or county) (State): DOWNEY IDAHO

DATE REC'D BY LOCAL REG.: APR 10 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR (Signature and address): Colin M. Edward
COLIN M. EDWARD, HALL-GRANT MORTUARY POCATELLO, IDA

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 874
Local Reg. No. 9
Reg Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 646 North Fifth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 646 North Fifth Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LUCINDA	***	WASHINGTON	March	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Divorced	May 10, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): LaGrange Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Grisdell — BIRTHPLACE: LaGrange, Texas
14. MOTHER'S MAIDEN NAME: Susie Grisdell — BIRTHPLACE: LaGrange, Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Carrie Perkins — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.6

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Dec, 1952, *to* March 31, 1953, *that I last saw the deceased alive on* March 31, 1953, *and that death occurred at* 9:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 10 1953
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 875
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place): 93
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Hall reservation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Yamba Mink b. (Middle) c. (Last) Panquitch

4. DATE OF DEATH: (Month) (Day) (Year) January 12, 1953

5. SEX: female

6. COLOR OR RACE: f Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1860

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 61

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Fort Hall Reservation

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Padique Sam
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Sara Mink
ADDRESS: Fort Hall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): (none issued)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (broken leg and old age caused death--believed)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cider Cemetery
24d. LOCATION (City, town, or county) (State): ~~Fort Hall Indian Reservation~~

DATE REC'D BY LOCAL REG.: 1/12/53
REGISTRAR'S SIGNATURE: Florence Ingawanup
25. FUNERAL DIRECTOR ADDRESS: Relatives attending, ~~Sara Mink daughter~~

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 876
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
c. LENGTH OF STAY (in this place): 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East of Tyhee, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation, Idaho
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle):
c. (Last): Coby

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1953

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1900 Approx.
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Fort Hall Reser. Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kino Coby — BIRTHPLACE: Fort Hall
14. MOTHER'S MAIDEN NAME: Ohha — BIRTHPLACE: Fort Hall Reservation

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Charlie Coby — ADDRESS: Fort Hall.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (had been drinking and believed to have frozen to death)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): E. Tyhee, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 5, '53
24c. NAME OF CEMETERY OR CREMATORY: Sand Pile Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Reserv. Idaho

DATE REC'D BY LOCAL REG.: 3/2/53
REGISTRAR'S SIGNATURE: Florence Ingawanup
25. FUNERAL DIRECTOR — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 81[illegible]
Reg. Dist. No. 511

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello- Rt. #2 North
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile No. of Chubbuck

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello - Rt. #2 North
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Ann Barney
c. (Last): Briscoe

4. DATE OF DEATH (Month) (Day) (Year): March 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 29, 1856
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis Barney — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Elizabeth Beard — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: F Vern Briscoe — ADDRESS: Pocatello R 2 N

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chr. Myocarditis — In bed several yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* March, 1953 *that I last saw the deceased alive on* March 17, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 327
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 3/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: APR 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Manning Funeral Chapel, 510 No. 12th., Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 8378
Local Reg. No. 83
Reg. Dist. No. 5

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Chubbuck
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chubbuck, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
d. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print): a. (First) FREEMONT b. (Middle) c. (Last) VALENTY

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 5, 1923

9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Springfield, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sam Valenty — BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Susan Senelli — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Lena Giannini Pocatello Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Internal Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Broken neck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 26, 1953 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Thrown under a tractor

22. *I hereby certify that I attended the deceased from* *****, 19____, *to* ******, 19____, *that I last saw the deceased alive on* ******, 19____, *and that death occurred at* 3: p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson, Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: MAR. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: APR 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Dawsard
ADDRESS: Pocatello, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 879
Local Reg. No. 55
Reg. Dist. No. 55

BIRTH NO. MAR 31 1953

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Elwood b. (Middle) c. (Last) Cleveland

4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 7 1910

9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Ag

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Charles Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stafford Cleveland — BIRTHPLACE St. Charles Idaho

14. MOTHER'S MAIDEN NAME Edna Sorenson — BIRTHPLACE St. Charles Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 530-01-1317

17. INFORMANT'S OWN SIGNATURE c/o Leola Cleveland — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

540.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hemorrhagic Shock — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding peptic ulcer — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1952, *to* Jan 23, 1953 *that I last saw the deceased alive on* Jan 23, 1953, *and that death occurred at* 2:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert R Burton MD (Degree or title) — **23b. ADDRESS** Montpelier Ida — **23c. DATE SIGNED** Feb 10 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Jan 27 1953 — **24c. NAME OF CEMETERY OR CREMATORY** St Charles Cemetery — **24d. LOCATION** (City, town, or county) St Charles (State) Idaho

DATE REC'D BY LOCAL REG. 1/28/53 — REGISTRAR'S SIGNATURE N Wang — **25. FUNERAL DIRECTOR** Dale Matthews Montpelier Idaho — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 880
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. MAR 31 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pegram Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Amalia c. (Last) Esterholdt
4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 8 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington Ida.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A Allend BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sarah Holmes BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Myrtle Esterhaldt ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis — sev years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Jan 25, 1953, *that I last saw the deceased alive on* Jan 24, 1953, *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Burgoyne M.D. (Degree or title)
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED Feb 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 28 1953
NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
24d. LOCATION (City, town, or county) (State) Bloomington Idaho

DATE REC'D BY LOCAL REG. 7/4/53
REGISTRAR'S SIGNATURE N Mang
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

State File No. 31
Local Reg. No.
Reg. Dist. No. 52

BIRTH NO.

MAR 31 1953

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Salt Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Utah
b. COUNTY: Tooele
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakeltown Utah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) c. (Last) Weston

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 1, 1953.

9. AGE (In years last birthday):

IF UNDER 1 YEAR — Months: Days:

IF UNDER 24 HRS. — Hours: 4 hrs. Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Norman Weston — BIRTHPLACE: Lakeltown Ut.

14. MOTHER'S MAIDEN NAME: Nethella Wilkes — BIRTHPLACE: St. Charles Ida

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Norman E. Weston — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Infant — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-1-53

19b. MAJOR FINDINGS OF OPERATION: Delivery 8 months infant Cesarean Examination

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 1, 1953 *to* Feb 1, 1953 *that I last saw the deceased alive on* Feb 1, 1953, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Kuchmell

23b. ADDRESS: Montpelier Ida

23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb 4 1953

24c. NAME OF CEMETERY OR CREMATORY: Lakeltown Cemetery

24d. LOCATION (City, town, or county) (State): Lakeltown Utah

DATE REC'D BY LOCAL REG.: 2/4/53

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Dale Matthews — ADDRESS: Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 532
Local Reg. No. 532
Reg. Dist. No. 532

BIRTH NO.

MAR 31 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 64 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Eliza c. (Last) Kunz

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Apr. 14 1876

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bern Switzerland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rudolph Sutter — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Barbara Schurk — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leo Kunz — ADDRESS: Montpelier Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hydronephrosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Cardio-Vascular Renal Disease — 1 yr.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 14th, 1953, *to* Feb. 20, 1953 *that I last saw the deceased alive on* Feb 24, 1953, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M.D. (Degree or title)

23b. ADDRESS: Montpelier Ida

23c. DATE SIGNED: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 25 1953

24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery

24d. LOCATION (City, town, or county) (State): Montpelier, Idaho.

DATE REC'D BY LOCAL REG.: 3/25/53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Nile Mattews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO. MAR 31 1953

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles, Idaho
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Chas. — Rfd.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	LeRoy	Wilkes	Feb.	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 13 1910	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		St. Charles Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wilkes	unknown	Effie Blade	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-4466	Velma Wilkes	St. Charles Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 15, 1952, *to* Feb. 19, 1953, *that I last saw the deceased alive on* Feb. 16, 1953, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G B Lindsay M D	Montpelier Idaho.	3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb 24 1953	St. Charles Cemetery	St. Charles, Idaho.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/4/53	[signature]	Dale Matthews	Montpelier, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 884
Local Reg. No. 130
Reg. Dist. No. 130

BIRTH NO. APR 2 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 3 Mo. 15 Da / 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Maries Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocky Point
d. STREET ADDRESS (If rural, give location): Plummer Route 1

3. NAME OF DECEASED (Type or Print): a. (First) LORAN b. (Middle) LEE c. (Last) OLMSTEAD

4. DATE OF DEATH (Month) March (Day) 1, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Woodsman

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harmon Olmstead — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rebecca Lee — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 516-03-7470

17. INFORMANT'S OWN SIGNATURE: Mrs L.L.Olmstead (Wife) ADDRESS: Rocky Point Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION L.L. Olmstead Editor

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* March 1, 1953, *that I last saw the deceased alive on* March 1, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp (Degree or title) M.D. — **23b. ADDRESS**: St. Maries, Idaho — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: March 7, 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 3-12-53 — REGISTRAR'S SIGNATURE: Casper G. Brebner — **25. FUNERAL DIRECTOR** — ADDRESS: Fairfield, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 285
Local Reg. No. 11
Reg. Dist. No. 130

BIRTH NO. APR 1 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) none; c. (Last) Regas

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): no information

8. DATE OF BIRTH: 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Woods worker

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no information
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no information
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 536-07-9995

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: St Maries Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Edema — 3 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute Bronchitis — 10 days.

433.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Mar, 1953, *to* 11 Mar, 1953, *that I last saw the deceased alive on* 11 Mar, 1953, *and that death occurred at* 1249 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. J. Sullivan (Degree or title): M.D.
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 12 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 3-20-53
REGISTRAR'S SIGNATURE: Esper B. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: Gerald E. Browning St. Maries, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT
Certificate of Death

State File No. 886
Local Reg. No. 14
Reg. Dist. No. 130

BIRTH NO. APR 2 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Howard Tyler Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Opportunity
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle):
c. (Last): Tyler

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Weddle — BIRTHPLACE: Unob.
14. MOTHER'S MAIDEN NAME: Nancy Evans — BIRTHPLACE: Unob.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -- ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Howard Tyler — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. heart disease — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* seen a few minutes after death *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carrie E. Chesley MD 596
23b. ADDRESS: Tekoa Wash
23c. DATE SIGNED: 3-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: C.E. Gilman, Hazen & Jenger — ADDRESS: Spokane, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 287
Local Reg. No. 1287
Reg. Dist. No. 130

BIRTH NO. APR 1 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries,
d. STREET ADDRESS (If rural, give location): city

3. NAME OF DECEASED (Type or Print): a. (First) Harold; b. (Middle) R.; c. (Last) Gonderman

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-7-1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Cando, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: O. R. Gonderman
BIRTHPLACE: Elkhart, Indiana

14. MOTHER'S MAIDEN NAME: Myrtle Coleman
BIRTHPLACE: Clay City, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-05-0451

17. INFORMANT'S OWN SIGNATURE: Gertrude H. Gonderman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — 420.1
INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 16, 1953, *to* Mar 16, 1953, *that I last saw the deceased alive on* Mar 16, 1953, *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (346) Jergen A. Rapp (Degree or title) M.D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-19-53 (06)

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 3-19-53

REGISTRAR'S SIGNATURE: Esper G. Brebner

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 888
Local Reg. No. 888
Reg. Dist. No. 130

BIRTH NO. APR 1 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) Daniel; b. (Middle) none; c. (Last) Bottrell

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 5, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill work - Grocer

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): CANADA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Bottrell
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary McIntyre
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Geo Bottrell
ADDRESS: St. Maries, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* Mar 17, 1953, *that I last saw the deceased alive on* Dead on arrival 1951, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (346) Jerden A. Rapp (Degree or title) M.D

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: ~~3-20-53~~ 03

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries Idaho.

DATE REC'D BY LOCAL REG.: 3-20-53

REGISTRAR'S SIGNATURE: Esper L. Brebner

25. FUNERAL DIRECTOR: Gerald E. Browning

ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 89
Local Reg. No. 13
Reg. Dist. No. 130

BIRTH NO. APR 2 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maried,
c. LENGTH OF STAY (in this place): 49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) W.; c. (Last) Clark

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 10, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 08

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No Information
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Information
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: by Gerald Browning, Public Assistance Records
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ruptured Esophageal varix — 581.0 — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver — 15 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* 18 March, 1953, *that I last saw the deceased alive on* 18 March, 1953, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C M Sullivan 623 (Degree or title): M.D.

23b. ADDRESS: St Maries Hosp.

23c. DATE SIGNED: 20 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-21-53

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 3-30 53

REGISTRAR'S SIGNATURE: Esper E. Brebner

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 890
Local Reg. No. 890
Reg. Dist. No. 190

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nine miles North St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North St. Maries, 9 miles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): City.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Irvin	Bloczynski Sr.	March	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 25, 1926	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Black River Falls, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leo Bloczynski — BIRTHPLACE: Wausau, Wisconsin
14. MOTHER'S MAIDEN NAME: Clara Houd, — BIRTHPLACE: Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 395-14-9290
17. INFORMANT'S OWN SIGNATURE: Julene L. Bloczynski — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mechanical compression of
DUE TO (c) thoracic cage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): 9 miles no. St. Maries Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 26 1953 3:15 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car accident - pinned by car.

22. *I hereby certify that I attended the deceased from* Mar 26, 1953, *to* _____, 19____, *that I last saw the deceased alive on* D.O.A., 19____, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp Coroner / M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-3-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Black River Falls, Wisconsin

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR ADDRESS: Gerald E. Browning — Gerald E. Browning, St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5891
Local Reg. No.
Reg. Dist. No. 601

111-53-2564
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blackfoot, Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Anderson.

4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Babe
8. DATE OF BIRTH 3-2-53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Alice Ann Anderson BIRTHPLACE Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Clara Anderson ADDRESS Blackfoot R#2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 7 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2, 1953, *to* 3-4, 1953, *that I last saw the deceased alive on* 3-5, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE A E Miller M.D. (Degree or title) Lloyd M Nalder
23b. ADDRESS Blackfoot Idaho
23c. DATE SIGNED 3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-5-53
24c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery
24d. LOCATION (City, town, or county) Shelley R#2 (State) Idaho

DATE REC'D BY LOCAL REG. 3-12-1953
REGISTRAR'S SIGNATURE Mrs. Walter E Patrie by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR Lloyd M Nalder ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 402
Local Reg. No. 402
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 336 W. Pacific Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 336 W. Pacific Street

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 18, 1881

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 7, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ranch/farm

11. BIRTHPLACE (State or foreign country): Llano, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Garrett Smith — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Martha McBroom — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Sid Smith — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1777

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1952, *to* 3-11, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Mar 3-1953.

REGISTRAR'S SIGNATURE: Mrs Wallace E. Patrick

25. FUNERAL DIRECTOR: Hillard Casper — **ADDRESS**: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 93
Local Reg. No. 45
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 464 N. Ash St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 464 N. Ash St.

3. NAME OF DECEASED (Type or Print)
a. (First): MELVIN
b. (Middle): M.
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 28, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potato Buyer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Jordan, Utah.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Hansen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Lydia Ann Wright — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-3229
17. INFORMANT'S OWN SIGNATURE: Robert R Hansen — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ On, 19XX, *to* March 16 19 53, *that I last saw the deceased* ~~alive~~ Dead on March 16, 1953, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Hampton 145 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-20-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 19-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patting
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 894
Local Reg. No. 24
Reg. Dist. No. 088

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 456 West Grant St.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): A.
c. (Last): McVicar

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer 73
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brandon, Manatoba, Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Dougal McVicar — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-7717
17. INFORMANT'S OWN SIGNATURE: Mary L. McVicar — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart with weakening of Left Ventricle — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25 *, 19*53*, to* March 16 *19*53*, that I last saw the deceased alive on* March 16 *19*53*, and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Hampton 045 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 18-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 46
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 year 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt. 45 Mountain View Apts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Apt. 45 Mountain View Apts.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) EVERETTE c. (Last) SELIX

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsford, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Selix
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Olive L Campbell
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 544-20-7555

17. INFORMANT'S OWN SIGNATURE: Eula H. Selix ADDRESS: Blackfoot, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary TBc — Yrs ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12 *, 19*53*, to* 3-19 *, 19*53*, that I last saw the deceased alive on* 3-18 *, 19*53 *and that death occurred at* 7:PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: C E Miller (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-21-53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Oswego, Kansas

DATE REC'D BY LOCAL REG.: Mar. 21-1953

REGISTRAR'S SIGNATURE: Mrs Calvin E. Fahy

25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 206
Local Reg. No. 47
Reg. Dist. No. 609

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 235 South Oak

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Clymer; c. (Last) Hamm

4. DATE OF DEATH: (Month) (Day) (Year) March 21, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 29, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Hamm
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Catherine Thrailkill
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Rae K. Hammond
ADDRESS: Blf't.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1952 *to* March 21, 1953 *that I last saw the deceased alive on* March 21, 1953 *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Mueller (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 3-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Bur.

24b. DATE: Mar. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: Sutter Cemetery

24d. LOCATION (City, town, or county) (State): Marysville, California

DATE REC'D BY LOCAL REG.: Mar 24-1953

REGISTRAR'S SIGNATURE: Mrs Galen E. Patrick

25. FUNERAL DIRECTOR: Howard Packham

ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 897
Local Reg. No. 34
Reg. Dist. No. 600

BIRTH NO. MAR 31 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 90 Kirby Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 90 Kirby Street

3. NAME OF DECEASED (Type or Print)
a. (First): Vincent
b. (Middle): Smuin
c. (Last): James

4. DATE OF DEATH (Month) (Day) (Year): March 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 16, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Gov't./potato
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John William James — BIRTHPLACE: Provo, Utah
14. MOTHER'S MAIDEN NAME: Mary Jane Smuin — BIRTHPLACE: Ogden, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-5119
17. INFORMANT'S OWN SIGNATURE: Iris James — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1953, *to* 3/27, 1953, *that I last saw the deceased alive on* 3/27, 1953, *and that death occurred at* 12:15pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 547 (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 3-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 30, 53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: Mar 29 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 898
Local Reg. No. 12
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 370 East Alice

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 370 East Alice Street

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel
b. (Middle) Arthur
c. (Last) Kershaw

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 14, 1889
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 10 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Kershaw
BIRTHPLACE Yorkshire, England
14. MOTHER'S MAIDEN NAME Margaret Ann Davis
BIRTHPLACE Myrther, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-4993
17. INFORMANT'S OWN SIGNATURE Luverne Kershaw
ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach
INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma stomach - no metastases evident
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* March 29, 1953, *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 12:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE C Dean Packer
(Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-1-53
24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery
24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. Mar. 31-1953
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Howard Packham
ADDRESS Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 57
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle); c. (Last) McNeil

4. DATE OF DEATH (Month) (Day) (Year): March 31 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Mar. 4, 1895

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 0, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): American Fork, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Heber McNeil — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Eliza Johnson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Preston Price — ADDRESS: Blackfoot Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c) — 4918

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Mar, 1953, *to* 31 Mar, 1953, *that I last saw the deceased alive on* 31 Mar, 1953, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter L Hoge M.D. (Degree or title)
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 3 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: April 4 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Barrett, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 902
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
c. LENGTH OF STAY (in this place): 84
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Hall Reservation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Tawnegat
b. (Middle):
c. (Last): Kaka

4. DATE OF DEATH (Month) (Day) (Year): Jan 29, 1953

5. SEX: female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1869
9. AGE (In years last birthday): App. 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Hall Reservation
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Stanley Warren — ADDRESS: Fort Hall, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (old age)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 2, '53
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Reservation, Idaho

DATE REC'D BY LOCAL REG.: Jan 30, '53
REGISTRAR'S SIGNATURE: Florence Ingawanuf
25. FUNERAL DIRECTOR:
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 33
Local Reg. No. 37
Reg. Dist. No. 607

MAR 11 1953

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 26yr, 9m6, 14da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDA HO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDVALE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JACOB b. (Middle) c. (Last) ADER

4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN

8. DATE OF BIRTH: OCT. 18 1875

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 4 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): MARCALA, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: SIMON ADER BIRTHPLACE: INDIANA

14. MOTHER'S MAIDEN NAME: HANNAH POTTER BIRTHPLACE: INDIANA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Arteriosclerotic — 10 "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 22, 1926, *to* MARCH 6, 1953, *that I last saw the deceased alive on* MARCH 6, 1953, *and that death occurred at* 6:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles A. Sprague M.D. — **23b. ADDRESS**: STATE HOSPT. BLACKFOOT, IDAHO — **23c. DATE SIGNED**: 3.8.53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **24b. DATE**: 3-7-53 — **24c. NAME OF CEMETERY OR CREMATORY**: WEISER — **24d. LOCATION** (City, town, or county) (State): WEISER, IDAHO

DATE REC'D BY LOCAL REG.: Mar. 7 1953 — REGISTRAR'S SIGNATURE: Mrs Evalin E. Fannin — **25. FUNERAL DIRECTOR**: John C. Sandberg — ADDRESS: BLACKFOOT, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 204
Local Reg. No. 31
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Decker Road So. Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
d. STREET ADDRESS (If rural, give location): Decker Road - South Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle):
c. (Last): Simmons

4. DATE OF DEATH (Month) (Day) (Year): Mar. 9, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 1873
9. AGE (In years last birthday): Abt. 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On farm
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dick Washakie — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marshall Washakie — ADDRESS: Ft Washakie Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Trolin (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Bur.
24b. DATE: 3-11-53
24c. NAME OF CEMETERY OR CREMATORY: Ft. Washakie Cem.
24d. LOCATION (City, town, or county) (State): Ft. Washakie, Wyo.

DATE REC'D BY LOCAL REG.: Mar 11-1953
REGISTRAR'S SIGNATURE: Mrs Avalin E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 39
Reg. Dist. No. 627

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 16 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Catherine b. (Middle) Ann c. (Last) Sieger

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 8, 1951

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Paul A. Sieger — BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Deon Shoemaker — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul Sieger — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): congenital heart defect — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): (Tetralogy of Fallot)

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/8/, 1952, *to* 3/10, 1953, *that I last saw the deceased alive on* 3/10, 1953, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Gabrielse, M.D. — **23b. ADDRESS**: Blackfoot Idaho — **23c. DATE SIGNED**: 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 12, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Grove City Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Mar 11 1953 — **REGISTRAR'S SIGNATURE**: Mrs Evalin E. Eaton — **25. FUNERAL DIRECTOR**: Howard Packham — **ADDRESS**: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 47
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr, 10mo 7da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ABERDEEN
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) c. (Last) HOWARD

4. DATE OF DEATH: (Month) MARCH (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: MARCH 11 1868

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H OUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CASA CO. MISSOURI

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JAMES F. GARRISON — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W Howard — ADDRESS: RECORDS STATE H OSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis — 40 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 10 "

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 24, *19* 51, *to* MARCH 11, *19* 53, *that I last saw the deceased alive on* MARCH 11, *19* 53, *and that death occurred at* 4:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles Spencer M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 3.12.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-16-53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Mar 16 1953

REGISTRAR'S SIGNATURE: Mrs Wales E. Patrie

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 007
Local Reg. No. 42
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1yr, 5mo, Ida
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) G. c. (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year): MARCH 13 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 11 1889

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR Months: 8 | Days: 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEGRAPHER 9[illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TEXAS

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [illegible] Informant
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

526 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiectasis — 15 yrs
DUE TO (c) Emphysema — 15 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 12, 19 51, *to* MAR. 13, 19 53, *that I last saw the deceased alive on* MAR. 13, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles R Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho.

DATE REC'D BY LOCAL REG.: Mar 16 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Fatzinger
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 908
Local Reg. No. 43
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 9mo, 13da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle):
c. (Last): BESECKER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 16 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 13, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days: 3 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: GEORGE BEAM — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MARY KODEY — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH — ADDRESS: BLACKFOOT, IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinsons disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 2 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 3, 1952, *to* MARCH 16, 1953, *that I last saw the deceased alive on* MARCH 16, 1953, *and that death occurred at* 12:00M *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Spragins (Degree or title) M. D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Mar. 16, 1953 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Mar 16-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 48
Reg. Dist. No. 601

BIRTH NO. MAR 31 1953

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
c. LENGTH OF STAY (in this place): 41 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Custer.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Gray
c. (Last): Weakley

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1953

5. SEX: Female.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Aug. 24, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rockinghamco, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stephen McDonald — BIRTHPLACE: Ireland.
14. MOTHER'S MAIDEN NAME: Sarah Jane Pannell — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Records St. Hospital So., Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Psychosis, Arteriosclerotic — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 13, 1953, *to* March 23, 1953, *that I last saw the deceased alive on* 3/23/53, 19__, *and that death occurred at* 11:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M. D. 414
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
24b. DATE: 3/24/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Mar. 24, 1953.
REGISTRAR'S SIGNATURE: Mrs. Walter E. Palmer
25. FUNERAL DIRECTOR — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 910
Local Reg. No. 49
Reg. Dist. No. 601

Certificate of Death

MAR 31 1953

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1mo, 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STA TE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle):
c. (Last): SHURRUM

4. DATE OF DEATH (Month) (Day) (Year): MARCH 24, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 6, 1888
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 4, Days 18
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: WILLIAM WILSON
BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

302X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Psychosis Involutional — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 19, 1953, *to* MAR. 24, 1953, *that I last saw the deceased alive on* MARCH 24, 1953, *and that death occurred at* 1:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M. D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: March 24-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Mar 25 1953
REGISTRAR'S SIGNATURE: Mrs Evalin E. Polesig
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: John C. Sandberg, Blackfoot, Idaho for Albertson Funeral Home, Buhl, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 911
Local Reg. No. 50
Reg. Dist. No. 601

BIRTH NO. MAR 31 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2Yr. 5D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
d. STREET ADDRESS (If rural, give location): RT. #2

3. NAME OF DECEASED (Type or Print)
a. (First): MERLE
b. (Middle):
c. (Last): BALES

4. DATE OF DEATH (Month) (Day) (Year): MARCH 25 1953.

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MARCH 26, 1900.
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FOREST BALES — BIRTHPLACE: UNION CO. OHIO
14. MOTHER'S MAIDEN NAME: LILA MORSE — BIRTHPLACE: LOGAN, CO. OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Namar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO.

18. CAUSE OF DEATH 025X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Paresis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 20, *19*51, *to* MAR. 25, *19*53, *that I last saw the deceased alive on* MAR. 24, *19*53, *and that death occurred at* 3:25 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 27-1953
24c. NAME OF CEMETERY OR CREMATORY: River side Thomas Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham Idaho

DATE REC'D BY LOCAL REG.: Mar. 26-1953
REGISTRAR'S SIGNATURE: Mrs Arlene E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 912
Local Reg. No. 56
Reg. Dist. No. 6-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, R#1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Laura	Killian	Christensen	March 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan 16, 1893	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Venice, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Killian — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sophia Andersen — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs W Christensen — ADDRESS Shelley, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10-12 yrs
DUE TO (c) Arteriosclerosis — 10-12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1946, *to* 3-25, 1953 *that I last saw the deceased alive on* 3-25 1953 *and that death occurred at* 9:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Shelley, Ida	3-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28-53	Hill Crest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG. 3-28-1953
REGISTRAR'S SIGNATURE Mrs Walter E Patrie by Margaret Garrison, Dep.
25. FUNERAL DIRECTOR [illegible] Calder — ADDRESS Shelley, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 213
Local Reg. No. 54
Reg. Dist. No. 6a 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) UNDERWOOD

4. DATE OF DEATH (Month) (Day) (Year): MARCH 29 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): 81 ? IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: Records ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis Senile — 5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 29, 19 52, *to* MAR. 29, 1953, *that I last saw the deceased alive on* MAR. 29, 1953, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles N. Graziano 414 (Degree or title): M. D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.1.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Mar 31-1953
REGISTRAR'S SIGNATURE: Mrs Calista E. Calista
25. FUNERAL DIRECTOR: Howard Packham ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2314
Local Reg. No. 1
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wapello Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Wapello, Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	Sylvester	Scott	March 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 17, 1885	67	3	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER 04	On farm	Millville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John William Scott	Navoo, Illinois	Fannie Maria Ellis	Sussex, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		[illegible]-4803	Mrs H. L. Scott	Blackfoot, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Unknown. Probably heart failure — INTERVAL BETWEEN ONSET AND DEATH: Several minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3:30 AM, 1953, *to* 3:40 A.M, 19 53, *that I last saw the deceased alive on* Did not see deceased alive, 19—, *and that death occurred at* 2:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter G Hoge 177	M.D.	Blackfoot, Idaho	3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-2-53 01	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 31-1953	Mrs Walter E. Latimer	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No. 2
Reg. Dist. No. 602.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Main street Aberdeen.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location) Idaho.

3. NAME OF DECEASED (Type or Print) a. (First) Meryl b. (Middle) Dean c. (Last) Vollmer

4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.
8. DATE OF BIRTH April 14-1945
9. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months 11 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy
10b. KIND OF BUSINESS OR INDUSTRY School.
11. BIRTHPLACE (State or foreign country) Am. Falls, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Paul Vollmer BIRTHPLACE Pollock S.D.
14. MOTHER'S MAIDEN NAME Nina Porter BIRTHPLACE Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Paul Vollmer ADDRESS Aberdeen Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hit by Truck Bed on head
DUE TO (c) thrown under dual wheels

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Head & Chest Injury.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Main street
21c. (CITY, TOWN, OR TOWNSHIP) Aberdeen (COUNTY) Bingham (STATE) Idaho.
21d. TIME OF INJURY (Month) 3 (Day) 31 (Year) 53 (Hour) 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by Truck bed - head.

22. *I hereby certify that I attended the deceased from* 3-31-, 1953, *to* 3-31, 1953, *that I last saw the deceased* ~~alive~~ dead *on* 3-31-53, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Trolin (Degree or title) Coroner
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur & Burial
24b. DATE 4-4-53
24c. NAME OF CEMETERY OR CREMATORY Fallsview
24d. LOCATION (City, town, or county) American Falls (State) Idaho

DATE REC'D BY LOCAL REG. 4-2-53
REGISTRAR'S SIGNATURE F. S. Harms.
25. FUNERAL DIRECTOR H. L. Davis ADDRESS Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 516
Local Reg. No. 15
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey.
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) AUGUST
c. (Last) EXNER.

4. DATE OF DEATH (Month) 1 (Day) 5 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SUSAN.
8. DATE OF BIRTH 7-18-1900
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months 5 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER
10b. KIND OF BUSINESS OR INDUSTRY HARD ROCK.
11. BIRTHPLACE (State or foreign country) Hailey, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August Exner — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Marie Mavius — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Barbara Exner — ADDRESS Hailey.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died instantly - acute coronary inst-
ANTECEDENT CAUSES block - dropped dead while
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) walking on road one mile
DUE TO (c) west of Hailey -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Blaine Co. Coroner
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 4-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 1-9-53
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) Hailey, Idaho. (State)

DATE REC'D BY LOCAL REG. Apr. 7-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per le B.W.
25. FUNERAL DIRECTOR Ray McGoldrick — ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 26 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. Hawkes 217
Local Reg. No. 6
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) c. (Last) WADE

4. DATE OF DEATH (Month) (Day) (Year) 2 - 15 - 53

5. SEX Male

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MAR

8. DATE OF BIRTH May 1st 1877

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months 9 Days 14
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER

10b. KIND OF BUSINESS OR INDUSTRY TIMBER - ORE

11. BIRTHPLACE (State or foreign country) Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME LAURA CAROLINE
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Clarence Mix
ADDRESS Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — 4 years

DUE TO (c) Hypertension — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1953 *to* Feb 15, 1953 *that I last saw the deceased alive on* Feb 15, 1953 *and that death occurred at* 10:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE H. C. Hawkes MD (Degree or title)

23b. ADDRESS Hailey Idaho

23c. DATE SIGNED 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 2-18-53

24c. NAME OF CEMETERY OR CREMATORY Hailey

24d. LOCATION (City, town, or county) Hailey (State) Ida

DATE REC'D BY LOCAL REG. March 27-1953

REGISTRAR'S SIGNATURE Robert A. Wright Jr. per C.B.W.

25. FUNERAL DIRECTOR Ray McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 26 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 918
Local Reg. No. 7
Reg. Dist. No. 41

BIRTH NO. OLD

1. PLACE OF DEATH
a. COUNTY BLAINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SUN VALLEY
c. LENGTH OF STAY (in this place) 7 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S-V. HOSP.

2 ~~USUAL~~ RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill.
b. COUNTY COOK.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHICAGO,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) STEPHAN b. (Middle) D. c. (Last) YOUNG
4. DATE OF DEATH (Month) (Day) (Year) 2-21-53
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ALICE
8. DATE OF BIRTH 6-27-1903
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 7 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY TEXTILE
11. BIRTHPLACE (State or foreign country) HUDSON WIS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN D. YOUNG BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME CELIA SWENSEN BIRTHPLACE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. 323-10-2020
17. INFORMANT'S OWN SIGNATURE Alice M Young ADDRESS Ketchum,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (oat cell) Lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 52
19b. MAJOR FINDINGS OF OPERATION Biopsy - Carcinoma (oat cell) Lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 52, to Feb 21, 19 53, that I last saw the deceased alive on Feb 21, 19 53, and that death occurred at 10:20 P m., from the causes and on the date stated above.

23a. SIGNATURE John R. Morris (Degree or title) MD
23b. ADDRESS Sun Valley Idaho
23c. DATE SIGNED 3/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) TRANSPORTATION
24b. DATE 12-23-53
24c. NAME OF CEMETERY ~~OR CREMATORY~~ HUDSON
24d. LOCATION (City, town, or county) HUDSON (State) WIS.

DATE REC'D BY LOCAL REG. March 27-1953
REGISTRAR'S SIGNATURE Robert F. Wright-Per C.B.V.
28. FUNERAL DIRECTOR Ray McGoldrick
ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 2 6 1953
DIVISION OF VI...

Certificate of Death

STATE OF IDAHO

State File No. 815
Local Reg. No. 8
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ketchum, Blaine Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (on this place) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (Widow of Frank Brown)

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Belle c. (Last) Calhoun Brown Florer

4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Geo. E. Florer

8. DATE OF BIRTH 3-23-1875

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months 11 Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher

10b. KIND OF BUSINESS OR INDUSTRY Stock-Farming

11. BIRTHPLACE (State or foreign country) Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Cabot Calhoun
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Charlotte Wilson
BIRTHPLACE Terra Haute Ind.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) ✓
(If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S OWN SIGNATURE Lela Brown Fagan
ADDRESS Ketchum, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic rheumatoid arthritis

INTERVAL BETWEEN ONSET AND DEATH

434.3

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/22/53, 19___, to 2/23/53 19___, *that I last saw the deceased alive on* 2/23/53, 19___, *and that death occurred at* 7:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Byron Reinson (Degree or title) MD

23b. ADDRESS Sun Valley Idaho

23c. DATE SIGNED 3/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-26-53

24c. NAME OF CEMETERY OR CREMATORY Bellevue, Cemetery

24d. LOCATION (City, town, or county) Bellevue, (State) Idaho

DATE REC'D BY LOCAL REG. March 27-1953

REGISTRAR'S SIGNATURE Robert H. Wright-per Ray McGoldrick L.B.W.

25. FUNERAL DIRECTOR Ray McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 26 '53
DIVISION OF VITAL

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 9920
Local Reg. No. 9
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BLAINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KETCHUM
c. LENGTH OF STAY (in this place): 1-2-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: WASH
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEATTLE AND SPOKANE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) Wm c. (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year): 3-6-53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: ✓
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK'S ASSISTANT
10b. KIND OF BUSINESS OR INDUSTRY: CAFE
11. BIRTHPLACE (State or foreign country): ✓
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: ✓ BIRTHPLACE: ✓
14. MOTHER'S MAIDEN NAME: ✓ BIRTHPLACE: ✓
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 358-09-1902
17. INFORMANT'S OWN SIGNATURE: Alice Osley ADDRESS: Ketchum Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead on arrival

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~[illegible]~~
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I ~~last saw~~ never saw the deceased alive on _____, 19___, and that death occurred at 4:50 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas Donovan (Degree or title): MD
23b. ADDRESS: Sun Valley Hospital
23c. DATE SIGNED: 3-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify): ✓
24b. DATE: 3-11-53
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Hailey
24d. LOCATION (City, town, or county) (State): Hailey Ida
DATE REC'D BY LOCAL REG.: March 27-1953
REGISTRAR'S SIGNATURE: Robert H. Wright-per
25. FUNERAL DIRECTOR: Ray McGoldrick ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 3 - 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 221
Local Reg. No. 10
Reg. Dist. No. 410

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): IO Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXX Hailey Clinical Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Evanston
d. STREET ADDRESS (If rural, give location): PO. Box 480

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Virgil	Wayne	Livingston	3	I9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White		Dec., 9, I905	47	3	I0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R. R. Fireman	U.P. R. R.	Caney, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Livingston	Unknown	Bertha Beam	Liberty, Kans

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
?	?	?	Stanley T. Banks	Box 566 Parma, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain Stem Pressure — 9 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture jaw, shock, multiple lacerations — 9 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway	Caney	Blaine	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
3	18	53	11 a.m.		Auto Accident

22. *I hereby certify that I attended the deceased from* 19 March 1953 *to* 19 March 1953, *that I last saw the deceased alive on* 19 March 1953 *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. M. Hawkes	M.D.	Hailey Idaho	3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
	3-23-53	Canyon Hill	Caldwell	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 1 1953	Robert H. Wright for C.B.R.	Ray McGoldrick	Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 026
Local Reg. No. 11-42
Reg. Dist. No. 410

BIRTH NO. 2634

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Picaboo
c. LENGTH OF STAY (in this place): I Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy b. (Middle) Louise c. (Last) Porter

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 4th 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Grove Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wm. Floyd — BIRTHPLACE: Rayborn Mo.
14. MOTHER'S MAIDEN NAME: Freda Beckham — BIRTHPLACE: Asoria Mo.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-
17. INFORMANT'S OWN SIGNATURE: James Porter — ADDRESS: Picabo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

660X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Childbirth -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) No medical attention received on account of religious belief -

DUE TO (c) "Followers of Christ"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature illegible] M.D.
23b. ADDRESS: Hailey Ida
23c. DATE SIGNED: 3-28-1953

24a. BURIAL / CREMATION / REMOVAL (Specify): 3
24b. DATE: 3-25-53
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: March 28-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per [illegible] B.V.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED

APR 3 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 12
Reg. Dist. No. 410

111-53-2634
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 28 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Picabo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Floyd	Porter	3	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, (NEVER MARRIED), WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	✓	March, 21, 1953			3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Junior Porter	Picabo, Idaho	Dorothy L. Floyd	Mt. Grove, Mo.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Junior Porter — ADDRESS: Picabo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	PNEUMONIA	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last* — DUE TO (b)	Prematurity and severe anemia	3 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

76315

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. F. Fischer	M.D.	Hailey, Idaho	3/25/53

24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
	3-25-53		Shoshone	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 28-1953	Robert H. Wright-per J.B.W.	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

APR 3 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 334
Local Reg. No. 75
Reg. Dist. No. 410

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place): 20Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle); c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): # 3-25-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov., 27, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months: 3; Days: 28
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trapper Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Moritz Johnson
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: * Dave Johnson
ADDRESS: Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592 X Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* July, 1953, *that I last saw the deceased alive on* July, 1953, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: April-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-53
24c. NAME OF CEMETERY OR CREMATORY: Bellevue
24d. LOCATION (City, town, or county): Bellevue, (State): Idaho

DATE REC'D BY LOCAL REG.: April 1-1953
REGISTRAR'S SIGNATURE: Robert H. Wright per [illegible] B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

APR 3 - 1953

STATE OF IDAHO

State File No. 225
Local Reg. No. 14
Reg. Dist. No. 410

111-53-2638
BIRTH NO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sun Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	ANN	Crosby	March 26 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	white	never married	26 March 1953				2	18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho, Ketchum
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stacey Crosby	Opportunity Idaho	Phyllis Robinson	Felt Idaho

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Byron M Benson M.D.	Sun Valley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH 2½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 March, 1953, *to* 26 March, 1953, *that I last saw the deceased alive on* 26 March, 1953, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron M Benson M.D.	Sun Valley, Idaho	3/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28-53	Hailey	Hailey Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
April 1 1953	Robert H. Wright - per K.B.W.	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 26
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 yr. 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809 North Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 809 North Boyer

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle) none; c. (Last) STRONG

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74

10b. KIND OF BUSINESS OR INDUSTRY: Grain elevator

11. BIRTHPLACE (State or foreign country): Keats, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph Irving Strong
BIRTHPLACE: Linnville, Ill.

14. MOTHER'S MAIDEN NAME: Jane Ashton
BIRTHPLACE: LaGrange Co. Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 472-07-2759

17. INFORMANT'S OWN SIGNATURE: W. P. DeLamarter
ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1577 Metastatic Carcinoma - Cachexia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Primary Carcinoma in Pancreas — 10 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1953, *to* March 16, 1953, *that I last saw the deceased alive on* March 11, 1953, *and that death occurred at* 8:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Jensen, MD (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/19/53
24c. NAME OF CEMETERY OR CREMATORY: Garfield Cemetery
24d. LOCATION (City, town, or county) (State): Garfield, Washington

DATE REC'D BY LOCAL REG.: Mar. 18, 1953
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: [illegible] Mortuary Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 227
Local Reg. No. 28
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 520 North 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ANNA; b. (Middle) MARGARET; c. (Last) KLAVANO

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 12, 1890

9. AGE (In years last birthday): -62-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Valley, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Peternell
BIRTHPLACE: Austria

14. MOTHER'S MAIDEN NAME: Aupolna Dishman
BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-3687

17. INFORMANT'S OWN SIGNATURE: Luella Dolven
ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1717

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, cervix uteri — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 1952, *to* March 17, 1953, *that I last saw the deceased alive on* March 17, 1953, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A Munson
(Degree or title): M.D.
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 19 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Mar 24 1953
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Hoon Funeral Home
ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 928
Local Reg. No. 27
Reg. Dist. No. 110

BIRTH NO.

APR 15 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) ELOF b. (Middle) c. (Last) PETERSON

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 15, 1878

9. AGE (In years last birthday): 74 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pere Johnson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Hannah Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George Peterson — ADDRESS: Kootenai

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 11, 1953 *to* Mar 28, 1953, *that I last saw the deceased alive on* Mar 27, 1953, *and that death occurred at* 5:22 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Smith MD

23b. ADDRESS: 109½ E. Sunset, Sandpoint, Ida.

23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 2-1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 026
Local Reg. No. 30
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 320 St. Clair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 320 St. Clair

3. NAME OF DECEASED (Type or Print): a. (First) SARAH; b. (Middle) ELIZABETH; c. (Last) SAFFORD

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 13, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wayne County, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steven Workman — BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Zina Ball — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: V. Alfred Safford — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Found dead.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History Brain Tumor
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Mar. 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 3-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Woon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 26 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 930
Local Reg. No. 27
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Careywood
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. East of Careywood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 2804 Market

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) ELIZABETH c. (Last) SEWELL

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 16, 1895

9. AGE (In years last birthday): -58- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallace Powell BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Harriet Clausen BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes. Expired Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner.
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: 3-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Mar. 23-1953
REGISTRAR'S SIGNATURE: Merlene Dales

25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 021
Local Reg. No. 321
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) c. (Last) MC KINNON

4. DATE OF DEATH: (Month) (Day) (Year) March 23, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 12, 1882

9. AGE (In years last birthday): -70-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 05

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Midland County, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: 518-05-2315

17. INFORMANT'S OWN SIGNATURE: R.L. Darling
ADDRESS: Sandpoint Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Nephritis + Hypertension — 3 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 22, 1953, *to* Mch 23, 1953, *that I last saw the deceased alive on* Feby 22, 1953, *and that death occurred at* 5-10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: Apr. 6-1953
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

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MAR 2 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No. 50
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 469 E. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): DIANA
b. (Middle): MARLENE
c. (Last): RIGBY

4. DATE OF DEATH (Month) January (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: August 15, 1945
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Arizona
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rulon R. Rigby, Jr. — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Dorothy Schumacher — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Dorothy Rigby — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 7 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls, (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1953, *to* Jan 24, 1953, *that I last saw the deceased alive on* Jan 24, 1953 *and that death occurred at* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. Blair Edmonds 110 (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, '53
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Bonneville County (State) Idaho

DATE REC'D BY LOCAL REG.: March 20-1953
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: Orland E. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-45021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 023
Local Reg. No. 6
Reg. Dist. No. 2

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APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 119 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Franklin
c. (Last): Brower

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/25/89
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dry
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Brower — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Emma Whitehouse — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic anemia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Upper Resp. Infection — 12 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Peptic ulcer, Cholelithiasis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1953, *to* Feb. 22, 1953, *that I last saw the deceased alive on* Feb. 22, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M.Dr. 112
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 2-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 7-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack [illegible] — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 334
Local Reg. No. 70
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Rt # 1

3 NAME OF DECEASED (Type or Print) a. (First) Kim b. (Middle) Bacon c. (Last) Packer
4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb 22, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leo Packer BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Lois Bacon BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16 SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Leo Packer ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 12 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. Richard Lambert M.D.
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 27 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/25/53
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. April 7-1953
REGISTRAR'S SIGNATURE Emma Bridges
25. FUNERAL DIRECTOR Ralph M Wood ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]21

RECEIVED
APR 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 335
Local Reg. No. 71
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lauris b. (Middle) Leslie c. (Last) Laird

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1908

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maint. Foreman

10b. KIND OF BUSINESS OR INDUSTRY: State Hywy Dept

11. BIRTHPLACE (State or foreign country): Dubois, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Laird
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: ?
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-3034

17. INFORMANT'S OWN SIGNATURE: Margaret J Laird
ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-26-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Embolism — 6 hrs.
DUE TO (c): Over Ejertion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Exposure -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 23, 1953, *to* Feb. 24, 1953, *that I last saw the deceased alive on* Feb. 24, 1953, *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/53
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: April 7-53
REGISTRAR'S SIGNATURE: Anna Bridges
25 FUNERAL DIRECTOR: [illegible]
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 096
Local Reg. No. 72-96
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joseph	A	Laird	March 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept 27, 1878	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Sheep & Cattle	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Laird	Scotland	Valeria Flint	Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		J. Albert Laird	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4-20-1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 2, 1953, *to* 3-2, 1953, *that I last saw the deceased alive on* 3-21, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S. Hatch M.D.	John S. Hatch, M.D.	3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/5/53	Fielding Memorial	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 7-'53	Irene a Bridges	Jack A Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 937
Local Reg. No. 51
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2031 N. Yellowstone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2031 N. Yellowstone

3. NAME OF DECEASED (Type or Print): a. (First) DWIGHT; b. (Middle) DONALD; c. (Last) DICKOVER

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Lumber

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hope Arthur Dickover
BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Pearl Ione Seney
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.: 323-10-7105

17. INFORMANT'S OWN SIGNATURE: Marjorie E. Dickover
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Auricular Fibrillation & Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — Several Years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mitral Stenosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 9:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch
(Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: March 20-1953

REGISTRAR'S SIGNATURE: Louise Bridges

25. FUNERAL DIRECTOR: Orland LeBeck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-430(5)

RECEIVED
APR 7 - 1953
DIV. ... TAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 938
Local Reg. No. 68
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 253 S. Lee Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): RACHEL
b. (Middle): JOHANNA
c. (Last): CARLSON

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 6, 1909
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eric Berggren — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Clara Nordell — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-4822
17. INFORMANT'S OWN SIGNATURE: H. C. Carlson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 56 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Bowel Infarction — 56 hrs
DUE TO (c): Post operative Radiation and adhesions

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: June 1, 1948
19b. MAJOR FINDINGS OF OPERATION: Bilateral Salpingo oophorectomy — Papillary Sero-anaplastic carcinoma of both ovaries
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1, 1953, *to* 3/3, 1953, *that I last saw the deceased alive on* 3/3, 1953, *and that death occurred at* 1:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Sodergrist M.D. 377 (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls, (State) Idaho

DATE REC'D BY LOCAL REG.: March 26-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 039
Local Reg. No. 49
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) JOHANNA b. (Middle) MARIE c. (Last) WATTS

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1891

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Roberts, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hans Martin Larson. BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Christine Elizabeth Svensson. BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Hilda E. Foster ADDRESS: Roberts, Ida

18. CAUSE OF DEATH 355 X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: about one week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diffuse Frontal Cortical Atrophy 2 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16, 19 52, *to* 7 week, 19 53, *that I last saw the deceased alive on* 7 week, 19 53, *and that death occurred at* 3:17 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland T. Kranz M.D. 220
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-53 01
24c. NAME OF CEMETERY OR CREMATORY: Burton Cem.
24d. LOCATION (City, town, or county) (State): Burton, Idaho

DATE REC'D BY LOCAL REG.: March 14-1953
REGISTRAR'S SIGNATURE: Verna Bridges
25. FUNERAL DIRECTOR: Russell Eskelsen ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

MAR 30 1953 STATE OF IDAHO

State File No. 210
Local Reg. No. 49
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 6 Lomax Street

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) George c. (Last) Stratton

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 5 - 1879

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months: 1 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan - Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Geo. Frederick Stratton - BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Rosana Flemming - BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-10-1833

17. INFORMANT'S OWN SIGNATURE: Mrs. Edith Stratton ADDRESS: Idaho Falls

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 March, 19 53 *to* 9 March, 19 53, *that I last saw the deceased alive on* 9 March, 19 53 *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Veath MD — **23b. ADDRESS**: Idaho Falls Idaho — **23c. DATE SIGNED**: 13 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: March 12-1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Logan City Cemetery — **24d. LOCATION** (City, town, or county) (State): Logan, Utah

DATE REC'D BY LOCAL REG.: March 13-1953 — **REGISTRAR'S SIGNATURE**: Anna Rudgea

25. FUNERAL DIRECTOR ADDRESS: Geo. A. Sizemore Idaho Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 911
Local Reg. No. 21
Reg. Dist. No. 6-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 64 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Avenue, 300 Block

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 322 "H" Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) BARBER; c. (Last) RICHES

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 2, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: Building Construction

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Riches
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Davies
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Nancy Riches
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 1 Year
DUE TO (c): Acute Cholecystitis — 1 Week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1953, *to* March 9, 1953, *that I last saw the deceased alive on* March 6, 1953, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 059 [signature]

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 6/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 12, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 20 - 53

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Leland LeBeck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4863

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 212
Local Reg. No. 48
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 255 North Water Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 255 North Water Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) C. c. (Last) Wright

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1881

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Indep. Oil Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David D. Wright BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Cassandra Whitaker BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Warren C. Wright ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 598X Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — ?
DUE TO (c) Chronic Nephritis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 18, 1953 *to* _____, 19____, *that I last saw the deceased alive on* Mar 18, 1953, *and that death occurred at* 1-30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: March 19, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/16/53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: March 12-53
REGISTRAR'S SIGNATURE: Emma Bigler
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 213
Local Reg. No. 55
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Route # 5, Idaho Falls
d. STREET ADDRESS (If rural, give location) New Sweden

3. NAME OF DECEASED (Type or Print) a. (First) ELEANOR (MAMIE) b. (Middle) AMELIA c. (Last) BELLIN

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 6, 1888

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Heslop BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Charlotte Pierce BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE O. J. Bellin ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Ericksen (Degree or title) M. D.

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 16, 1953

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. March 20-1953

REGISTRAR'S SIGNATURE Anna Budge

25. FUNERAL DIRECTOR Orland C. Buck ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Blair

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 24 1953
DIVISION OF VITAL STATISTICS

State File No. 944
Local Reg. No. 54
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho
d. STREET ADDRESS (If rural, give location): Freemont ave

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) [illegible] (Last) Case

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 6 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 0 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Golden, Colorado

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Peter Case
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Emma Taylor
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward A. Brophy
ADDRESS: Salt Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of stomach - Metastasis to Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* March 12, 1953, *that I last saw the deceased alive on* March 12, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 16 1953
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 19-53
REGISTRAR'S SIGNATURE: Dena Briggs
25. FUNERAL DIRECTOR: Leo A. Nielsen
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Coroner

RECEIVED Certificate of Death

MAR 24 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 215

Local Reg. No. 53

Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 400 N. E. Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 400 N- Eastern Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James		Byrnes	March 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug -13-1883	69	6	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ireland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No-
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Employment Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo A. Williams (Coroner)	Idaho Falls. Idaho	3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 16-53	Roselhill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG. March 19-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Geo A. Williams — ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 216
Local Reg. No. 73
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 256 East 15th Street

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) LERoy c. (Last) Webster

4. DATE OF DEATH: (Month) Mar. (Day) 15, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14, 1904
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shelton, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Webster — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Henriette Flitton — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-09 2105
17. INFORMANT'S OWN SIGNATURE: Mary W. Webster — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mediastinal Shift — 2 days
DUE TO (c) Diaphragmatic Hernia — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple Rib Fractures, Hemothorax + Pneumothorax — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-13-53 about noon m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck versus Truck

22. *I hereby certify that I attended the deceased from* 3-13, 1953, *to* 3-15, 1953, *that I last saw the deceased alive on* 3-15, 1953, *and that death occurred at* 6:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl H. Smith (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 7-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack [illegible] — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40061

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 247
Local Reg. No. 65
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 382 Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): HERBERT
c. (Last): ESKEW

4. DATE OF DEATH (Month) (Day) (Year): March 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 6, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager, retired 74
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Eskew — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Jane Slover — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 520-05-8182
17. INFORMANT'S OWN SIGNATURE: Mrs Frank H. (Ava) Eskew — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, Lobo — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Monocytic Leukemia — 2 1/2 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9-51, *19__, to _____, 19__, that I last saw the deceased alive on* 3-18-53, *19__, and that death occurred at* 1:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Frantz MD — M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 30-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 548
Local Reg. No. 58
Reg. Dist. No. 610

BIRTH NO. MAR 30 1953

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 126 West 2nd South Street

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) CAROLINE c. (Last) BRADY

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 4, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR Months: 11 Days: 15
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Christensen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Christena Marburg
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-26-2991

17. INFORMANT'S OWN SIGNATURE: x Mrs George Brown
ADDRESS: Rigby, Idaho

157X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tumor cachexia due to Carcinoma of the pancreas with liver metastasis, Pyorrhea alveolaris; keys are Potts;

DUE TO (c) bilateral iliac thrombophlebitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. ~~MAJOR FINDINGS OF OPERATION~~

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1952 *to* March 19, 1953, *that I last saw the deceased alive on* March 18, 1953, *and that death occurred at* 4:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orall Tall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/23/53

24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery

24d. LOCATION (City, town, or county) (State): Rigby Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: March 25-1953

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Harvey

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 57
Reg. Dist. No. 610

BIRTH NO. MAR 30 1953

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 223 So Capital

3. NAME OF DECEASED (Type or Print)
a. (First) Peter
b. (Middle)
c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year) March - 19, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced -
8. DATE OF BIRTH Oct 28, 1886
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 4 Days 21 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician -
10b. KIND OF BUSINESS OR INDUSTRY City Power Plant
11. BIRTHPLACE (State or foreign country) Taylor, Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ben Peterson BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Petra Rude- BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 518-36-3310
17. INFORMANT'S OWN SIGNATURE Jack R. Peterson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anesthetic death following
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) tooth Extraction.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. painful shoulder c̄ arthritis.

INTERVAL BETWEEN ONSET AND DEATH: Several weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch (Degree or title) M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - 1
24b. DATE March 23, 1953
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. March 25-53
REGISTRAR'S SIGNATURE [illegible] Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 7 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 250
Local Reg. No. 61
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 551 "E" Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 551 "E" Street

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): PAULINE
c. (Last): NEELY

4. DATE OF DEATH: March 21 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Patton
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Ellen Arbuckle
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs John Olson
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertensive Cardio - Vascular Sclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

4437

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 26-53

REGISTRAR'S SIGNATURE: Vera Rudges

25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-6021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 951
Local Reg. No. 74
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 12days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Winona b. (Middle) Lee c. (Last) Murdoch

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1910

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grant, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lee — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Eliza Ann Taylor — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dallas Murdock — ADDRESS: Rigby, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pelvic abscess. — Several days
DUE TO (c) Ruptured appendicitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title): M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: April 7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/53
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: April 7-1953
REGISTRAR'S SIGNATURE: Emma Bridges
25. FUNERAL DIRECTOR: Jack A Wood Jr.
ADDRESS: Jack A Wood, Jr. Idaho Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 62
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1350 Fremont Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1350 Fremont Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JIMMY; b. (Middle) CARL; c. (Last) HURST, Jr.

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: January 7, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 15; IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jimmy Carl Hurst, Sr. BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Wilma May Benson BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1953, *to* March 22, 1953, *that I last saw the deceased alive on* March 21, 1953, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Theodore Wm Doll (Degree or title) D.O

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 24-53

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR: Orland C. Buck ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 353
Local Reg. No. 59
Reg. Dist. No. 610

BIRTH NO. MAR 30 1953

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): PETER "PETE"
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb., 18, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 94
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Speylsby, Denmark
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Jensen — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Carl B. Hansen — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH 610X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recent Prostatic Surgery
DUE TO (c): Benign Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lower Nephron Nephrosis

19a. DATE OF OPERATION: 3/11/53
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 3/22/, 1953, *that I last saw the deceased alive on* 3/22/, 1953, *and that death occurred at* 6:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon W. Reynolds, M.D.
23b. ADDRESS: 357 Fkt. Idaho Falls, Idaho
23c. DATE SIGNED: 3/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 March 53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: March 26-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 254
Local Reg. No. 77
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernest	E.	Keller	March 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 13, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Mink Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Morgan Keller	Germany	Anna Christena Larson	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Ernest E Keller	Las Vegas, Nev.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Nephrosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/20, 1953, *to* 3/24, 1953, *that I last saw the deceased alive on* 3/24, 1953, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S. McMillan M.D.	355 F St. Idaho Falls	3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/28/53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 9-1953	Anna Bridges	Jack A Wood, Jr.	Idaho Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK ~~OVER~~ handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No. 055
Local Reg. No. 63
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rexburg
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Melvin c. (Last) Harris

4. DATE OF DEATH: (Month) (Day) (Year): March 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 22, 1935

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salem, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Geo William Harris — BIRTHPLACE: Salem, Idaho

14. MOTHER'S MAIDEN NAME: Ida Jensen — BIRTHPLACE: Salem, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C Fay Harris — ADDRESS: Rt. 2 Rexburg, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerular nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 3-24, 1953, *that I last saw the deceased alive on* 3-24, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hatch MD — **23b. ADDRESS**: Idaho Falls Idaho — **23c. DATE SIGNED**: 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 27, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Sugar City — **24d. LOCATION** (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: March 28-1953 — **REGISTRAR'S SIGNATURE**: Anna Bridges — **25. FUNERAL DIRECTOR**: Russell Adamson — **ADDRESS**: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 7 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 256
Local Reg. No. 67
Reg. Dist. No. 610

BIRTH NO.

DIVIS. VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Earl	Ricks	March 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W.	Married	Jan. 15, 1910	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Charles Ricks	Logan, Utah	Katherine Humphrey Redmond	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Thomas A Ricks — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture spontaneous inferior Vena Cava — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Abscess chronic right lower lobe lung — undetermined

DUE TO (c) Recurrent Pneumonias — Apprx. 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 28-1953	1) Destroyed right lower & middle lobes lung 2) Abscess RT. lower lobe lung and adjacent vena cava 3) Inefficient upper lobe due to over expansion	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 10, 1953, *to* March 28, 1953, *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O Dean Hacker MD	Blackfoot Idaho	April 1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/1/53	Rexburg	Rexburg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 1-1953	Anna Budge	Russell Adamson	Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Due to an error, we had 2 signatures.

Wm. Ray Hatch

Certificate of Death

STATE OF IDAHO

RECEIVED APR 20 1953 DIVISION OF VITAL STATISTICS

State File No. 077
Local Reg. No. 79
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. COUNTY OF STAT (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 410 H-ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 410 H st.

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Larson c. (Last) Southwick

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 31, 1878
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 6 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lehi - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Southwick BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Savina Larson BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-2769
17. INFORMANT'S OWN SIGNATURE Edith Southwick ADDRESS Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mrs. Mark J. Hall

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Progressive Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

DUE TO (c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 24, 1953, *to* Mar 30 (By Phone), 19___, *that I last saw the deceased alive on* Mar 26, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 154 H Ray Hatch, M.D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED Apr. 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 31, 1953
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. April 11-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Thiessons ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 258
Local Reg. No. 75
Reg. Dist. No. 610
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 - 6 Sturt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): 408 - 6 - Sturt

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Alma c. (Last) Sells

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married	April 2, 1882	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Teacher 12	Public Schools	Nephi, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Sells		Priscilla Cato	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-18-6794	Mrs Mary Rosamond Sells	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of Prostate.	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1950, *to* March, 1953, *that I last saw the deceased alive on* March, 1953, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds M.D.	357 E St. Idaho Falls, Idaho	4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/2/53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 2-1953	Edna Rudges	Jack A. Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 64-358
Local Reg. No. 64
Reg. Dist. No. 610

111-53-2776
BIRTH NO.

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): Mother 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE OF MOTHER (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Caribou

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace

d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)

a. (First): INFANT (Boy)

b. (Middle):

c. (Last): CORBETT

4. DATE OF DEATH (Month) (Day) (Year): March 30 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 30, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy Corbett — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: LaRene Panter — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Roy Corbett — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Immaturity - 5½ to 6 mo's — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 30 March, 19 53, *to* 30 March, 19 53, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:10 A. M., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Worlton — (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Grace

24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 3-30-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland LeBeck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-42021

State File No. 260
Local Reg. No. 66
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 7 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Ammon)
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ammon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon
d. STREET ADDRESS (If rural, give location): x

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): HARMON
c. (Last): COLES

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Milo, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben Henry Coles. BIRTHPLACE: Cedar Fort, Utah
14. MOTHER'S MAIDEN NAME: Huldah Almeda Harmon. BIRTHPLACE: Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 518-05-1420
17. INFORMANT'S OWN SIGNATURE: Amelia Coles — ADDRESS: Ucon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams (Coroner) (Degree or title)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-30-53
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cem.
24d. LOCATION (City, town, or county) (State): Sheltpn, Idaho

DATE REC'D BY LOCAL REG.: April 1-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 261
Local Reg. No. 6-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Naples
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Naples
d. STREET ADDRESS (If rural, give location) Paradise Valley

3. NAME OF DECEASED (Type or Print)
a. (First) Jesse
b. (Middle) Helmer
c. (Last) Peterson

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3/27/1886
9. AGE (In years last birthday) 66 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) North View Minnesotta
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Peterson — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-0505
17. INFORMANT'S OWN SIGNATURE Mrs. Milford Nelson — ADDRESS Naples Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E W Whitney (Degree or title) Coroner
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 3/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3/11/53
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Boundary (State) Idaho

DATE REC'D BY LOCAL REG. 3/11/53
REGISTRAR'S SIGNATURE Troyla Stone
25. FUNERAL DIRECTOR E W Whitney — ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 262
Local Reg. No. 8-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Sunset Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): R.
c. (Last): Eaton

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 8, 1863
9. AGE (In years last birthday): 89 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Emerson Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wlm Eaton — BIRTHPLACE: Trenton N.J.
14. MOTHER'S MAIDEN NAME: Caroline (unknown) — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Mar. 7, 1953, *that I last saw the deceased alive on* Mar. 7, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gordon W. Dunn (Degree or title) M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 3/17/53
REGISTRAR'S SIGNATURE: Dwyla Stone
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 063
Local Reg. No. 7-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): North Side

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle) Sigl; c. (Last) Sundsmo

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 1, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Seymour Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Max Sigl
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Mary Stadler
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Vivian Peterson
ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

571.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Enteritis, acute, severe — 5 Days

DUE TO (c) Dehydration, uremia — 48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Mar, 1953, *to* 10 Mar, 1953, *that I last saw the deceased alive on* 10 Mar, 1953, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett L Ellis M.D.

23b. ADDRESS: Bonners Ferry, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3/14/1953

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 3/17/53

REGISTRAR'S SIGNATURE: Twyla Stone

25. FUNERAL DIRECTOR: G W Whitney
ADDRESS: Bonners Ferry Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 964
Local Reg. No. 964
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry Idaho
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wickstrom Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry Idaho
d. STREET ADDRESS (If rural, give location) Wickstrom Building

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Daly c. (Last) Mulhall

4. DATE OF DEATH (Month) Mar. (Day) I3 (Year) I953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Sept 20, I896

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs ok.

10b. KIND OF BUSINESS OR INDUSTRY various kinds

11. BIRTHPLACE (State or foreign country) Elizabethtown Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME J.M. Mulhall BIRTHPLACE Kentucky

14. MOTHER'S MAIDEN NAME Theresa (unknown) BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) I 9/I7-4/I9I9 428,1

16. SOCIAL SECURITY NO. 553-26-7079

17. INFORMANT'S OWN SIGNATURE R.C. Wickstrom ADDRESS Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 45 min

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Mar, 1953, *to* 13 Mar, 1953, *that I last saw the deceased alive on* 13 Mar, 1953, *and that death occurred at* 11 00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Everett L. Ellis, M.D. (Degree or title)

23b. ADDRESS Bonners Ferry, Idaho

23c. DATE SIGNED 14 March 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3/I8/53

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) Boundary County (State) Idaho

DATE REC'D BY LOCAL REG. 3/17/53

REGISTRAR'S SIGNATURE Twyla Stone

25. FUNERAL DIRECTOR E.W. Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 38-065
Local Reg. No. 38
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle): A.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): March 1-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: February 24-1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Star, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Clark, BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Louisa Fouch, BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Katie Somervill, ADDRESS: Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac fibrillation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old Rheumatic fever
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4, 1947, *to* 3-1, 1953, *that I last saw the deceased alive on* 2-28, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/9/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 266
Local Reg. No. 40
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Hermann b. (Middle) c. (Last) Weick Sr.

4. DATE OF DEATH (Month) (Day) (Year): March 4-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 16-1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months: 11 Days: 18
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, & Dairyman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bader Hoben, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hermann Weick

BIRTHPLACE: Grabbenden, Germany

14. MOTHER'S MAIDEN NAME: Christina Suiss

BIRTHPLACE: Grabbenden, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ernest A. Weick
ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 3rd degree burns 60% of body surface — **INTERVAL BETWEEN ONSET AND DEATH**: 14 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Burning weeds + clothes caught on fire

22. *I hereby certify that I attended the deceased from* March 3, 1953, *to* March 4, 1953, *that I last saw the deceased alive on* March 3, 1953, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Thuse MD

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 3/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 7-1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3/10/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 967
Local Reg. No. 42
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print)
a. (First): Linus
b. (Middle): Earl
c. (Last): Small

4. DATE OF DEATH (Month) (Day) (Year): March 7 -1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 6-1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster at Notus,
10b. KIND OF BUSINESS OR INDUSTRY: Idaho
11. BIRTHPLACE (State or foreign country): Ashby, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Morris M. Small 37 — BIRTHPLACE: Bangor, Maine
14. MOTHER'S MAIDEN NAME: Katherine Caldwell, Columbus, Ohio — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lyle L. Small — ADDRESS: Eugene, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* March 7, 1953, *that I last saw the deceased alive on* March 7, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Foster Shake 370
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 3/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — **ADDRESS**: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 47
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3dy
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 341

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ELLA c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) 3-9-1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-9-1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hendersonville NoCarolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E Clark
BIRTHPLACE: NoCarolina

14. MOTHER'S MAIDEN NAME: Alza Ouensby
BIRTHPLACE: No Carolina

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel A. Nichols
ADDRESS: R.F.D. Parma Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1757

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pseudo.MUCINOUS CYSTADENOCARCINOMA OF OVARY.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 YR.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN, 1950, *to* 8 March, 1953, *that I last saw the deceased alive on* 8 MARCH, 1953, *and that death occurred at* 4:42 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald E. Soli (Degree or title): M.D.

23b. ADDRESS: Parma, Idaho

23c. DATE SIGNED: 11 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma Canyon Idaho

DATE REC'D BY LOCAL REG.: 3/12/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: B.B. Funkhouser
ADDRESS: Nyssa Oregon.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 969
Local Reg. No. 43
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1422 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel May
b. (Middle): Armstrong
c. (Last): Blevins

4. DATE OF DEATH (Month) (Day) (Year): March 13-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 12-1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 3, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Girard, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Will Mason — BIRTHPLACE: Girard, Kansas
14. MOTHER'S MAIDEN NAME: Linda Not Known — BIRTHPLACE: Girard, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: H. E. Blevins — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — 3 days — INTERVAL BETWEEN ONSET AND DEATH: March 10th

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Embolism — 3 days — March 10th
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Intracaria (severe) due to Penicillin — 7 days

19a. DATE OF OPERATION: Feb 23 1953
19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* March 13, 1953, *that I last saw the deceased alive on* March 12, 1953, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Shupe 370
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 3/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 16 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/18/53
REGISTRAR'S SIGNATURE: Agnes M. Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 370
Local Reg. No. 46
Reg. Dist. No. 360
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 513 Hannibal St.

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin Franklin b. (Middle) c. (Last) Short Jr.

4. DATE OF DEATH: (Month) (Day) (Year) March 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 10, 1951

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pitsburg Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin F. Short
BIRTHPLACE: Iuka, Missouri

14. MOTHER'S MAIDEN NAME: Edna Mollet
BIRTHPLACE: Liberal, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16, 1953, *to* 3/16, 1953, *that I last saw the deceased alive on* 3/16, 1953, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M Gattesa MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 3/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 19, 53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 3/18/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: Davis-Warrick Funeral Home, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 271
Local Reg. No. 43
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ruth Williams home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 219 Hannibal

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle); c. (Last) Dildine

4. DATE OF DEATH: (Month) (Day) (Year): March 16-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: November 23-1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 3; Days: 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ossawatomie Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry S. Doty,
BIRTHPLACE: New York State

14. MOTHER'S MAIDEN NAME: Lodiska Husted
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ruth Williams
ADDRESS: Caldwell Rt. 5

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Oct, 1952, *that I last saw the deceased alive on* Oct, 1952, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. F. Cross 343
(Degree or title): M.D.

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 18-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/18/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Beckham-Dalan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2 [illegible]
Local Reg. No. 48
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 311 W. Linden

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) c. (Last) Marr

4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9/5/1872

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Anne Maxwell
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Mar, 1953, *to* 16 Mar, 1953, *that I last saw the deceased alive on* 14 Mar, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A. D. Simpson (Degree or title) M.D.

23b. ADDRESS Caldwell

23c. DATE SIGNED 24 Mar 53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/19/1953

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 3/24/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS Flaniff Funeral Chapel Lucy M. Flaniff Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 073
Local Reg. No. 49
Reg. Dist. No. 960

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH DIVISION OF VITAL STATISTICS
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 316 South 4th

3. NAME OF DECEASED (Type or Print): a. (First) Bryan; b. (Middle); c. (Last) Harding

4. DATE OF DEATH (Month) (Day) (Year): March 20-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 23-1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months: 6; Days: 27
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Inspector 6?

10b. KIND OF BUSINESS OR INDUSTRY: City of Caldwell

11. BIRTHPLACE (State or foreign country): Castle Creek, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lemuel Harding
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Doris Petersen
BIRTHPLACE: Lower Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I

16. SOCIAL SECURITY NO.: 519-28-6913

17. INFORMANT'S OWN SIGNATURE: Wilma Harding
ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Infarction — 1945
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-20, 1953, *to* 3-20, 1953, *that I last saw the deceased alive on* 3-20, 1953, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Montgomery 259 MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3/27/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: L. W. Graham
ADDRESS: Perkham-Dukan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 374
Local Reg. No. 47
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1003 Denver St.

3. NAME OF DECEASED (Type or Print): a. (First) Helen; b. (Middle) V.; c. (Last) Pilkenton

4. DATE OF DEATH: (Month) Mar. (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1922

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washburn Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Houston — BIRTHPLACE: Berryville, Ark.

14. MOTHER'S MAIDEN NAME: Maggie Myers — BIRTHPLACE: Berryville, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 497-12-9107

17. INFORMANT'S OWN SIGNATURE: X Coy a Pilkenton — ADDRESS: 510 Chic

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amyloid disease — 2 + yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* Mar 20, 1953, *that I last saw the deceased alive on* Mar 20, 1953, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE: 613 W J Hubler (Degree or title) MD

23b. ADDRESS: 221 East Logan Caldwell Ida

23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar, 24, '53

24c. NAME OF CEMETERY OR CREMATORY: Washburn Prarie

24d. LOCATION (City, town, or county) (State): Washburn Missouri

DATE REC'D BY LOCAL REG.: 3/24/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Merville D. Davis — ADDRESS: Davis-Warrick Funeral Home, Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 275
Local Reg. No. 5-7
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 512 6th St.

3. NAME OF DECEASED (Type or Print): a. (First) Charlie; b. (Middle) Wilson; c. (Last) Dickerson

4. DATE OF DEATH: (Month) (Day) (Year): March 25-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 24-1875

9. AGE (In years last birthday): 77; IF UNDER 1 YEAR Months: 6; Days: 1; IF UNDER 24 HRS. Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carlock, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John V. Dickerson, BIRTHPLACE: Cadiz, Ohio

14. MOTHER'S MAIDEN NAME: Mary Agnes Hilton, BIRTHPLACE: Cadiz, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Carrie E. Dickerson, ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1518

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity — years

19a. DATE OF OPERATION: 3-24-53

19b. MAJOR FINDINGS OF OPERATION: Ca of stomach invading Celiac ap's.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): /

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1953, to March 25, 1953, that I last saw the deceased alive on Mar 24, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. L. Hubler MD

23b. ADDRESS: 1 East Logan St Caldwell, Idaho

23c. DATE SIGNED: 3-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 27-1953

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 4/1/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C. V. Peckham — Peckham-Dakan Chapel, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 6 - 1953 Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3-0 [illegible]
Reg. Dist. No. 36 U

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Ida.
c. LENGTH OF STAY (in this place): 20
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2315 Michigan

3. NAME OF DECEASED (Type or Print): a. (First) HENRIETTA b. (Middle) c. (Last) CARNAHAN

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/1/1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 6 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Waterville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William G. Miley
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Casi
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: x C. E. Carnahan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/20/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Ovary Metastatic

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/20, 1951, *to* 3/28, 1953, *that I last saw the deceased alive on* 3/28, 1953, *and that death occurred at* 2:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 3/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/30/53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 3/31/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR AND ADDRESS: Flaniff Funeral Chapel Lucy M. Flaniff Caldwell Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 977
Local Reg. No. 32
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Stadium Apt. No. 17

3. NAME OF DECEASED (Type or Print)
a. (First): Loren
b. (Middle): A.
c. (Last): McBride

4. DATE OF DEATH (Month) (Day) (Year): March 29-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 24, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager of Swift & Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Creston, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles McBride, 74 — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mertice Bell, — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-0170
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1910 Fillmore Caldwell Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): similar attack of coronary infarction — 1 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 29, 1953, *to* Mar 29, 1953, *that I last saw the deceased alive on* Mar 29, 1953, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 259 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/3/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [signature] Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 69
Reg. Dist. No. 362

BIRTH NO. MAR 20 1953

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 10th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 412 10th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) CALLA b. (Middle) ANN BENSON c. (Last) JORDON

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 20, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Taylor County, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William H. Marrs
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Martha Vaughn
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Floyd Martin
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4483X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 20, 1952, *to* March 1, 1953, *that I last saw the deceased alive on* March 1, 1953, *and that death occurred at* 615 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 53
Reg. Dist. No. 362

BIRTH NO. MAR 10 1953

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Delaware

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 Delaware

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 222 Delaware

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER		ORMSBY	March 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov. 24, 1902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pacific Fruit Ex.	Ice Plant	Sand Springs, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Ormsby	Iowa	Margaret Vesey	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Helen M. Stanford	Nampa, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan., 19 42, *to* Mar. 1, 19 53, *that I last saw the deceased alive on* Nov., 19 52, *and that death occurred at* 10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. R. Rockne	M.D.	Nampa, Idaho	Mar 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 4	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 9, 1953	Mrs Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 62
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 723 10th Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) c. (Last) MOHLER

4. DATE OF DEATH: (Month) March (Day) 2, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 25, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. Gem Canning

10b. KIND OF BUSINESS OR INDUSTRY: Co.

11. BIRTHPLACE (State or foreign country): Ashland, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Daniel W. Mohler — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Anna Plank — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 05 6509

17. INFORMANT'S OWN SIGNATURE: Mrs. Loyd E. Johnson — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 - 3 dys

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Left ventricular hypertrofy

DUE TO (c): & Left ventricular aneurysm due to old coronary artery occlusion 4 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Seltzer MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 3/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 5, 53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cem

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Mar. 14, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: John F Alsip, Jr — **ADDRESS**: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 231
Local Reg. No. 63
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 811 4th St. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DALLAS	ELMER	HENDERSON	March 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Sept. 27, 1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Inspector	U.P. RR.	Clifton, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orson Henderson	Utah	Harriet Vanleuben	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes W.W. 1	712 09 5152	Iona Henderson	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* March 4, 1953, *that I last saw the deceased alive on* Mar 4, 1953, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Mangum MD	Nampa Idaho	3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 7, 1953	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 14, 1953	Mrs. Jane Leach	Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr Nolte

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 932
Local Reg. No. 84 32
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Route # 2)
d. STREET ADDRESS (If rural, give location): Route # 2 — Payette, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Henry
c. (Last): Mills

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: January 17, 1869
9. AGE (In years last birthday): 84 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Oil Refinery
11. BIRTHPLACE (State or foreign country): Danville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Mills — BIRTHPLACE: Danville, Kentucky
14. MOTHER'S MAIDEN NAME: Melitha Ellis — BIRTHPLACE: Danville, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - -
17. INFORMANT'S OWN SIGNATURE: E. C. Marty — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

480 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Flu Pneumonia & Pleurisy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: - - - - - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - - - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - - - - - - -
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - -

22. *I hereby certify that I attended the deceased from* Jan 1st, 1953, *to* March 5, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W C Nolte M.D. (Degree or title) Nampa Ida.
23b. ADDRESS: W. C. Nolte M.D.
23c. DATE SIGNED: 3-5-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: March 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 6, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 333
Local Reg. No. 65
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 616-No. 9th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 616-No. 9th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fred c. (Last) Schultz

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 25, 1876

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred William Schultz BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Dorothea Schultz BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X Mrs. Mary C. Schultz ADDRESS Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1947, *to* March 7, 1953, *that I last saw the deceased alive on* March 7, 1953, *and that death occurred at* 7:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche (Degree or title) M.D.

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/11/53

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. March 13 1953

REGISTRAR'S SIGNATURE Mrs Jane Stuck

25. FUNERAL DIRECTOR John F Alsip ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 984
Local Reg. No. 64
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1715-3d St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1715-3d St. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Ellen	Mosier	March 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 27, 1898.	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pottsboro, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emil M Utiger	Illinois	Catherine Ruedy	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. Mosier	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic CVD — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY occur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald E Decker M.D.	Nampa, Idaho	3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	01	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 14, 1953	Mrs. Jane Steck	John F Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 985
Local Reg. No. 70
Reg. Dist. No. 34

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) ELIZA; b. (Middle); c. (Last) BALES

4. DATE OF DEATH: (Month) March (Day) 8, (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1864

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Koshkonong, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Brown Duncan — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Louise Batman — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x [illegible] Bales — ADDRESS: Kuna, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

797

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3-1-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-15, 1953, *to* 3-8, 1953, *that I last saw the deceased alive on* 3-8, 1953, *and that death occurred at* 1:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday — (Degree or title): M.D. — **23b. ADDRESS**: Nampa, Idaho — **23c. DATE SIGNED**: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3/10/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Kuna Cemetery — **24d. LOCATION** (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: March 24, 1953 — REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No. 66
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 631-6th St. N. Ext.-Rt. 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 631-6th St. N. Ext. -Rt. 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fay	C	Hodges	March 9, 1953.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 21, 1895.	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fillmore County, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Hodges	Illinois	Jeanette Anderson	Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 508-07-1417
17. INFORMANT'S OWN SIGNATURE Rose Hodges ADDRESS Nampa, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Metastatic Melanosarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Melanosarcoma Spinal Meninges
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1952, *to* March 9, 1953, *that I last saw the deceased alive on* March 8, 1953, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D	Nampa - Idaho	3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/12/53	Canyon Hill Cemetery	Caldwell, Idaho.

DATE REC'D BY LOCAL REG. March 14, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip Jr. Alsip Funeral Chapel
ADDRESS Nampa, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 237
Local Reg. No. 71
Reg. Dist. No. 3623

RECEIVED MAR 28 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 7th St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 916 7th St. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LUCY	ALMOND	DOWDLE	March 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Nov. 26, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beechwood Green, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Almond — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Pearman — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: W. H. Dowdle — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Hemorrhage brain - pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) paralysis respiration;

DUE TO (c) senility & debility.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 56 *to* 3-9 53, *that I last saw the deceased alive on* 3-8 53, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Bickmore MD	Nampa Ida	3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3/13/53	Logan Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.: March 24, 1953
REGISTRAR'S SIGNATURE: Jane Steed
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 988
Local Reg. No. 67
Reg. Dist. No. 363

BIRTH NO. MAR 20 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Elvyn
b. (Middle): Lee
c. (Last): Atkins

4. DATE OF DEATH (Month) (Day) (Year): Mch. 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct, 29, 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cabool, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Owen Atkins — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Eldora Harris — BIRTHPLACE: Newton Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 564-10-6185
17. INFORMANT'S OWN SIGNATURE: Leota Atkins — ADDRESS: Eagle Ida R.I.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

201X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:05A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan E. Mangum MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/16/53
24c. NAME OF CEMETERY OR CREMATORY: Kuna
24d. LOCATION (City, town, or county) (State): Kuna Idaho.

DATE REC'D BY LOCAL REG.: March 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stick
25. FUNERAL DIRECTOR: B.W. Robison — ADDRESS: Meridian Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

APR 9 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 939

Local Reg. No. 80

Reg. Dist. No. 362

BIRTH NO. W

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Montana Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Montana Ave.

3. NAME OF DECEASED (Type or Print) a. (First) JOEL b. (Middle) BENTON c. (Last) STURTEVANT

4. DATE OF DEATH (Month) March (Day) 13, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 1, 1870

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer of

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Fayette, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Sturtevant BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME Maria Searls BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE L.R. Sturtevant ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13 1952, *to* March 13, 1953, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry C. Wesche M.D

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/16/53

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. April 7, 1953

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR Paul L. Chapman ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 220
Local Reg. No. 82
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1802 Dearborn St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Stephen	James	Durham	March 16-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	September 20-1952	—	5	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M.E. Durham — BIRTHPLACE: Caldwell, Idaho
14. MOTHER'S MAIDEN NAME: Marie Ineck — BIRTHPLACE: Caldwell, Idaho,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James M.E. Durham — ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 348X Encephalitis — Cause undetermined — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acidosis Dehydration Sunset — 7 days

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/13, 1953, *to* 3/16, 1953, *that I last saw the deceased alive on* 3/16, 1953, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.B. Rose M.D. (Degree or Title)
23b. ADDRESS: Nampa Idaho.
23c. DATE SIGNED: 3/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 18-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Apr. 7, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: C.V. Peckham — Peckham-Dakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 221
Local Reg. No. 74
Reg. Dist. No. 362
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) STEWART b. (Middle) W c. (Last) GUTENBERGER

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.F.E. Ice Plant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): School Hill, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Albert Gutenberger
BIRTHPLACE: Sheyboygen, Wisc.

14. MOTHER'S MAIDEN NAME: Frieda Mavis
BIRTHPLACE: Sheyboygen, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 388 18 3040

17. INFORMANT'S OWN SIGNATURE: Family record - John Alsip
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Depressed skull fracture right parietal bone — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dead on arrival to hospital

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): P.F.E. ICE PLANT
21c. (CITY, TOWN, OR TOWNSHIP) NAMPA (COUNTY) CANYON (STATE) IDAHO

21d. TIME OF INJURY: (Month) 3 (Day) 19 (Year) 53 (Hour) 1:07 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: FELL OFF PLATFORM ON RAIL

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3/19, 19 53, *and that death occurred at* 1:25p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 264
23b. ADDRESS:
23c. DATE SIGNED: 3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 30, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 338
Local Reg. No. 75
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Dewey Palace Hotel

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) c. (Last) MC PARLAND

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH May 25, 1870

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk & Buyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Robert Schreiner
ADDRESS Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral afferent
Senile Dementia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jos Saltzer MD

23b. ADDRESS

23c. DATE SIGNED 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/23/53

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24d. LOCATION (City, town, or county) Nampa, Idaho (State)

DATE REC'D BY LOCAL REG. April 5, 1953

REGISTRAR'S SIGNATURE Mrs Jane Stark

25. FUNERAL DIRECTOR Lewis Edmunds

ADDRESS Nampa, Idaho.

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 993
Local Reg. No. 76
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samarita n Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle)
c. (Last) ZARYBNICKY

4. DATE OF DEATH (Month) March (Day) 20, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec. 12, 1878
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME No Record BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE x Joe Zarybnicky Jr. ADDRESS Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Secondary Anemia — 2 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1953, *to* 3-20, 1953, *that I last saw the deceased alive on* 3-20-, 1953, *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Gerald E Neeche M.D. (Degree or title)
23b. ADDRESS Nampa, Ida
23c. DATE SIGNED 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/25/53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. April 5, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Lewis Edmunds ADDRESS Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 994
Local Reg. No. 83
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 716 11th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 27, 1897
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady 19
10b. KIND OF BUSINESS OR INDUSTRY C.C. Anderson
11. BIRTHPLACE (State or foreign country) Salem, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME C.A. Williams BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Mary Susan Garst BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 07 1029
17. INFORMANT'S OWN SIGNATURE Lora Williams ADDRESS Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 3 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (361) Joe Saltzer MD (Degree or title)
23b. ADDRESS
23c. DATE SIGNED 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 26, 53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. April 10, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steed
25. FUNERAL DIRECTOR John F. Alsip Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 995
Local Reg. No. 84
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 115 Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 115 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First) CHRISTINA
b. (Middle)
c. (Last) STAPLES

4. DATE OF DEATH (Month) (Day) (Year) March 25, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 18, 1861

9. AGE (In years last birthday) 91
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ulster Co., New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Kniffin
BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Martha Bradstreet
BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Eva D. Howard
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis & V. Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Myocardial Failure — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1953, *to* 3-25, 1953, *that I last saw the deceased alive on* 3-24, 1953 *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold E. Krech (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/30/53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa, (State) Idaho

DATE REC'D BY LOCAL REG. April 10, 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Funeral Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 296
Local Reg. No. 85
Reg. Dist. No. 363

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Melba
d. STREET ADDRESS (If rural, give location) Melba Star Rt.

3. NAME OF DECEASED (Type or Print)
a. (First) BERRY
b. (Middle)
c. (Last) GIVENS

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 24, 1880
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Middleton, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Milford Givens — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Mattie Shirley — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Berry Givens — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

432.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-, 1953, *to* 3-25-, 1953, *that I last saw the deceased alive on* 3-25-, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 392 Samuel A. Gwayne M.D. (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/30/1953
24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery
24d. LOCATION (City, town, or county) (State) Melba, Idaho

DATE REC'D BY LOCAL REG. April 10, 1953
REGISTRAR'S SIGNATURE Mrs. Janet Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr. Alsip Funeral Chapel
ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 207
Local Reg. No. 86
Reg. Dist. No. 362

BIRTH NO.

APR 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carters Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY anyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 408 Garland St.

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) M c. (Last) Vest

4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 10, 1877

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tarkio, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wesley D. Wheeler
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Eliza Jane Green
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE Fred R. Hickey
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1945, *to* March 28, 1953, *that I last saw the deceased alive on* March 24, 1953, *and that death occurred at* 12:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche (Degree or title) M.D

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 31 53

24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cem.

24d. LOCATION (City, town, or county) Boise,
(State) Idaho

DATE REC'D BY LOCAL REG. April 10, 1953

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR John F. Alsip, Jr.
Alsip Funeral Chapel

ADDRESS Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No. 87
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Midby Nurs. Home

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) Emily c. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 17, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Golden Rule Store
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel S. Lea — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Catherine H. Shield — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO. 519 05 3978
17. INFORMANT'S OWN SIGNATURE: Thad H. Stickney — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis generalized with hypertensive encephalopothy & hypertension — with 10 to 12 yr
DUE TO (c) hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS: None.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 46, *to* March 28, 1953, *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Rose M.D. (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohleplawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 78
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Strang Sand & Gravel Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 416 8th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) LESTER; b. (Middle) CRAWFORD; c. (Last) GRANGE

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 4, 1938

9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lester W. Grange
BIRTHPLACE: Ogden, Utah

14. MOTHER'S MAIDEN NAME: Dorothy Crawford
BIRTHPLACE: Ogden, Uta h

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lester W Grange
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

925.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: 3/29/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): accidently covered with sand — 3/29/53

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Strang Sand & Gravel

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/29/53 4:00p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell into sand trap, sand covering him

22. *I hereby certify that I attended the deceased from* 3/29, 1953, *to* 3/29, 1953, *that I last saw the deceased alive on* D. O. A., 19___, *and that death occurred at* 4:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday (Degree or title): M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 4/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/1/53

24c. NAME OF CEMETERY OR CREMATORY: Aultorest Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: April 6, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1000
Local Reg. No. 72
Reg. Dist. No. 36-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID	EARL	BENNETT	March 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 13, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Deseret, Utah	Utah

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E.I. Bennett	New Jersey	Sarah K. Speed	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Fannie L Bennett	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary sclerosis	
DUE TO (c)	Auricular Fibrillation	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/25, 1952, *to* 3/14, 1952, *that I last saw the deceased alive on* 3/14, 1952, *and that death occurred at* 11:30am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos Saltzer MD	Nampa	3/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/16/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 24, 1953	Mrs. Jane Stuckey	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1001
Local Reg. No. 68
Reg. Dist. No. 36-2

BIRTH NO.

MAR 20 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle); c. (Last) MAXFIELD

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - -

8. DATE OF BIRTH: March 24, 1902

9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - -

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Placerville, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Maxfield (Deceased) — BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Amy ? (Deceased) — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Jane Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gangrene

DUE TO (c) Feeble-Minded

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/12, 1952, *to* 3/13, 1953, *that I last saw the deceased alive on* 3/13, 1953, *and that death occurred at* 11:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Weilworth M.D. — (Degree or title) — **23b. ADDRESS**: Box 531, Nampa, Idaho — **23c. DATE SIGNED**: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3/17/53 — **NAME OF CEMETERY OR CREMATORY**: Kohlerlawn — **24d. LOCATION** (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: March 18, 1953 — REGISTRAR'S SIGNATURE: Mrs. Jane Stuck — **25. FUNERAL DIRECTOR**: Lewis Edmunds — ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1002
Local Reg. No. 73
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba Rt 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Melba Rt 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba Rt 1
d. STREET ADDRESS (If rural, give location): Melba Rt 1

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) EUGENE; c. (Last) PARSONS

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: arming

11. BIRTHPLACE (State or foreign country): Holt, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John T. Parsons
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Artie Moberly
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. A.E. Parsons
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with cardiac failure. — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & hypertensive heart disease — 5 to 7 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Emphysemia chronic onset unknown.
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 52, *to* Present, 19____, *that I last saw the deceased alive on* 1- 1953, *and that death occurred at* 8:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Ross MD
23b. ADDRESS:
23c. DATE SIGNED: 3/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 19, 53
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county) (State): Melba Idaho

DATE REC'D BY LOCAL REG.: March 26, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John J Alsip Jr
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED APR 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1003
Local Reg. No. 77
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ROBERT		PHILLIPS	3	23	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	1/23/33	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: KENNETH WILKINSON — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: ETHEL PHILLIPS — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 344X Extreme hydrocephalus with vomiting - Died suddenly.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 3/23, 1953, *that I last saw the deceased alive on* 3/23, 1953, *and that death occurred at* 2:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Weinbrenner MD	Box 531, Nampa, Idaho	3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/26/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: LEWIS EDMUNDS MORTUARY
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1004
Local Reg. No. 88
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1 Midland Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa * Rural
d. STREET ADDRESS (If rural, give location): Rt # 1 Midland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): N.
c. (Last): McCLEARY

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 2, 1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Altoona, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Michael Garber
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Catherine Hildebrand
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Alfred Lambrecht
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Arteria Sclerotic Cardio Vas. Dis. — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hyper splenic anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7-, 1952, *to* 3-29, 1953, *that I last saw the deceased alive on* 3-29, 1953, *and that death occurred at* 11:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Hoeche MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/2/1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem
24d. LOCATION (City, town, or county) (State): Nampa, Ida.

DATE REC'D BY LOCAL REG.: April 10, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1005
Local Reg. No. 7
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

MAR 11 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): —
d. STREET ADDRESS (If rural, give location): 121 N 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Emmaline b. (Middle) Cranney c. (Last) Lallathin

4. DATE OF DEATH (Month) (Day) (Year): March 1 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 1 - 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9, Days 0 — IF UNDER 10 MIN.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House Keeping
11. BIRTHPLACE (State or foreign country): Logan Ut
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Hyrum King — BIRTHPLACE: Cranney Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Crook — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edna F. Lallathin — ADDRESS: Soda Spgs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Degenerative H.T. Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pyelitis — 4 months

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 - 1, 1952, *to* 3 - 1 -, 1953, *that I last saw the deceased alive on* 3 - 1, 1953 *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert, M.D. +27
23b. ADDRESS: Soda Springs, Ida
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-53
24c. NAME OF CEMETERY OR CREMATORY: Afton Wyo. Cem.
24d. LOCATION (City, town, or county) (State): Afton Wyo

DATE REC'D BY LOCAL REG.: 2-3-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: O. L. Whitman — ADDRESS: Soda Spgs, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1006
Local Reg. No. 8
Reg. Dist. No. 520-521

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Roy b. (Middle) L. c. (Last) Kendall

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): About 57 Yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Operator 74

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: C. L. Kendall BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Maiden name unknown Amanda Kendall BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 397-09-7386

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Renal calculus — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/6, 1953, *to* 3/7, 1953, *that I last saw the deceased alive on* 3/6, 1953 *and that death occurred at* 12:02 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tiquet, MD

23b. ADDRESS: Soda Springs, Ida

23c. DATE SIGNED: 3/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

24d. LOCATION (City, town, or county) (State): Soda Springs Idaho

DATE REC'D BY LOCAL REG.: March 12, 1953

REGISTRAR'S SIGNATURE: Letty Mae Burton

25. FUNERAL DIRECTOR ADDRESS: [illegible] Soda Springs, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

State File No. 1007
Local Reg. No. 9
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place): 22½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jana b. (Middle) Burtenshaw c. (Last) Murray

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 2, 1930

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR Months: 3 Days: 13 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Logan Utah

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Leonard N. Burtenshaw — BIRTHPLACE: Newton, Utah

14. MOTHER'S MAIDEN NAME: Mabel Lindquist — BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 466X

17. INFORMANT'S OWN SIGNATURE: Herman Bartman — ADDRESS: Soda Springs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Femoral Thrombosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb, 19 53, *to* 15 Mar, 19 53, *that I last saw the deceased alive on* 15 Mar, 19 53, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ramon Tight Jr. M.D. — **23b. ADDRESS**: Soda Springs, Idaho — **23c. DATE SIGNED**: 15 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: March 21, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Grace Cemetery — **24d. LOCATION** (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 3-16-53 — **REGISTRAR'S SIGNATURE**: Betty Mae Burton — **25. FUNERAL DIRECTOR**: E. D. Whitman — **ADDRESS**: Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1008
Local Reg. No. 10
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Daisy
b. (Middle): Bell
c. (Last): Fagnant

4. DATE OF DEATH (Month) (Day) (Year): March 21 1953

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lava Hot Springs
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Morris Bell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Daisy Potter — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Cecilia F. Kirrill — ADDRESS: Lava Hot Spring Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured kidney with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Alexander — (COUNTY): Caribou — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 20 1953 12:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car accident.

22. *I hereby certify that I attended the deceased from* 20 Mar, 1953, *to* 21 March, 1953, *that I last saw the deceased alive on* 21 March, 1953, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell Tigert Jr. 429 (Degree or title): MD.
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 24 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24/53
24c. NAME OF CEMETERY OR CREMATORY: Lava Cemetery
24d. LOCATION (City, town, or county) (State): Lava Hot Springs Ida.

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Colin M. Edward — ADDRESS: Pocatello Ida.
Hall Grant Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1039
Local Reg. No. 11
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hellen	Boletta	Feagins	March 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 27, 1919	33	11	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	—	Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Olsen	Mr Ephraim Utah	Ella Clara Jackson	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	357-16-5005	W. D. Warner	Soda Springs Idaho

410X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis — 15 years

DUE TO (c) Rheumatic Fever — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10 March 1953, *to* 26 March, 1953, *that I last saw the deceased alive on* 26 March, 1953 *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tigert, M.D. +27	Soda Springs Ida	3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-30-53 01	Fairview Cem	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-31-53	Betty Mae Burton	O. D. Whitman	Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1816
Local Reg. No. 128
Reg. Dist. No. 470

BIRTH NO. MAR 31 1953

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 119 East 16th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fred	Earl	Neal	March 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 8, 1904	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
garage owner 24	Automobile	Unknown	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknownn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-12-7320	Melvin H Cook	Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 15, 1953 *to* 3/2, 1953, *that I last saw the deceased alive on* 3/2, 1953, *and that death occurred at* 8 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Kelly 204	M.D.	Burley Idaho	3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/4/53	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 4 1953	B.F. Watson	J. Garth Payne	Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1911
Local Reg. No. 133
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): --------

3. NAME OF DECEASED (Type or Print)
a. (First): Chauncey
b. (Middle): West
c. (Last): Layton

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 7, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher Layton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Caroline Cooper — BIRTHPLACE: Layton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Raddon Layton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Reticulum cell Sarcoma of Stomach — 3-4 Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-10-53
19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Stomach c Multiple Metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1953, *to* Mar 17, 1953, *that I last saw the deceased alive on* Mar. 16, 1953, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Kuth[illegible] (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/53
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Mar 31 1953
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR: J. Barth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1012
Local Reg. No. 132
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1/2 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1518 Overland Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Laurence b. (Middle) Claudius c. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 7, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Cashier 25
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Lucas, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles P. Dunn — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Emma Jane Goldman — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-07-4294
17. INFORMANT'S OWN SIGNATURE: Gerald L. Dunn — ADDRESS: BURLEY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 3 - 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes — 6 - 7 years

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8, 1946, *to* 17 MARCH, 1953, *that I last saw the deceased alive on* 17 MARCH, 1953, *and that death occurred at* 8 11 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 18 Mar '53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1
24b. DATE: 3/21/53
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT VIEW
24d. LOCATION (City, town, or county) (State): BURLEY, IDAHO

DATE REC'D BY LOCAL REG.: Mar 31 1953
REGISTRAR'S SIGNATURE: B.F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1013
Local Reg. No. 729
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Annie b. (Middle) Marie c. (Last) Keaton

4. DATE OF DEATH: (Month) Mar. (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 30, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR Months: 10 Days: 18
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hals, Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Anders P. Anderson
BIRTHPLACE: ----, Denmark

14. MOTHER'S MAIDEN NAME: Matilda Larsen
BIRTHPLACE: ------ Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George L Keaton
ADDRESS: 103 ALMA BURLEY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic encephalopathy — 2--3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1953, *to* 3-30, 1953, *that I last saw the deceased alive on* 3-30, 1953, *and that death occurred at* 10:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dump (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar 29 1953
REGISTRAR'S SIGNATURE: D. F. Wilson
25. FUNERAL DIRECTOR: Kenneth M. Faulkner
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1014
Local Reg. No. 130
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Andreas	Judd	Anderson	March 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 25, 1878	74	3	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Grantsville, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andreas John Anderson,	Stockholm Sweden	Isabell Judd,	Lehi, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	None	Mrs Vasco Parke	Declo - Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 5 days.
DUE TO (c) Arterio sclerosis —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1936, *to* Mar 23, 1953, *that I last saw the deceased alive on* Mar 23, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyrum L Dean	M.D	Burley Ida.	3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-26-53	Declo Cemetery	Declo Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 29 1953	R.H. Wilson	Vern B. McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1015
Local Reg. No. 131
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Noyes

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 27, 1877
9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 11 Days: 24 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Teasdale, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Fredrick Franklin Noyes, BIRTHPLACE: --Georgia
14. MOTHER'S MAIDEN NAME: Hannah Mariah Williams- BIRTHPLACE: --New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO. 446 X 44-18-9911
17. INFORMANT'S OWN SIGNATURE: Lila Carlisle Heyburn ADDRESS: Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ch. Nephritis — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1953 *to* 3-23, 1953, *that I last saw the deceased alive on* 3/23, 1953 *and that death occurred at* 11A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. M. Kelly (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 3/26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-53
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo Idaho

DATE REC'D BY LOCAL REG.: Mar. 29 1953
REGISTRAR'S SIGNATURE: B A Nelson
25. FUNERAL DIRECTOR: Vern S. McCulloch ADDRESS: Burley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1016
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Small
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles Lau Ranch

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Small
d. STREET ADDRESS (If rural, give location): Charles Lau Ranch

3 NAME OF DECEASED (Type or Print): a. (First) Otis b. (Middle) c. (Last) Maxwell

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 22, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-3689

17. INFORMANT'S OWN SIGNATURE: Charles Lau
ADDRESS: Idaho Falls, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

845X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Small, Clark, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 29, 53 m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Runaway Team

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C A Rasmussen, Coroner
23b. ADDRESS: Dubois, Idaho
23c. DATE SIGNED: 3-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Dubois
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Orland E. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1017
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 21 yr 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) A. b. (Middle) R. c. (Last) Whitehead

4. DATE OF DEATH (Month) Mar (Day) 1 (Year) 1953

5. SEX m
6. COLOR OR RACE w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH unk
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm Whitehead BIRTHPLACE Ind
14. MOTHER'S MAIDEN NAME Winnie Reynolds BIRTHPLACE Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE E. L. Berryman ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebroarteriosclerosis — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1943, *to* 31, 1953, *that I last saw the deceased alive on* 3-1, 1953, *and that death occurred at* 9 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry mix (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 3-2-53
24c. NAME OF CEMETERY OR CREMATORY Yates Funeral Home
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Ida.

DATE REC'D BY LOCAL REG. 3-2-53
REGISTRAR'S SIGNATURE Vernon E Dailey
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1018
Local Reg. No. 19
Reg. Dist. No. 210

RECEIVED MAR 14 1953 DIVISION OF VITAL

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 510 Main Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Eugene
c. (Last): Noble

4. DATE OF DEATH (Month) (Day) (Year): 3-4-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-29-1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Newberg Ore.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henry J. Noble — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Boiles — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Emery J Noble — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. *, 1952, to* 3/4 *, 1953, that I last saw the deceased alive on* 3/3 *, 1953, and that death occurred at* 12:00 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins
23b. ADDRESS: Orofino Ida.
23c. DATE SIGNED: 3/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: 3-7-53
REGISTRAR'S SIGNATURE: Vernon E Fowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 20
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAR 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 16 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dallie	W	Wills	Mar	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	widowed	Sept 27, 1882	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife		Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel L Paluda	Ind	Elizabeth A Swinford	Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	E. L. Barry MD	Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon (mets to pelvic pleura) — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 5 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-1-43 *to* 3-4-53, *that I last saw the deceased alive on* 3-4-53, *and that death occurred at* 1.25 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barry MD	Orofino Ida	3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-10-53	Riverside Cemetery	Orofino Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-10-53	Vernon E Dudley	W. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1020
Local Reg. No. 21
Reg. Dist. No. 210

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters
c. LENGTH OF STAY (in this place): 2yrs. 6mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Townsite #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters-Townsite #4
d. STREET ADDRESS (If rural, give location): Townsite #4

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Wayne; c. (Last) McGaw

4. DATE OF DEATH (Month) (Day) (Year): 3-10-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 7-8-1949

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missoula, Mont.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Wayne McGaw — BIRTHPLACE: Nebr.

14. MOTHER'S MAIDEN NAME: Alice Belrose — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wayne W. McGaw — ADDRESS: Pierce, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning. — INTERVAL BETWEEN ONSET AND DEATH: Few min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Townsite #4

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Headquarters Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-10-53 3:25 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell into So. fork of Reeds creek.

22. *I hereby certify that I attended the deceased from* --------, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 3:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert — (Degree or title): Coroner 4

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 3-12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-14-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 3-13-53

REGISTRAR'S SIGNATURE: Vernon E. Fairley

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1021
Local Reg. No. 24
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Ella
c. (Last): Mullikin

4. DATE OF DEATH (Month) (Day) (Year): 3-14-53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-23-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Robert Cloyd — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Beard — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bertha E. Lindstrom — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterial sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture of leg, left — Jan. 22, 1953 till death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/22, 1953, *to* 2/14, 1953, *that I last saw the deceased alive on* 2/13, 1953 *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. T. Hopkins
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 3/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Wells Bench Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3-23-53
REGISTRAR'S SIGNATURE: Barbara Fairley, Deputy
25. FUNERAL DIRECTOR: N. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1022
Local Reg. No. 22
Reg. Dist. No. 210

BIRTH NO.

MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 3
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 3
d. STREET ADDRESS (If rural, give location): Rt 3 Orofino

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Belle c. (Last) Bonner

4. DATE OF DEATH (Month) (Day) (Year): 3-16-1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-5-1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harman W. Va.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henry Snyder
BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Mary Snyder
BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Bonner
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of face. — INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ---------, 19--, to ---------, 19--, that I last saw the deceased alive on ---------, 19--, and that death occurred at* 6:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert
(Degree or title): Coroner

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-18-1953

24c. NAME OF CEMETERY OR CREMATORY: Cook Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3-17-53

REGISTRAR'S SIGNATURE: Vernon E. Talley

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 1023
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer Star Rt.
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer Star Rt.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Elvina c. (Last) McKinnon

4. DATE OF DEATH (Month) (Day) (Year): 3-16-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-14-1924
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Ernest Schroeder — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Mary Bonner — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Don McKinnon — ADDRESS: Greer, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of abdominal cavity. — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 1:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 3-16-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3-17-53
REGISTRAR'S SIGNATURE: Verna E. Dawley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 25
Reg. Dist. No. 210

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 2½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Leona
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): 3-22-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-15-1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Carrolton, Mo.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: J. D. Holladay — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Ann Hayes — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Thos. R. Walker — ADDRESS: Ahsahka, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. *, 19*57*, to* 3-22-53*, 19___, that I last saw the deceased alive on* 3-9-53*, 19___, and that death occurred at* 10:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: A. B. Tappenhagen 304 — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 3-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 3-28-53
REGISTRAR'S SIGNATURE: Vernon E. Dowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1625
Local Reg. No. 5
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home,
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): James
c. (Last): Strain

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 31 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Galesburg, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Lee Strain — BIRTHPLACE: Orange Calif
14. MOTHER'S MAIDEN NAME: Margaret Haynes Strain — BIRTHPLACE: Orange, Calif

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Pauline Strain Andersen — ADDRESS: Mtn. Home, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 1953, *to* 2-24, 1953, *that I last saw the deceased alive on* 2-24, 1953, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Weber MD (Degree or title) 43
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: 3 3 53

24a. BURIAL, CREMATION, REMOVAL (Specify): 3 Removal
24b. DATE: 2 25-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Mar 13, 1953
REGISTRAR'S SIGNATURE: H F Anderson
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mtn Home
D. A. L. Harrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1026
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
c. LENGTH OF STAY (in this place) 12 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lewis
b. (Middle)
c. (Last) Pasborg

4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb 6-1941
9. AGE (In years last birthday) 12 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 03
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Glenns Ferry
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest B Pasborg — BIRTHPLACE Colo
14. MOTHER'S MAIDEN NAME Ina J. Rice — BIRTHPLACE Glenns Ferry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE E B Pasborg — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

161X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) sarcoma 1 larynx — INTERVAL BETWEEN ONSET AND DEATH 1 year 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* Feb 28, 1953, *that I last saw the deceased alive on* Feb 23, 1953, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ward A. Rubin M.D. (Degree or title) 345
23b. ADDRESS Glenns Ferry Ida.
23c. DATE SIGNED Mar 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 2nd
24c. NAME OF CEMETERY OR CREMATORY Glenn Rest
24d. LOCATION (City, town, or county) (State) Glenns Ferry

DATE REC'D BY LOCAL REG. 3-5-53
REGISTRAR'S SIGNATURE Mary Sullivan
25. FUNERAL DIRECTOR Bey Mortuary — ADDRESS Mt Home by D.A. L Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

APR 15 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1027
Local Reg. No. 6
Reg. Dist. No. 80

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Anderson Dam
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None- Above

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): 128 South, 1st East

3. NAME OF DECEASED (Type or Print)
a. (First): DON
b. (Middle): HOMER
c. (Last): OLSEN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 28, 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder 73
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or ~~foreign country~~): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Newell J. Olsen- Logan, Utah
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mabel Jensen- Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE / ADDRESS: N. Preston Olsen Logan, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

902.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fell from Cliff at

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anderson Dam

DUE TO (c) Fractured Skull.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home Elmore Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 29 53 8:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidental Fall

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green 470 Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 30 March 53 4
24c. NAME OF CEMETERY OR CREMATORY: Providence, Utah
24d. LOCATION (City, town, or county) (State): Providence, Utah

DATE REC'D BY LOCAL REG.: Mar 30, 1953
REGISTRAR'S SIGNATURE: A.F. Anderson
25. FUNERAL DIRECTOR / ADDRESS: Benj Mortmann
D. A. L. Henderson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1628
Local Reg. No. 7
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 22 MILES W. OF MT. HOME
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location) BARRACKS T-420A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HUGH	JOHN	COUGHLIN	MAR	30	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	CAUCASIAN	NEVER MARRIED	9 SEPTEMBER 1925	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF(AIRMAN)	usaf	MCKEESPORT, PENNSYLVANIA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DECEASED	MCKEESPORT, PENNSYLVANIA	MRS. HARRIETT COUGHLIN	MCKEESPORT, PENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (201 File)	ADDRESS
YES WW II 10 NOV 48	UNKNOWN	Samuel Coulson	MT. HOME AFB, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, CEREBRAL, MULTIPLE, DIFFUSE, MID-BRAIN AND LEFT TEMPERO-PARIETAL & VENTRICLES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) FRACTURE, COMMINUTED, SKULL, MULTIPLE, INSTANT EXTENSIVE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	22 MI W. OF MT. HOME	ON THE LINE BETWEEN 10 & 11 TOWNSHIP, L S. RANGE 4 EAST BOISE MERIDIAN, IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
MAR	30	53	UNKNOWN		CIVILIAN AUTO ROLLED OVER

22. *I hereby certify that I attended the deceased from* XXXX

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 8
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) M. c. (Last) Callaway

4. DATE OF DEATH: (Month) Mar. (Day) 30, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 23, 1899

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station //

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William B. Callaway — BIRTHPLACE: Nashville, Tenn

14. MOTHER'S MAIDEN NAME: Idah Goforth — BIRTHPLACE: Jefferson City Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Served 1922-1925

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs John M. Callaway — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 156X Cancer. Liver

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 25 —, 1945, *to* Mar 30, 1953, *that I last saw the deceased alive on* 3-30, 1953 *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Mtn Home Idaho

23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Apr 3, 1953

REGISTRAR'S SIGNATURE: A. F. Anderson

25. FUNERAL DIRECTOR: Ray Courtney — ADDRESS: Mtn Home

E. E. Anderson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1030
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

RECEIVED
DIVISION OF VITAL STATISTICS
JAN 14 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 147 So. 2nd. West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROSA	SIMON	KOFOED	March 10 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 12, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Simon	Germany	Lillian Roganseece	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Edward Grafer	Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 m

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1952, *to* March 10, 1953, *that I last saw the deceased alive on* Mar 10, 1953, *and that death occurred at* 12:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	M D	Preston Ida	3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 13, 1953	Weston	Weston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-13-1953	Effie W. Brower	Richards & Son John M. Richards	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1031
Local Reg. No. 11
Reg. Dist. No. 340

BIRTH NO.

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 4 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) THOMAS; c. (Last) HANDY

4. DATE OF DEATH: (Month) (Day) (Year): March 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Franklin, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Handy
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Jane Day
BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Venice Morgan
ADDRESS: Provo, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility - Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1953 *to* March 11, 1953 *that I last saw the deceased alive on* March 11, 1953 *and that death occurred at* 11:55 A m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D.
23b. ADDRESS: Preston Ida.
23c. DATE SIGNED: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/53
24c. NAME OF CEMETERY OR CREMATORY: Franklin
24d. LOCATION (City, town, or county) (State): Franklin, Idaho.

DATE REC'D BY LOCAL REG.: 3-13-1953
REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1522
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winder
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Moore
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Mar. 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Moore
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Margaret Frew
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] Bennett
ADDRESS: Winder Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma of Lung.
INTERVAL BETWEEN ONSET AND DEATH: 12 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1940, *to* Mar 19, 1953, *that I last saw the deceased alive on* 3/15, 1953, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawker M.D.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 3/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 3-23-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1933
Local Reg. No. 13
Reg. Dist. No. 340

BIRTH NO. APR 15 1953

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle); c. (Last) Stokes

4. DATE OF DEATH: (Month) (Day) (Year) March 29 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 31, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Pool Hall

11. BIRTHPLACE (State or foreign country): Preston

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Stokes
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Helen Thackery
BIRTHPLACE: Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Franklin, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 16 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January, *1952*, *to* March 29, *19* 53, *that I last saw the deceased alive on* March 29, *1953*, *and that death occurred at* 7:06 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Noble M. D.

23b. ADDRESS: Richmond, Utah

23c. DATE SIGNED: March 31,53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 4-2-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: O. Sherwin Webb
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3034
Local Reg. No. 13
Reg. Dist. No. 651

BIRTH NO. 111-53-3042

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): STANLEY
b. (Middle): ROYAL
c. (Last): GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 12, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 5, Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd Graham — BIRTHPLACE: Vancouver, B. C.
14. MOTHER'S MAIDEN NAME: Idella Smith White — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Floyd E. Graham — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital cardiac deformity — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 March, 1953, *to* _____, 19__, *that I last saw the deceased alive on* March 12, 1953, *and that death occurred at* 6:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 052 J O Brunton MD (Degree or title)
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: March 14, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: March 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Clearfield
24d. LOCATION (City, town, or county) (State): Clearfield, Utah.

DATE REC'D BY LOCAL REG.: 14 March 53
REGISTRAR'S SIGNATURE: M D Hansen
25. FUNERAL DIRECTOR: M D Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1325
Local Reg. No. 15
Reg. Dist. No. 650

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 308 East 2nd North

3. NAME OF DECEASED (Type or Print)
a. (First): JOSLYN
b. (Middle):
c. (Last): SELLE

4. DATE OF DEATH: (Month) (Day) (Year): March 13, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 3, 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred A. Selle — BIRTHPLACE: St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME: Dawn Beddes — BIRTHPLACE: Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: M L Hansen — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anesthetic accident — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9547

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital Office
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Anthony Fremont Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 13 1953 8:15AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: anesthetic accident

22. *I hereby certify that I attended the deceased from* Oct, 19 52, *to* March, 19 53, *that I last saw the deceased alive on* 13 Mar, 19 53, *and that death occurred at* 8:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J O Benton MD
23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED: 16 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 March 53
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.: 16 March 53
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAR 19 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1036
Local Reg. No. 12
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 45 W 4 N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glendale 6,
d. STREET ADDRESS (If rural, give location): 512 G North Everett

3. NAME OF DECEASED (Type or Print)
a. (First): GENE
b. (Middle): ELIZABETH
c. (Last): TRUDE

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct., 18, 1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airplane Parts Inspector
10b. KIND OF BUSINESS OR INDUSTRY: (Pacific Air Motive Motive)
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Trude — BIRTHPLACE: Vale. South Dakota
14. MOTHER'S MAIDEN NAME: Winifred Newport — BIRTHPLACE: Edmunds, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 567-24-1701
17. INFORMANT'S OWN SIGNATURE: Winifred F. Newport — ADDRESS: Reno-Nevada

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

180X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypernephroma — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Kidney removal in Los Angeles Calif
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* March, 1953, *that I last saw the deceased alive on* March 14, 1953, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Soule MD
23b. ADDRESS: St. Anthony
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 19 March 53
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Crematory
24d. LOCATION (City, town, or county) (State): Ogden, Weber, Utah.

DATE REC'D BY LOCAL REG.: March 17, 1953
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1227
Local Reg. No. 17
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SYLVESTER	V.	CRAWFORD	March 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	June 19, 1900	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 27
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Crawford — BIRTHPLACE: Nevada
14. MOTHER'S MAIDEN NAME: Ollie Vail — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-01-6556
17. INFORMANT'S OWN SIGNATURE: Douglas Jensen — ADDRESS: Clearfield Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1953, *to* March 24, 1953, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. J. Lowe MD	St. Anthony	3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	28 March 53	Riverview Cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
30 Mar 53	M L Jensen	M L Jensen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 9 – 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1528
Local Reg. No. 16
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BLAIR b. (Middle) DARRELL c. (Last) CRUSER

4. DATE OF DEATH (Month) (Day) (Year): 29 March 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: January 19, 1935

9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months 2 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Darrell Cruser BIRTHPLACE: Fiarview, Utah

14. MOTHER'S MAIDEN NAME: Eva Powell BIRTHPLACE: Egin, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Eva Hibbert ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825,4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest. Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28, 53 9 P.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* 28 Mar, 19 53, *to* 29 Mar, 19 53, *that I last saw the deceased alive on* 29 Mar, 19 53, *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J O Burton (Degree or title) MD

23b. ADDRESS: St Anthony, Idaho

23c. DATE SIGNED: 1 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1 April 53

24c. NAME OF CEMETERY OR CREMATORY: Parker

24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.: 1 Apr 53

REGISTRAR'S SIGNATURE: Mal Hansen

25. FUNERAL DIRECTOR: Mal Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1039
Local Reg. No. 71
Reg. Dist. No. 651

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELDEN
b. (Middle):
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1925
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Potatoe Warehouse
11. BIRTHPLACE (State or foreign country): Wilford, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chris Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Sarah Greenhalgh — BIRTHPLACE: Bloomington, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-2188
17. INFORMANT'S OWN SIGNATURE: Barbara Hansen — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

973X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide Poisoning

ANTECEDENT CAUSES — Motor of car left running

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Potatoe Pit
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ashton, Fremont, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 4, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Motor of car left running and pulled convas over the car.

22. *I hereby certify that I attended the deceased from* Never attended *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. Hansen — Coroner
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 5 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6 March 53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho.

DATE REC'D BY LOCAL REG.: 5 Mar 53
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1040
Local Reg. No. 19
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 7 1953 DIVISION OF VITA

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GEM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 1001 East 1st

3. NAME OF DECEASED (Type or Print): a. (First) Charlotte b. (Middle) Lamb c. (Last) Greene

4. DATE OF DEATH (Month) (Day) (Year): Mar. 3, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 30. 1866

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 3 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: C. W. Hyers
ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis. — 4 years
DUE TO (c) + Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-3X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* March 3rd, 1953, *that I last saw the deceased alive on* March 3rd, 1953, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Davidson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Mar. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pueblo
24d. LOCATION (City, town, or county) (State): Pueblo. Colorado

DATE REC'D BY LOCAL REG.: Mar. 4 1953
REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1041
Local Reg. No. 20
Reg. Dist. No. 340-341

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 42yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 East 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 305 East 1st St

3. NAME OF DECEASED (Type or Print): a. (First) Alton b. (Middle) Ray c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): Mar. 9, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 20, 1866

9. AGE (In years last birthday): 86
If UNDER 1 YEAR: Months 6 Days 19
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): storekeeper 56

10b. KIND OF BUSINESS OR INDUSTRY: plumbing

11. BIRTHPLACE (State or foreign country): Montecello, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John White
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Almatia Archabald
BIRTHPLACE: New England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Age, And Cardiac Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* One day, 19__, *to* Mar. 9, 1953, *that I last saw the deceased alive on* Mar. 9, 1953, *and that death occurred at* 1a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Reynolds MD

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Mar. 11, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 12 1953

REGISTRAR'S SIGNATURE: Jesse A. Beatty

25. FUNERAL DIRECTOR ADDRESS: The Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1042
Local Reg. No. 21
Reg. Dist. No. 340 - 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 918 So. Hays St.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Earnest c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 16, 1859

9. AGE (In years last birthday) 93
IF UNDER 1 YEAR Months 6 Days 2
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Littlerock, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Geo. Rowland Davis
BIRTHPLACE Calif.

14. MOTHER'S MAIDEN NAME Betty Herald
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Mar 18, 1953, *that I last saw the deceased alive on* Mar. 18, 1953, *and that death occurred at* 10:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE Quentin E Howard (Degree or title) MD
23b. ADDRESS Emmett Idaho
23c. DATE SIGNED Mar 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Mar. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. March 31, 1953
REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR The Beatty Chapel
ADDRESS Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

APR 8 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1043
Local Reg. No. 22
Reg. Dist. No. 340 - 341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 307 East 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 307 East 2nd St.

3. NAME OF DECEASED (Type or Print): a. (First) Nettie b. (Middle) Helena c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): Mar. 20, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 21, 1860

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR Months: 6 Days: 1 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Parishville, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ashbel S. Hiles — BIRTHPLACE: Pottsdam, N.Y.

14. MOTHER'S MAIDEN NAME: Laura McNall — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jerome K Reed — ADDRESS: Emmett Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W Beatty Coroner Gem Co. — **23b. ADDRESS**: Emmett Idaho — **23c. DATE SIGNED**: 3/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: Mar. 24, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside — **24d. LOCATION** (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 25, 1953 — REGISTRAR'S SIGNATURE: Jane C. Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 23
Reg. Dist. No. 340 - 341

BIRTH NO.

APR 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): Abelone
c. (Last): Petersen

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 14, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months: 3 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Aarhus, Denmark

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Thompson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Gertrude Petersdatter
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Fanny G. Petersen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Gall B.
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [illegible], *1945, to* 30 Mar., *1953, that I last saw the deceased alive on* 30 Mar., *1953, and that death occurred at* 11:22 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: J A Goodman
(Degree or title): M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 7 April 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 3, 1953
REGISTRAR'S SIGNATURE: Jean C Beatty
25. FUNERAL DIRECTOR: Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 1045
Local Reg. No. 1591
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): RILEY
c. (Last): FRANS

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 23, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Painter retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Agency Ford, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Tadwell Frans — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-5150
17. INFORMANT'S OWN SIGNATURE: Arlen D. McGee — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gastric Varices with Hemorrhage — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952 *to* Mar 4, 1953 *that I last saw the deceased alive on* Mar 4, 1953 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Barrett M.D.
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/7/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-20-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerrad Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1516
Local Reg. No. 1592
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KENNETH	DALE	WATKINS JR.	March 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	March 30, 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Kenneth D. Watkins — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Peggy Brown — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Kenneth D. Watkins — ADDRESS Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature (26 wks) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Separation of Placenta
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 30 *1953 to* Mar 31, *1953, that I last saw the deceased alive on* Mar 31, *1953, and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. E. Barrett M.D.	Gooding Ida	4/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/1/53	Glenns Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-7-53	J. H. Cornwell	Geo. Jensen Jr.	THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

BIRTH NO. MAR 31 1953 STATE OF IDAHO

State File No. 1017
Local Reg. No. 376
Reg. Dist. No. 421

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PRESTON
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROSE
b. (Middle): GIBBONS
c. (Last): HAWKES

4. DATE OF DEATH (Month) (Day) (Year): MAR. 27 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JUNE 21, 1862
9. AGE (In years last birthday): 90 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES GIBBONS — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: ANN SHUTTLEWORTH — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Elizabeth Hawkes — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26/53, 19__, *to* death, 19__, *that I last saw the deceased alive on* 3/26, 1953, *and that death occurred at* 6:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Harold F. Holsinger 164 (Degree or title) M.D.
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 3/30/1953 01
24c. NAME OF CEMETERY OR CREMATORY: PRESTON
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: 3/28/53
REGISTRAR'S SIGNATURE: Mrs. Veronica Mans
25. FUNERAL DIRECTOR: J. Forrest Weaver — ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1916
Local Reg. No. 32
Reg. Dist. No. 240

BIRTH NO. MAR 12 1953

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Martin	Gill	March 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	Dec. 22 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Noel, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Gill	Penn.	Matilda Browning	Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		535-22-5452	Lelah McBurnon	1323-5th Clarkston Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Pulmonary edema — auric fibrillation	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) arteriosclerotic heart disease	sev. years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Peptic ulcer - duodenal	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1952, *to* 3 mar, 1953, *that I last saw the deceased alive on* 3 mar 1953, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Coltman M.D	Grangeville, Idaho	4 mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OF	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 7 1953	Prairie View	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 4 1953	Irma Cone	Claude Tierney	Kooskia, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35
Reg. Dist. No. 240

111-58-3085 MAR 21 1953
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 3 — 14 — 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 3-13-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville Ida
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Johnson Jr. BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: June Mund BIRTHPLACE: S.D
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank Johnson Jr. ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 762.5 Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 mar, 1953, *to* 14 mar, 1953 *that I last saw the deceased alive on* 14 mar, 1953, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald [illegible] (Degree or title): M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 15 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-53
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county): Grangeville (State): Ida

DATE REC'D BY LOCAL REG.: Mar. 17 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Glenn Ailor ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1050
Local Reg. No. 93
Reg. Dist. No. 240

BIRTH NO. MAR 21 1953

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): R.
c. (Last): MANOCK

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 11, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sparlin, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Manock — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lou Bollison — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: (Mrs) Hazel Dell Manock — ADDRESS: Grangeville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of the Lungs — 2 Months

DUE TO (c) Carcinoma of the Esophagus — 1 year.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1953, *to* 3-14, 1953, *that I last saw the deceased alive on* 3-14, 1953, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Dutterman M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Mar 17, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1051
Local Reg. No. 34
Reg. Dist. No. 240

BIRTH NO. MAR 21 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	H.	Eller	3 - 16 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 11 1876	76	8	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tipplett Missouri
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph Eller — BIRTHPLACE: Un Known
14. MOTHER'S MAIDEN NAME: Suzzane McPherson — BIRTHPLACE: Un Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fansey L Eller — ADDRESS: Grangeville

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro - vascular thrombosis, left — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Mar, 1953, *to* 16 Mar, 1953, *that I last saw the deceased alive on* 15 Mar, 1953, *and that death occurred at* 4:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Altman M.D.	Grangeville, Idaho	16 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-18-53	Cottonwood	Cottonwood Ida Ida

DATE REC'D BY LOCAL REG.: Mar. 17, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Glenn Cole
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1652
Local Reg. No. 38
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) SHEARER c. (Last) SHISSLER

4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Jan. 15, 1874

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road foreman

10b. KIND OF BUSINESS OR INDUSTRY U.S. Forest,

11. BIRTHPLACE (State or foreign country) Salmon River, Idaho Co. Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME Franklin Shissler, BIRTHPLACE Port Carbone, Pa.

14. MOTHER'S MAIDEN NAME Elizabeth Shearer, BIRTHPLACE Virginia.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Lee Gilstrap ADDRESS Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular thrombosis, left — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Mar, 1953, *to* 28 Mar, 1953, *that I last saw the deceased alive on* 28 Mar, 1953, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Donal Saltman (Degree or title) M.D
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, (State) Idaho.

DATE REC'D BY LOCAL REG. April 1, 1953
REGISTRAR'S SIGNATURE Lena Lane
25 FUNERAL DIRECTOR John Robertson ADDRESS Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3755
Local Reg. No. 37
Reg. Dist. No. 24

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Grandview

3. NAME OF DECEASED (Type or Print)
a. (First) LeAnder
b. (Middle)
c. (Last) Crowe

4. DATE OF DEATH (Month) (Day) (Year) Mar 27 53

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) now married

8. DATE OF BIRTH Oct 6 1877

9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Nova Scotia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-26-8062

17. INFORMANT'S OWN SIGNATURE X Geo W Crowe
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1952, *to* Mar 27, 1953, *that I last saw the deceased alive on* Mar 26, 1953, *and that death occurred at* 3:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald Kaltman (Degree or title) M.D
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 31 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 31-1953
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows
24d. LOCATION (City, town, or county) Kamiah (State) Ida.

DATE REC'D BY LOCAL REG. Mar 31, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Clifton Nelson Cottonwood
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1054
Local Reg. No. 5
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): W.
c. (Last): Uhlenkott

4. DATE OF DEATH (Month) Mar (Day) 2 (Year) 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr 17 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Annie B. Uhlenkott — ADDRESS: Ferdinand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 m.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 5 yrs.
DUE TO (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 14, 1953, *to* March, 1953, *that I last saw the deceased alive on* Mar. 2, 1953, *and that death occurred at* 10:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr, MD
23b. ADDRESS: Cottonwood Idaho
23c. DATE SIGNED: 3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Ferdinand
24d. LOCATION (City, town, or county) (State): Ferdinand Idaho

DATE REC'D BY LOCAL REG.: 3-5-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr, MD. by TB
25. FUNERAL DIRECTOR: Cletus Uhlom — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1055
Local Reg. No. 6
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COTTONWOOD
c. LENGTH OF STAY (in this place) 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Concolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location) R.F.D. 3, box 91

3. NAME OF DECEASED (Type or Print)
a. (First) RILEY
b. (Middle) FRANCES
c. (Last) CURTIS

4. DATE OF DEATH (Month) (Day) (Year) March 10,1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct.26,1893
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Cattle
11. BIRTHPLACE (State or foreign country) Granity City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jake Curtis — BIRTHPLACE Marys Co. Mo.
14. MOTHER'S MAIDEN NAME Mary Huffman — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-4883
17. INFORMANT'S OWN SIGNATURE Mildred J. Curtis — ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

454X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Arterial Embole — INTERVAL BETWEEN ONSET AND DEATH 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Obstruction — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 24/53
19b. MAJOR FINDINGS OF OPERATION Aterio sclerosis Amputation of R.L. limb
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 1953, *to* Mar. 10, 1953, *that I last saw the deceased alive on* Mar. 10, 1953, *and that death occurred at* 5:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 241 Wesley F. Orr M.D.
23b. ADDRESS Cottonwood Idaho
23c. DATE SIGNED 3-13-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 13,1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, (State) Idaho.

DATE REC'D BY LOCAL REG. 3-13-1953
REGISTRAR'S SIGNATURE Wesley F. Orr, M.D. by T.B.
25. FUNERAL DIRECTOR [signature] Robertson — ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1056
Local Reg. No. 1
Reg. Dist. No. 242

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OTTONWOOD
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	EMMA	GIBLER	March 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	April 19, 1869	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Carrolton, Mo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ratlif M. Ruark,	U.S.	Nancy Newsome,	U.S.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Mrs. Axel Klindt	Kamiah

331X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 7 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar. 14, 1953, *to* March 22 1953, *that I last saw the deceased alive on* Mar 22, 1953, *and that death occurred at* 2:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wesley F. Orr M.D.	Cottonwood Idaho	3-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 24, 1953	Kamiah	Kamiah, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-22-53	Wesley F. Orr, M.D. by [illegible]	[illegible]	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1057
Local Reg. No. 8
Reg. Dist. No. 242

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): White Bird
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): Cyrus
c. (Last): Mullins

4. DATE OF DEATH (Month) (Day) (Year): 3 24 1953

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1-24-1903
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY: Miner
11. BIRTHPLACE (State or foreign country): Huntington Ore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mullins
BIRTHPLACE: Paris Texas
14. MOTHER'S MAIDEN NAME: Lela Ellige
BIRTHPLACE: Dayton Wn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 516-07-9725
17. INFORMANT'S OWN SIGNATURE: Corey R. Mullins
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uncontrolable Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pancreatic cyst
DUE TO (c) Not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Feb 10-53
19b. MAJOR FINDINGS OF OPERATION: Large pancreatic cyst
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1952, *to* 3-24, 1953, *that I last saw the deceased alive on* 3-24-, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.
23b. ADDRESS: Cottonwood Idaho
23c. DATE SIGNED: 3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: 3-24-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by [illegible]
25. FUNERAL DIRECTOR: Jesse Robertson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins 20 NE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Henry c. (Last) Wilson

4. DATE OF DEATH (Month) Mar (Day) 27 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-7-1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Wilson BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Martha Bouthwell BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO 518-05-2989
17. INFORMANT'S OWN SIGNATURE X [illegible] a Miller ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest & Broken neck Accident — INTERVAL BETWEEN ONSET AND DEATH: immediate Death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) White bird (50.6 mi) Idaho Idaho.
21d. TIME OF INJURY (Month) March (Day) 27 (Year) 1953 (Hour) 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor rolled over.

22. *I hereby certify that I attended the deceased from* March 27, 1953, *to* March 27, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE D. H. E. Kale (Degree or title) D.O.
23b. ADDRESS Grangeville Idaho.
23c. DATE SIGNED March 29, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 30 - 53
24c. NAME OF CEMETERY OR CREMATORY Prairie View
24d. LOCATION (City, town, or county) (State) Grangeville Idaho

DATE REC'D BY LOCAL REG. Mar. 30, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Clelius Ahlborn ADDRESS Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Independence
d. STREET ADDRESS (If rural, give location): Rexburg RFD # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Rebbecca
b. (Middle): C.
c. (Last): Chambers

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1953

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 27, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Redmond, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph M. Humphrey — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Sennia Johnson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Thurman Chambers — ADDRESS: Rexburg RH1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage with rt hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 10 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1952, *to* March 2, 1953, *that I last saw the deceased alive on* Feb. 28, 1953, *and that death occurred at* 11:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Louval, M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/53
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Rexburg RFD Idaho

DATE REC'D BY LOCAL REG.: 3/5/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Russel Flamm — ADDRESS: Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1060
Local Reg. No. 11
Reg. Dist. No. 6-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 31 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 150 West Short.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 150 West Short

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH b. (Middle) ELIZA c. (Last) CHRISTENSEN

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 16, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cor nelius Green. BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Karna Christina Hansen. BIRTHPLACE: Denmark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: George Christensen ADDRESS: Rt. 2 Idaho Falls, Ida.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs.
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis. — 8 yrs. +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20, 1946, *to* March 10 1953, *that I last saw the deceased alive on* March 10, 1953, *and that death occurred at* 9:17P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas Hall (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 3/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3-13-53

24c. NAME OF CEMETERY OR CREMATORY: Central Cem

24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 3/20/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1061
Local Reg. No. 12
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby, Idaho
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 No. 2nd West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) LESTER b. (Middle) c. (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 3, 1885

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): New Harmony, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edmund Zebuland Taylor. BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Liza Ann Taylor. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: 518-28-3121

17. INFORMANT'S OWN SIGNATURE: L. W. Taylor. ADDRESS: Rigby, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cirhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonn. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-20, 1952, *to* 3-10, 1953, *that I last saw the deceased alive on* March 8, 1953, *and that death occurred at* 12:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. Blair Eckersell MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3-14-1953

24c. NAME OF CEMETERY OR CREMATORY: Lewisville Cem

24d. LOCATION (City, town, or county) (State): Lewisville, Idaho

DATE REC'D BY LOCAL REG.: 3/20/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell

ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No.
Reg. Dist. No. 6-4a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Selma Amelia	Johnson	Tanner	March 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W.	Married	Jan. 26, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Johns, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Maria Carlsgreen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Samuel E. Tanner — ADDRESS: Roberts, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocarditis - auricular fibrillation — 6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1946, *to* March 13, 1953, *that I last saw the deceased alive on* March 11, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall M.D.	Rigby, Idaho	3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/17/53	Fielding Memorial	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
3/20/53	Mrs. A B Crandell	Russell Hamm Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RE

APR 8 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 14
Reg. Dist. No. 640

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Rigby)
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway S of Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Sugar City)
d. STREET ADDRESS (If rural, give location): 1½ Mi. So of Sugar City

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) GROVER c. (Last) EVANS

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1931

9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Eric Grover. BIRTHPLACE: Archer, Ida

14. MOTHER'S MAIDEN NAME: Barbara Evalyne Anderson. BIRTHPLACE: Rexburg, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Elsie C. Evans ADDRESS: Sugar City, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

651.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Miscarriage (4½ mo Fetus) 4 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan[illegible], 1953, *to* March 28, 1953, *that I last saw the deceased alive on* March 28 1953, *and that death occurred at* 7:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D. | **23b. ADDRESS**: Rigby, Idaho | **23c. DATE SIGNED**: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 3-31-53 | **24c. NAME OF CEMETERY OR CREMATORY**: Sugar City Cem. | **24d. LOCATION** (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 4/7/53 | REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1064
Local Reg. No. 79
Reg. Dist. No. 441

BIRTH NO. MAR 12 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 426 West Ave F

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) James c. (Last) Jackson

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 25. 1935

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR Months: 8 Days: 7 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: 06

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George G. Jackson — BIRTHPLACE: New Zeland

14. MOTHER'S MAIDEN NAME: Lottie M Lyons — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Gibbs Jackson — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 919.8 Gunshot Wound Chest — INTERVAL BETWEEN ONSET AND DEATH: 15 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hunting in Car

21c. (CITY, TOWN, OR TOWNSHIP) Jerome (COUNTY) Jerome (STATE) Idaho

21d. TIME OF INJURY (Month) March (Day) 2 (Year) 1953 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Howard M.D. — **23b. ADDRESS**: Jerome Idaho — **23c. DATE SIGNED**: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 7. 53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) Jerome (State) Idaho

DATE REC'D BY LOCAL REG.: March 9 1953

REGISTRAR'S SIGNATURE: Lester McRae D.S.R.

25. FUNERAL DIRECTOR: J R Wiley — **ADDRESS**: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1065
Local Reg. No. 60
Reg. Dist. No. 4-10

BIRTH NO. MAR 12 1953

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edwin	Albert	Easterly	March	5	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 25 . 1872	80	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Greenville Tenn	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Jack Easterly	Jerome, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pleurisy & effusion

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 25, 1952, *to* March 5, 1953, *that I last saw the deceased alive on* February 27 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
373 N. Evelyn Smith, M.D.	Jerome, Idaho	3/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/8/53	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 9, 1953	Lester M. Rose, M.D.	J.R. Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1953 DIVISION OF STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 83
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (Hiway 93-25)
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif
b. COUNTY: L. Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beverly Hills
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle):
c. (Last): Tache

4. DATE OF DEATH (Month) (Day) (Year): Mar 16 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 3 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 13; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Glendale Calif
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Yvan Tache
BIRTHPLACE: Calif
14. MOTHER'S MAIDEN NAME: Maria Carter
BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN ~~SIGNATURE~~: Yvan Tache
ADDRESS: Beverly Hills Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured skull with severe contusion of brain
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6-8 hrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~Home~~ Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Jerome Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 16 53 6 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto collision

22. *I hereby certify that I attended the deceased from* 3/16/53 *19___, to* 3/17/53 *19___, that I last saw the deceased alive on* 3/16/53 *19___, and that death occurred at* 11:20 p.m. *, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle Smail MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 19 1953
24c. NAME OF CEMETERY OR CREMATORY: Harley
24d. LOCATION (City, town, or county) (State): Harley Idaho

DATE REC'D BY LOCAL REG.: Mar. 18, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: LeRoy A. Mazier
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 W 3d

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 411 W - 3rd

3. NAME OF DECEASED (Type or Print): a. (First) Clay b. (Middle) Harrison c. (Last) Coffman

4. DATE OF DEATH (Month) (Day) (Year): March 16 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 18 - 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 11, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): New Helena Neb
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Coffman — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Alice Worthington — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-22-3402
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Norvall Coffman Wendell Ida.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 yr

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1953, *to* 3/16/53, 19__, *that I last saw the deceased alive on* Mar 13, 1953, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Carlyle Smail, MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 3/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Wendell Idaho
24d. LOCATION (City, town, or county) (State): Wendell Idaho

DATE REC'D BY LOCAL REG.: Mar. 18, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Leroy A. Frazier — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 26 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1956
Local Reg. No. 84
Reg. Dist. No. 440

111-53-2136
BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: # JEROME

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME

c. LENGTH OF STAY (in this place): 2 HRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDECT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: UTAH

b. COUNTY: WEBER

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROY UTAH

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NORMAN b. (Middle) DAVID c. (Last) BEACH

4. DATE OF DEATH (Month) (Day) (Year): MAR. 23. 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: MAR. 23. 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 2 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): JEROME IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DONALD BE CH BIRTHPLACE: BUHL IDAHO

14. MOTHER'S MAIDEN NAME: LaNeeve NELSEN DIETRICH BIRTHPLACE: IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S OWN SIGNATURE ADDRESS: ✓ Donald R Beach. Wendell Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-23 -, 1953, *to* 3-23 -, 1953, *that I last saw the deceased alive on* 3-23 -, 1953, *and that death occurred at* 6 A m., *from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title): 415 Maurice E Scheel MD

23b. ADDRESS: Wendell Idaho

23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAR. 24. 1953

24c. NAME OF CEMETERY OR CREMATORY: BUHL

24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Mar. 23/1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR ADDRESS: J. Forrest Heaver Wendell Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 85
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: ~~Jerome~~ Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 201 N. Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Louise b. (Middle) O c. (Last) Bishop

4. DATE OF DEATH (Month) (Day) (Year): Mar 24 1953

5. SEX: Female M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 19, 1868
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Fall City Nebr
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Fricke — BIRTHPLACE: Ger
14. MOTHER'S MAIDEN NAME: Joehanna Ruegge — BIRTHPLACE: Ger

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: C. J. Carlson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3/16/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 2/24/53
DUE TO (c) Intestinal obstruction — 3/12/53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility. Terminal pneumonia — 24 hrs

19a. DATE OF OPERATION: 3/16/53
19b. MAJOR FINDINGS OF OPERATION: Small bowel, (Jejunum), obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1940, *to* Mar 24, 1953, *that I last saw the deceased alive on* Mar 24, 1953, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Carlyle Swail (Degree or title): MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 27 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG: April 1, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose [illegible]
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1070
Local Reg. No. 96
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608 E Main st

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 608 E Main st

3. NAME OF DECEASED (Type or Print) a. (First) Hildur b. (Middle) Maria c. (Last) Johnson

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 22 1905
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Myby Kallaberg Gland Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emil Adolfson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Oscar Johnson ADDRESS Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous coronary — 1 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chr. myocarditis
Essential arterial hypertension — years
Chr. nephritis

19a. DATE OF OPERATION None
19b MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 1, 1940, *to* Mar 28, 1953, *that I last saw the deceased alive on* March 25, 1953, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Carlyle Sinail MD (Degree or title) 373
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 31 1953
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome (State) Idaho

DATE REC'D BY LOCAL REG. April 1, 1953
REGISTRAR'S SIGNATURE Sister M. Rose, OSB
25. FUNERAL DIRECTOR Leroy A. Mazier ADDRESS Jerome

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1071
Local Reg. No. 87
Reg. Dist. No. 44a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 204 West Av F

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Albert c. (Last) Clements

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 10 1912

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months 10 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking 13

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodrow Idaho

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wm George Clements
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary L Cooper
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-01-0418

17. INFORMANT'S OWN SIGNATURE: Mrs P Clements
ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot in Head with 30-30 High Powered Rifle 9190

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Probably) Accidental

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Jerome (COUNTY) Jerome (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 29 - 1953 3:20 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Shot in Head while Cleaning Gun

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on March 29 1953, and that death occurred at 3:20 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 47 (Degree or title): Coroner

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 3 53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: April 1, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1072
Local Reg. No. 81
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Norman b. (Middle) Edgar c. (Last) Stratton

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 7 /1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months: 11 Days: 3
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virgin Utah

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Joseph N Stratton
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Laura Griffin
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-6365

17. INFORMANT'S OWN SIGNATURE: Mrs. Frank L. Walker
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous occlusion and anginal attacks — 6 yrs.
~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 24, 1953, *to* March 9, 1953, *that I last saw the deceased alive on* Mar 7, 1953, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. Carlyle Smith, M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13/53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: March 14 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4076
Local Reg. No. 45
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1024 Indiana

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) G. c. (Last) Westerberg

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-4-1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cappenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Westerberg
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Augusta Unkonw
BIRTHPLACE: unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 701-09-5994

17. INFORMANT'S OWN SIGNATURE: Mrs. Nora Westerberg
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis - Cardio-vascular hypertensive arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. aortic aneurysm — 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3-2-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-6-53

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 3-12-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4774
Local Reg. No. 44
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3½ Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 313 S 13th St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	H.	Sperling	3-	3	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Oct 10 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nursey Stock Salesman	Own Business	England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Sperling	Germany	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Dick Sperling	Hayden Lake Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis & failure	1 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive cardio-vascular disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	mkd ascites	2 yr

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3-3-53, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. D.	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-6-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-12-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 18 1953 DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 1175
Local Reg. No. 43
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY in this place: 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 806 3rd St

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) Marie c. (Last) Turner

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-21-1885

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Abie Neb

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anton Scholtz BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Unkown BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Helen Gerth ADDRESS: CdA. Rt # 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Malignancy of abdomen outside of gastrointestinal tract — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__ *to* ____, 19__, *that I last saw the deceased alive on* 3-4-53, *and that death occurred at* 8:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Scholtz (Degree or title) M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-12-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 776
Local Reg. No. 42
Reg. Dist. No. 120

BIRTH NO. 111-53-3153

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 331 S 14 th St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julie	Kay	Kunz	3-	4	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Never married	3-1-53			3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None	Coeur d'Alene Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kunz	Kellogg Ida	Verna Morris	Coeur d'Alene Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. John Kunz	Coeur d'Alene Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1, 1953, *to* 3/4, 1953, *that I last saw the deceased alive on* 3/4, 1953, *and that death occurred at* 12:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene, Idaho	3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-5-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-12-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1277
Local Reg. No. 41
Reg. Dist. No. 120

RECEIVED
MAR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 33 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 711 S 11th St

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 711 S 11th St

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) R.
c. (Last) Elderkin

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 53

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept 17 1871
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Fort Howard Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME H. R. Elderkin — BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Anna Breck — BIRTHPLACE Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. R. T. Dillworth — ADDRESS Seattle Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c̄ metastastases

DUE TO (c) to liver

INTERVAL BETWEEN ONSET AND DEATH: 7 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/5, 1952 *to* 3/9, 1953 *that I last saw the deceased alive on* 3/9, 1953 *and that death occurred at* 7:00 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 3-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-11-53
24c. NAME OF CEMETERY OR CREMATORY Forest
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. 3-12-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR [signature] ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1078
Local Reg. No. 57
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Koo enai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	S.	Webster	3	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Sept 20 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Store
11. BIRTHPLACE (State or foreign country): Rhodes Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alonzo Webster — BIRTHPLACE: New Hampshire
14. MOTHER'S MAIDEN NAME: Esther Weeks — BIRTHPLACE: New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: CdA. Homes Records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 5 Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 1953, *to* 3/10, 1953 *that I last saw the deceased alive on* 3/10, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James W. Hawkins M.D.	Coeur d'Alene Idaho	3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-15-53	Evergreen	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-15-53	Lorraine K. Brush	Gilbert Gale Coeur d'Alene Idaho	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 52
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Genl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1135 N 6Th St

3. NAME OF DECEASED (Type or Print): a. (First) Eithel b. (Middle) G. c. (Last) Gallaspy
4. DATE OF DEATH: (Month) 3-13-53 (Day) (Year)

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-24-1889
9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Anthony Kans
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George White BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Jennie Unkown BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-32-5047
17. INFORMANT'S OWN SIGNATURE: Bob Gallaspy ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — Several Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12- , 1947, *to* 3-13 , 1953, *that I last saw the deceased alive on* 3-11 , 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 3-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-15-53
24c. NAME OF CEMETERY OR CREMATORY: Sherman Thomas Funeral Home
24d. LOCATION (City, town, or county) (State): Anthony Kans

DATE REC'D BY LOCAL REG.: 3-15-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Delbert Yates ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1936
Local Reg. No. 50
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delaney Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	O	Sanda	3	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Aug 10, 1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 4 3 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Cardio-vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3-14-53 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. D.	Coeur d'Alene	3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-18-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-18-53	Lorraine L. Brush	Gilbert Gale	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1084
Local Reg. No. 48
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	M.	Roberts	Mar. 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Feb. 13, 1882	71		

10a. USUAL OCCUPATION (Gives kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Pvt. Contractor	Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward W. Roberts	Tenn.	Mary E. Ross	Tennnessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	519-10-4612	M. A. Myers	Spokane, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cardiac asthma & cardio-vascular disease & failure — 3 yrs
DUE TO (c) Hypertensive arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3-14-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Bradley M.D.	Coeur d'Alene, Ida	3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	3-19-53	Hazen Laeger Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-19-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 1032
Local Reg. No. 46
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cd'A Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Cd'A Homes

3. NAME OF DECEASED (Type or Print): a. (First) Iver b. (Middle) E. c. (Last) Straalsjoe

4. DATE OF DEATH (Month) (Day) (Year): Mar 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 10, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader 09

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Erick Jesperson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Sigrid (Unknown(
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ben Straalsjoe
ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 177X Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/17, 1952, *to* 3/17, 1953 *that I last saw the deceased alive on* 3/14, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 O.M. Husted M.D.

23b. ADDRESS: Cd'a Idaho

23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Remove~~ Burial

24b. DATE: Mar 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-18-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. J. Hawkins

Certificate of Death

STATE OF IDAHO

State File No. 3033
Local Reg. No. 60
Reg. Dist. No. 120

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 11-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 208-N-10th, street

3. NAME OF DECEASED (Type or Print)
a. (First) David
b. (Middle)
c. (Last) Freeman

4. DATE OF DEATH (Month) Mar. (Day) 19, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 28, 1877

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant 35

10b. KIND OF BUSINESS OR INDUSTRY Own Restaurant

11. BIRTHPLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME David Freeman
BIRTHPLACE Canada

14. MOTHER'S MAIDEN NAME Bridgett Walsh
BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-24-1403 A

17. INFORMANT'S OWN SIGNATURE Geo. D. Freeman
ADDRESS Hollywood Cal

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 3 yrs.
DUE TO (c) Arteriosclerotic Heart Disease — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1950, *to* 3/19, 19 53, *that I last saw the deceased alive on* 3/19, 19 53, *and that death occurred at* 10:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Hawkins (Degree or title) MD

23b. ADDRESS Coeur d' Alene Idaho

23c. DATE SIGNED 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 3-23-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Don English
ADDRESS Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 49
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt # 1.

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): F.
c. (Last): Ogg

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 21 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instructor 12
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mahlon Ogg — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Maggie Boland — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Eva Ogg — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1953, *to* March 19, 1953, *that I last saw the deceased alive on* March 19, 1953, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald M. Gunzrecht — (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 3-21-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

State File No. 1085
Local Reg. No. 59
Reg. Dist. No. 120

BIRTH NO. APR 2 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1030 First St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eureka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Charles		Beck	Mar 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 13, 1909	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Construction	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Beck	Germany	Magdalene Gramm	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No — None	538-09-0771	Lorraine L Beck	Cd'A Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis 331.X	6 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Malignant Hypertension	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6:30 PM 3-21-53, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins MD	Coeur d'Alene Idaho	3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 26, 1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-25-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Don Gumprecht

Certificate of Death

STATE OF IDAHO

State File No. 1086
Local Reg. No. 53
Reg. Dist. No. 120

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1204-Boyd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1204-Boyd

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle) C.; c. (Last) Keniston

4. DATE OF DEATH: (Month) (Day) (Year): Mar. 21 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 15, 1905

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Cook
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Bethia Finlayson
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary atherosclerosis 3 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* March, 1953, *that I last saw the deceased alive on* March, 1953, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald M Gumprecht MD

23b. ADDRESS: 318 N 4th CDA Idaho

23c. DATE SIGNED: March 20 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 3-24-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 57
Reg. Dist. No. 120

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'A lene
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1406 N. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'A lene
d. STREET ADDRESS (If rural, give location): 1406 N. 5th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Henry		Schneider	3	21	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 22 1878	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: various
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schneider — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Fredriki Wrench — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Annie Miller — ADDRESS: Coeur d'Alene, I.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood Coroner M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-26-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-26-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1088
Local Reg. No. 58
Reg. Dist. No. 120

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1111 Gov't Way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 1111 Gov't Way

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Iver		Iverson	3	24	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-?-1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Telephone Co.	Norway	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	533-03-6805	Mrs. Annebelle Iverson	CdA, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis — 10 yrs.
DUE TO (c) Chr Nephritis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* Mar 24, 1953, *that I last saw the deceased alive on* Mar 24, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Hawkins	M.D.	Coeur d'Alene, Idaho	

24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28-53	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-26-53	Lorraine K. Brush	Dilworth Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1039
Local Reg. No. 56
Reg. Dist. No. 120

BIRTH NO. APR 2 1953 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY in this place: 6-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1006-4th, street

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) T. c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year): Mar. 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Own Ranch

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marshall Carter
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Mary Wylie
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 536-20-8772

17. INFORMANT'S OWN SIGNATURE: J. N. Carter
ADDRESS: c/o Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hardening of Arteries — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 19 [illegible] *to* 3/26, 1953, *that I last saw the deceased alive on* 3/26, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W. Hawkins MD

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 3-28-53

24c. NAME OF CEMETERY OR CREMATORY: Hazen Jaeger

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 3-30-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Von English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1090
Local Reg. No. 55
Reg. Dist. No. 120

BIRTH NO. APR 2 1953 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 33 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): MATHIAS
b. (Middle):
c. (Last): SCHMITT

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired) 04
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (State or foreign country): Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Schmitt — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mathew J. Schmitt — ADDRESS: Kootenai

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive arteriosclerotic cardiovascular renal disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 3-27, 1953, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M.D. 270
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/27/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Lorraine R. Brush
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 63
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Coeur d'Alene, Homes

3. NAME OF DECEASED (Type or Print) a. (First) Anton b. (Middle) c. (Last) Hagen

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-23-1869
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME UNKNOWN BIRTHPLACE
14. MOTHER'S MAIDEN NAME UNKNOWN BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Cd'A Homes Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burn. 2nd + 3rd degree. RO leg hip. back — INTERVAL BETWEEN ONSET AND DEATH 5 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

916.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) C.D.A. Homes
21c. (CITY, TOWN, OR TOWNSHIP) Coeur D'Alene (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) 2 (Day) 19 (Year) 53 (Hour) 10 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Set fire to clothing while smoking

22. *I hereby certify that I attended the deceased from* 2-19, 1953, *to* 3-28, 1953, *that I last saw the deceased alive on* 3-28, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard A Hughes (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-31-53
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene, Idaho (State)

DATE REC'D BY LOCAL REG. 3-31-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR [illegible] ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Fr Wood

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 64
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'A lene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 Indiana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 211 Indiana

3. NAME OF DECEASED (Type or Print)
a. (First): Cyrus
b. (Middle): W.
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): 3 29 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1-27-1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Forest Service
11. BIRTHPLACE (State or foreign country): Missourri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Taylor — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Philips — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lee Taylor — ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, Coroner M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 3-30-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: [illegible] Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 7 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1093
Local Reg. No. 34
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls, Idaho
d. STREET ADDRESS (If rural, give location): Rt # 2

3. NAME OF DECEASED (Type or Print): a. (First) Opal; b. (Middle) A.; c. (Last) Hubble

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 30 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Calif

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Anderson
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 545-18-5138

17. INFORMANT'S OWN SIGNATURE: Mr. Vern Hubble
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 970X Suicide by Sleeping pills (Seconal)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Post Falls, Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not., 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Ford, M.D. Coroner.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-2-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Spokane County, Wash

DATE REC'D BY LOCAL REG.: 3-2-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1204
Local Reg. No. 47
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rural Rte. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Emmett	Roth	3	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	6-18-1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsman	Woods	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gus Roth	Illinois	Lucie Ensminger	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-03-9462	Mrs. Lou Gilmore	Rathdrum

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary occlusion	30 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis, Chronic	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* 3/13/53, 19___, *that I last saw the deceased alive on* 3/13/53, 19___, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Erickson MD. M.D.	Spirit Lake, Idaho	3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-17-53	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-19-53	Lorraine K. Brush	Gilbert Gates Coeur d'Alene	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 120

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Verna	L.	Hessner	3	19	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	2-17-1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orrin Tucker	Michigan	Mary Allen	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Gaynell Brown,	Athol, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 3/18/53, 19__, *that I last saw the deceased alive on* 3/18/53, 19__, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Fredrikson M.D.	Spirit Lake, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-21-53	Athol Cemetery	Athol, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-21-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Sempe...

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1006
Local Reg. No. 62
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rte #2

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): W.
c. (Last): Donneaud

4. DATE OF DEATH (Month) (Day) (Year): 3-26-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-14-1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Donneaud — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Violet Rowan — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-18-2018
17. INFORMANT'S OWN SIGNATURE: Mrs. Donald Donneaud — ADDRESS: Post Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

902.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Phlebothrombosis
DUE TO (c): Fractured ankle — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Vivus Pneumonia — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 27 53 m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from scaffold & fractured foot

22. *I hereby certify that I attended the deceased from* March 16, 1953, *to* March 26, 1953 *that I last saw the deceased alive on* March 26, 1953, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald M Gimprecht (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-30-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Silbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Stephens

111-53-3205

BIRTH NO.

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1097
Local Reg. No. 27
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 227 No. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Brian
b. (Middle): Stanley
c. (Last): Bates

4. DATE OF DEATH (Month) Mar (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 4, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Bates — BIRTHPLACE: Caldwell, Ida
14. MOTHER'S MAIDEN NAME: Shirley Y. Harris — BIRTHPLACE: Moscow, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Francis E Bates — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

774X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Immaturity

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congenital extra thumb
DUE TO (c): Suspected other internal anomalies

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2 d.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4-53, 19__, *to* 3-6, 1953, *that I last saw the deceased alive on* 3-6 1953, *and that death occurred at* 7:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lakile J Stephens M. D.
23b. ADDRESS: Moscow
23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 3/20/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Shorts — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1098
Local Reg. No. 28
Reg. Dist. No. 200

BIRTH NO. Tae

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Carolina
b. (Middle):
c. (Last): Erickson

4. DATE OF DEATH (Month) Mar (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 27, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ostmarck Vermland, Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Per Person — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Merit Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mrs. Arthur Johnson — ADDRESS: Troy Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due to old age — Years
DUE TO (c) Infection in liver and pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 35, *to* Mar, 19 51, *that I last saw the deceased alive on* March 6, 19 53, *and that death occurred at* 7:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M Loehr MD
23b. ADDRESS: Box 227 Moscow, Idaho
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-1953
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Latah Co. — (State): Idaho

DATE REC'D BY LOCAL REG.: 3/20/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: N R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1099
Local Reg. No. 29
Reg. Dist. No. 200

RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. Culp

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 530 No. Adams St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 530 No. Adams St.

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle); c. (Last) Anderson

4. DATE OF DEATH: (Month) Mar (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 17, 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret) 34

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holmes Strand, Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Andreasson — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs. Glen Spence — ADDRESS: Moscow, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma, liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adeno Carcinoma, Sigmoid — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/10, 1948, *to* 9 Mar, 1953, *that I last saw the deceased alive on* 9 Mar, 1953, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp, M.D. — (Degree or title): MD — **23b. ADDRESS**: Moscow Idaho — **23c. DATE SIGNED**: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 3-11-1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/20/53 — **REGISTRAR'S SIGNATURE**: Lois E. Angel

25. FUNERAL DIRECTOR: V R Short — **ADDRESS**: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 23 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 200
Local Reg. No. 81
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Amarilla	Kinman	March 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 26, 1873	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Downing, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jacob Wurman — BIRTHPLACE: Berne Switzerland
14. MOTHER'S MAIDEN NAME: Janie Powell — BIRTHPLACE: Downing, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ida Kinman — ADDRESS: Princeton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age & Hypertension — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
No m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/14, 1953, *to* 3/14, 1953, *that I last saw the deceased alive on* 3/14, 1953, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Armstrong	M.D.	Moscow Idaho	3/17/53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-17-53	Freeze Cemetery	Latah Co, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/20/53	Lois E. Angel	H. E. Kimball Palouse Wash	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 36
Reg. Dist. No. 200

BIRTH NO. Klaaren

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 120 No. Howard St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Fredrick
c. (Last): Illi

4. DATE OF DEATH (Month) (Day) (Year): Mar 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 10, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Lenord Illi — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocarditis — 6 mo
DUE TO (c): Senility — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

19a. DATE OF OPERATION: 3-6-53
19b. MAJOR FINDINGS OF OPERATION: adhesions at hepatic flexture (flexture) colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* March 18, 1953, *that I last saw the deceased alive on* March 18, 1953, *and that death occurred at* 38 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C J Klaaren 208 (Degree or title) MD.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Buelah Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 4/6/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location): W. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Horrocks

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm
11. BIRTHPLACE (State or foreign country): Alto, Michigan
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George Horrocks — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Martha Williard — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Betty Daily — ADDRESS: Palouse Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis - Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pernicious Anemia — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1941, *to* March 23, 1953, *that I last saw the deceased alive on* March 23, 1953, *and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.W. Debree 091 M.D
23b. ADDRESS: Palouse Wash
23c. DATE SIGNED: 3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-53 01
24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 3/30/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H.E. Kimball — ADDRESS: Palouse Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Higgins Service Station

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 121 So. Jackson

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): M.
c. (Last): Higgins

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): service station oper.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Montgomery Higgins 74 — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Libby Binnehoff — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Floyd Higgins — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 3-28, 1953, *to* 3-28, 1953, *that I last saw the deceased alive on* 3-28, 1953, *and that death occurred at* 8 45/P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N. Dunn MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 3-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1/53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 4/6/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DRAFT

RECEIVED
APR 13 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 24
Local Reg. No. 38
Reg. Dist. No. 200

BIRTH NO. DIVIS

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 416 West 6th. Street

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) c. (Last) Hatley

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Mardh 21, 1880
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Latah, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ninevah Hatley BIRTHPLACE Raliegh, N.C.
14. MOTHER'S MAIDEN NAME Catherine Holden BIRTHPLACE Nephi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Jesse Hatley ADDRESS Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1940, *to* 3-30, 1953, *that I last saw the deceased alive on* 3-30, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Elmer N. Dunn M.D.
23b. ADDRESS Moscow, Idaho.
23c. DATE SIGNED 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-4-1953
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) (State) Moscow Idaho

DATE REC'D BY LOCAL REG. 4/7/53
REGISTRAR'S SIGNATURE Lois E. Engel
25. FUNERAL DIRECTOR J R Short
ADDRESS Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 26
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avon
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	Blanch	Ireland	Mar	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb 21, 1900	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Freedom, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonas Fiscus — BIRTHPLACE: Indaiana
14. MOTHER'S MAIDEN NAME: Mary Etta Sipes — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x C. E. Ireland — ADDRESS: Avon, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — years
DUE TO (c): Essential Hypertension — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-13, 1953 *to* 3-3, 1953, *that I last saw the deceased alive on* 1-7, 1953 *and that death occurred at* 1:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lewis H. Hart MD	Troy Idaho	3-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-8-1953	Avon Cemetery	Avon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/11/53	Lois E. Angel	A. R. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED MAR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 30
Reg. Dist. No. 200

BIRTH NO. Gentiles

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A.
c. (Last): Heinrich

4. DATE OF DEATH (Month) Mar (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 12, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Wheat farm
11. BIRTHPLACE (State or foreign country): Watertown, S.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Heinrich — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Amillia Grewing — BIRTHPLACE: S.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: La Vera Heinrich — ADDRESS: Genesee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion — 1 min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-24-, 1949, *to* 3-11-, 1953, *that I last saw the deceased alive on* 3-9-, 1953, *and that death occurred at* 11 00 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Genstler MD (Degree or title) 135
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-14-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 3/20/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1107
Local Reg. No. 34
Reg. Dist. No. 200

BIRTH NO. Hart

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): ± years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Janette
b. (Middle): A.
c. (Last): Parker

4. DATE OF DEATH (Month) (Day) (Year): Mar 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 28, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Centerville, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Wood — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: L. Moore — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Rick Parker — ADDRESS: Troy

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416 X Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary insufficiency years
DUE TO (c) Old rheumatic valvular disease "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1952 *to* 3-17, 1953 *that I last saw the deceased alive on* 3-16-, 1953, *and that death occurred at* 10:00 a.m., approx. *from the causes and on the date stated above.*

23a. SIGNATURE 602 Lewis Hart M.D. (Degree or title)
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Mar 18, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Teague, Cemetery
24d. LOCATION (City, town, or county) (State): Teague Texas

DATE REC'D BY LOCAL REG.: 3/26/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1108
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canton, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Henry Rose — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Bertha Bandhauer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Margaret L Pyeatt — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1953, *to* 3-8, 1953, *that I last saw the deceased alive on* 3-8, 1953, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mulder M.D. 262
23b. ADDRESS: Salmon Ida.
23c. DATE SIGNED: 3/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-11-53 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar 18-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DBH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

State File No. 1109
Local Reg. No. 690
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) McClaskey

4. DATE OF DEATH: (Month) (Day) (Year): March 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 16, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): blacksmith 38

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LosAnimas, County, Colorado

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Riley McClaskey
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Sarah Casin
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S OWN SIGNATURE: Robert McClaskey
ADDRESS: Clark Fork, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Carcinoma of Stomach
INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Chronic Indigestion
DUE TO (c) (3) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1517

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1952 *to* Mar 14, 1953 *that I last saw the deceased alive on* Mar 14, 1953 *and that death occurred at* 5 1. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John D. Goggins M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: Mar 16

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-17-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar-23-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Wilbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1110
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 20yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): Hobbs
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1922
9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Glenn Benjamin Hobbs — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Alice Lanila Kelly — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-5352
17. INFORMANT'S OWN SIGNATURE: Dwight S Cook — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

152X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Osteogenic Sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ileum c̄ widespread
DUE TO (c): metastasis

INTERVAL BETWEEN ONSET AND DEATH: 1½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Pt. had a right hemipelvectomy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* Mr 15, 1953, *that I last saw the deceased alive on* Mr 15, 1953, *and that death occurred at* 10:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackadar, M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 3-19-53 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-2-53
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
APR 14 1953

Certificate of Death

STATE OF IDAHO

State File No. 1111
Local Reg. No. 678
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: DIVISION OF VITAL STATISTICS Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edgar b. (Middle) Rudolph c. (Last) Denny

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 18, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith & Mining

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Franklin County, Missouri

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Eugene Denny
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Gillen
BIRTHPLACE: Mo. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: Mrs Chas Clement
ADDRESS: Caliente, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* [redacted] 19 53, *to* 3-26, 19 53, *that I last saw the deceased alive on* 3-26, 19 53 *and that death occurred at* 9:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. R. Mulder M.D.
23b. ADDRESS: Salmon Idg.
23c. DATE SIGNED: 4-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-28-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-10-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert A Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]021

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1112
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Salmon
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hays Ranch, Boyle Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Salmon
d. STREET ADDRESS (If rural, give location): 4th of July Creek

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Fields	Cassell	March 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 2, 1874	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman, rancher		Pickins, S. Caroline	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown 51	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Arnold F. Cassell	Cobalt, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar 2, 1953, *to* Mar 8, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray H. Sudkin 578	M D	Salmon Idaho	3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-12-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-18-53	Viola E. Johnson	Delbert C. Sons	Salmon, Ida.

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Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1113
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carmen
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Matthews Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Victor b. (Middle) Llewellyn c. (Last) Robertson

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Apr. 17, 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Businessman 35		Edmunds, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph I. Robertson	Canada	Asenath Moon	St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-1367	C. E. Robertson	Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 C. E. Robertson Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Miller M.D.	Salmon Ida	3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	3-18-53	Plano	Plano, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 18-53	Viola E. Johnson	Wilbert C. Sims	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 334
Reg. Dist. No. 430

APR 22 1953 STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) own home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Bell c. (Last) McRoberts

4. DATE OF DEATH (Month) (Day) (Year) Mar - 1 - 1953

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 25-1883
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Midvale - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marvin Kilborn BIRTHPLACE Ore. ?
14. MOTHER'S MAIDEN NAME Jane BIRTHPLACE Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~ (If yes, give war or dates of service) ~
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 45 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 420.1

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 48, 19___, *to* 3-1-53, 19___, *that I last saw the deceased alive on* 3-1-53, 19___, *and that death occurred at* 3:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M.D. (Degree or title)
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar-4-53
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) (State) Shoshone

DATE REC'D BY LOCAL REG. 3-3-53
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 13 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 12
Local Reg. No. 12
Reg. Dist. No. 630

BIRTH NO. 111-23-3276

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ogden
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Leonard

4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH March 18, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Shirley David BIRTHPLACE Montrose, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Hospital Records ADDRESS Rexburg

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

273X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stati Lymphaticus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18-, 1953, *to* 3-19-, 1953, *that I last saw the deceased alive on* 3-19, 1953, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE H B Rigby (Degree or title) M.D.
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/20/53
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) (State) Rexburg Idaho

DATE REC'D BY LOCAL REG. 3-20-53
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Russel Flamm ADDRESS Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 13 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 11C

Local Reg. No. 13

Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Caribou

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace

d. STREET ADDRESS (If rural, give location): Rural Route-Star Route

3. NAME OF DECEASED (Type or Print)

a. (First): Harriet Ann

b. (Middle): Carson

c. (Last): Harris

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June 18, 18 61

9. AGE (In years last birthday): 91

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Draper, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Carson

BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Millie Jane Rawlins

BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs George M. Bateman

ADDRESS: Tempe Ariz.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypostatic pneumonia

Extreme senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 21, 1953, *to* March 25, 1953, *that I last saw the deceased alive on* March 24, 1953, *and that death occurred at* 5:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine Pace M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lago

24d. LOCATION (City, town, or county) (State): Caribou Co. Idaho

DATE REC'D BY LOCAL REG.: 3-31-53

REGISTRAR'S SIGNATURE: Leona Hamm

25. FUNERAL DIRECTOR: Ricks & Peirce

ADDRESS: Rexburg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 3 - 1953 Certificate of Death

STATE OF IDAHO

State File No. D-
Local Reg. No. 5
Reg. Dist. No. 450

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 914 B Street

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) W c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 16 1882

9. AGE (If years last birthday) 70
IF UNDER 1 YEAR Months 11 Days 17
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Yorkville Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fredrick Smith
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service)
SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Gordon V. Smith
ADDRESS Caspian Wyo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential hypertension probably 10 years — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Attending M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 6 1953

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 2-10-53

REGISTRAR'S SIGNATURE E. M. Emmons

25. FUNERAL DIRECTOR Rodney Goodman

ADDRESS Rupert

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1118
Local Reg. No. 6
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nicholson's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 2.

3. NAME OF DECEASED (Type or Print)
a. (First) Retta
b. (Middle) Ellen
c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Nov. 7 1869
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 2 Days 8 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Gregory Coppes BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Anna E. Kissel BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mina E. Cox ADDRESS 920 Magnolia St Oakland Calif.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolar Sclerosis — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1950 *to* Jan 15, 1953, *that I last saw the deceased alive on* Jan 15, 1953, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE A F Dailey 099 (Degree or title) M D
23b. ADDRESS Rupert, Ida
23c. DATE SIGNED Feb 7 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-18-53 01
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 2-7-53
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney S Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

C.E.

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 48 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 801 G Street.

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) Alexander c. (Last) Winton

4. DATE OF DEATH: (Month) Jan. (Day) 19. (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 11 1879

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months 10, Days 8 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potatoe Buyer. 3 yrs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Brunswick Canada

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: John Winton — BIRTHPLACE: New Brunswick, Can.

14. MOTHER'S MAIDEN NAME: Rebecca Ward — BIRTHPLACE: New Brunswick, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Keith A. Winton — ADDRESS: Rupert

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~1/1~~ 1/1, 1953, *to* 1/19, 1953, *that I last saw the deceased alive on* 1/19, 1953, *and that death occurred at* 9:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D. 115 — **23b. ADDRESS**: Rupert, Idaho — **23c. DATE SIGNED**: 2/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-22-1953

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert, Idaho.

DATE REC'D BY LOCAL REG.: 2/7/53

REGISTRAR'S SIGNATURE: C.E. Elmore

25. FUNERAL DIRECTOR — **ADDRESS**: Rodney B. Boardman — Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 8
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hess Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) C c. (Last) Sturm

4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 27 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) McGregor Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-8105
17. INFORMANT'S OWN SIGNATURE John E. Wise ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary - Occlusion. INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Jan 21, 1953 *that I last saw the deceased alive on* Jan 20, 1953, *and that death occurred at* 40. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. M. Mallory M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-24-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 2-7-53
REGISTRAR'S SIGNATURE E. K. Elmore
25. FUNERAL DIRECTOR Rodney G. Goodman ADDRESS Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. LENGTH OF STAY (in this place) 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 802, 2. Street.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Gedney c. (Last) Venter

4. DATE OF DEATH (Month) (Day) (Year) March 13 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 30. 1888.
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor 14
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Afton Wyoming
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Enoch Henry Venter BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Nancy Wakley. BIRTHPLACE Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-7732
17. INFORMANT'S OWN SIGNATURE Theresa Venter ADDRESS Rupert.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis — unknown
DUE TO (c) Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Inability to absorb proteins, cause unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21, 1949, *to* Mar 13, 1953, *that I last saw the deceased alive on* Mar 13, 1953, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE A. F. Dalley M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-16-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 3-24-53
REGISTRAR'S SIGNATURE E. H. Elmore
25. FUNERAL DIRECTOR Rodney G. Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1122
Local Reg. No. 12
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 30 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Eckersell c. (Last) Darley
4. DATE OF DEATH (Month) (Day) (Year) May 20 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 7 1874
9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months 7 Days 13 | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wellsville Utah
12. CITIZEN OF WHAT COUNTRY US
13. FATHER'S NAME Thos J Darley BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Sarah Eckersell BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-30-1282
17. INFORMANT'S OWN SIGNATURE Grace Darley ADDRESS Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

55010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Appendicitis
DUE TO (c) Surgery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-7-53
19b. MAJOR FINDINGS OF OPERATION Acute gangrenous appendix
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Minidoka (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* 3-7, 1953, *to* 3-26, 1953, *that I last saw the deceased alive on* 26, 1953, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-24-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 3-24-53
REGISTRAR'S SIGNATURE E N Emmett
25. FUNERAL DIRECTOR Rodney Boardman ADDRESS Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

D. State File No. [illegible]
Local Reg. No. 10
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 210 8th St.

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) R c. (Last) Hulett
4. DATE OF DEATH (Month) (Day) (Year) May 21 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 25 1898
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seedsman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somia Illinois
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME A. P. Hulett BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-9740
17. INFORMANT'S OWN SIGNATURE Ethel Hulett ADDRESS Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung. 163X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of right mid lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1951, *to* May 21, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. Dalley M.D. (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial
24b. DATE 3/25/53
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Iowa

DATE REC'D BY LOCAL REG. 3-24-53
REGISTRAR'S SIGNATURE O. K. Emmons
25. FUNERAL DIRECTOR Rodney Boardman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE...

APR 3 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No. 13
Reg. Dist. No. 450

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural give location): Route

3. NAME OF DECEASED (Type or Print)
a. (First): Maria
b. (Middle):
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Mar 24 1953

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: Feb 14 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 1, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? (Russia)

13. FATHER'S NAME: unknown. BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A. Dunnin. ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

816.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Car Collision

DUE TO (c) while riding in a car, another car ran Stop sign, hitting car causing accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 24 1953 9A m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto accident.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Alan Goodman 47: 4 (Degree or title) Coroner
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: Mar 25 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 3-27-53 01
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 3-26-1953
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney S Goodman ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1125
Local Reg. No. 15
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 36
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) Route I

3. NAME OF DECEASED (Type or Print) a. (First) Henrietta b. (Middle) Quinn c. (Last) Neilson

4. DATE OF DEATH (Month) Mar (Day) 24 (Year) 1953

5. SEX Fem
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 14 1884
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife or
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ephraim Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. Quinn BIRTHPLACE Isle of Jersey
14. MOTHER'S MAIDEN NAME Elizabeth Wilson BIRTHPLACE Illinois.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Alden Neilson ADDRESS Rupert Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1953, *to* 3-24, 1953, *that I last saw the deceased alive on* 3-24, 1953, *and that death occurred at* 3:20 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E H Elmore M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/28/53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 4-9
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney G Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]26
Local Reg. No. 14
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 201 - H - St.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Morton c. (Last) Ralls
4. DATE OF DEATH (Month) (Day) (Year) Mar 28 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 6 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor & Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hedge City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Ralls BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Francis Keith BIRTHPLACE Illinois
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-003-042.
17. INFORMANT'S OWN SIGNATURE Ben F. Ralls ADDRESS Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8-, 1951, *to* 3/28, 1953, *that I last saw the deceased alive on* 3/27, 1953, *and that death occurred at* 4:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carroll M. Elmore M.D.
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 4/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/11/53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 4/8/53
REGISTRAR'S SIGNATURE E. M. Elmore
25 FUNERAL DIRECTOR Rodney Goodman
ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 35
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseohs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	F.	Waide		Feb	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 21, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Troy, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Waide — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: ? Suetter — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kermit Waide — ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: about 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infirmities of old age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 10, 1953, *to* Feb. 23, 1953, *that I last saw the deceased alive on* Feb. 23, 1953, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M Stover	408 M.D.	527 Burrell Ave. Lewiston Idaho	3/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-26-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 5 1953	Jean Wegelius	W K Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leswiston
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1441-Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho
d. STREET ADDRESS (If rural, give location): 1441-Idaho St.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): M.
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1-12-1851
9. AGE (In years last birthday): 102 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant 35
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Claus J. Breier Jr — ADDRESS: 1310-3rd St

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) disease Coronary
DUE TO (c) insufficiency and failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1952, *to* Mar 1, 1953, *that I last saw the deceased alive on* Mar 1, 1953, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 251 (Degree or title) MSD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-4-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 7, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature] Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 143½ F. St

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): McGeown

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 22,1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor ok
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beerylogh, Ireland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: A. F. Vassar

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1953, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 3:08 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 015
23b. ADDRESS: 412 Stahl Lewiston
23c. DATE SIGNED: Nov 4 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: March 4 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1130
Local Reg. No. 38
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 207- Prospect

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 207 Prospect

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Grant
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): March 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 18, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Dealer 35
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eau Clair Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lindsay Wright, BIRTHPLACE: Edinbourough, Scotland
14. MOTHER'S MAIDEN NAME: Isabell McDonald, BIRTHPLACE: Edenborough, Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert B Wright — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 0
DUE TO (c) 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1953, *to* 3-5, 1953, *that I last saw the deceased alive on* 3-5, 1953, *and that death occurred at* 5:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M J McRae 251 (Degree or title) MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 3/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho.

DATE REC'D BY LOCAL REG.: March 11, 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1131
Local Reg. No. 37
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Golden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): E.
c. (Last): Wickstrom

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 20, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining 07
10b. KIND OF BUSINESS OR INDUSTRY: Gold
11. BIRTHPLACE (State or foreign country): Salem, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Fred Wickstrom — BIRTHPLACE: Sweeden
14. MOTHER'S MAIDEN NAME: Elizabeth Miles — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes WW1 — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Paul Wickstrom — ADDRESS: Golden, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

590X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4, 1953, *to* March 6, 1953, *that I last saw the deceased alive on* March 7, 1953, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein 383 M.D.
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation Removal 3
24b. DATE: 02
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Seattle, Washington

DATE REC'D BY LOCAL REG.: March 7, 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021 Dr. B. R. Stein

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 220

BIRTH NO. APR 16 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce — DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) W c. (Last) KEITH

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 29, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR — Months: - Days: -
IF UNDER 24 HRS. — Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Wheat

11. BIRTHPLACE (State or foreign country): Bedford, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin L Keith
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Jane Dickerson
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - - - -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Bruce Keith — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 231X Cerebrovascular hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 1+ yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 13, 1952, *to* March 9, 1953, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 1245a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R R Stein (Degree or title) M.D.
23b. ADDRESS: 307 St Johns Way, Lewiston.
23c. DATE SIGNED: 3-13-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: March 12 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 22

BIRTH NO. 111-53-3351

APR 16 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Hez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Idaho~~ Wash.
b. COUNTY Asotin ~~Hez Perce~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Lewiston~~ Clarkston
d. STREET ADDRESS (If rural, give location) 726-11 St. C

3. NAME OF DECEASED (Type or Print)
a. (First) Baby
b. (Middle) Boy
c. (Last) Grant

4. DATE OF DEATH (Month) (Day) (Year) 3-10-53

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 3-10-53
9. AGE (In years last birthday) —
IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HRS. Hours 5 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gary Grant
BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME Virginia Herbert
BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs Virginia M. Grant
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 1953, *to* 3/10, 1953, *that I last saw the deceased alive on* 3/10, 1953, *and that death occurred at* 9 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 510 W. H. Pierce MD
23b. ADDRESS Lewiston Ida
23c. DATE SIGNED 3/19/53.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-19-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. March 21, 1953
REGISTRAR'S SIGNATURE Jean Wegelins
25. FUNERAL DIRECTOR O. Vassar
ADDRESS Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Pierce

RECEIVED
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1224
Local Reg. No. 40
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquaters
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Guss b. (Middle) Wm c. (Last) Wyatt

4. DATE OF DEATH: (Month) (Day) (Year): March 12 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed

8. DATE OF BIRTH: Jan,2,1896

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 07

10b. KIND OF BUSINESS OR INDUSTRY: Minner & Farmer

11. BIRTHPLACE (State or foreign country): Neosho, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bengerman Wyatt — BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Emma Deal — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 491-01-4027

17. INFORMANT'S OWN SIGNATURE: Mrs Margie Fisher — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

526X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchiectasis — 3-4 years.

DUE TO (c) Possible silicosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 18, 19 52, *to* March 11, 19 53, *that I last saw the deceased alive on* March 11, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: B Rollins (Degree or title): MD

23b. ADDRESS: 307 St. Johns Way Lewiston

23c. DATE SIGNED: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 3/13/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Joplin, Missouri.

DATE REC'D BY LOCAL REG.: March 13 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew A Massar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 44
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location): - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): CALISTA
b. (Middle): McCrery
c. (Last): MARQUAM

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months - Days - — IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Dixon County, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Rankin McCrery — BIRTHPLACE: Tippecanoe co. Indiana
14. MOTHER'S MAIDEN NAME: Emily Clarke — BIRTHPLACE: Tippecanoe Co. Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: 518-24-4283B None
17. INFORMANT'S OWN SIGNATURE: William A. Marquam — ADDRESS: Reubens, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction with gangrene of bowel — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesive band
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocardial degeneration — 2 yrs

19a. DATE OF OPERATION: 12 Mar 1953
19b. MAJOR FINDINGS OF OPERATION: Resection of bowel required. Loop of small intestine caught by band with gangrene/
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): x
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): x
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): x m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? x

22. *I hereby certify that I attended the deceased from* 9 Mar, 1953, *to* 16 Mar, 1953, *that I last saw the deceased alive on* 16 Mar, 1953, *and that death occurred at* 3:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Douglas (Degree or title): MD
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/16/53 01
24c. NAME OF CEMETERY OR CREMATORY: Reugens
24d. LOCATION (City, town, or county) (State): Reubens, Idaho

DATE REC'D BY LOCAL REG.: March 23 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 26
Local Reg. No. 43
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) 1625 - Burrell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Walter	E	Walker	3 -	17 -	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	3-16-1860	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Worth, County, Missouri
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Warren W. Walker — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Leslie A. Walker — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 10, 1953 *to* March 17, 1953, *that I last saw the deceased alive on* March 17, 1953, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack E. Boos MD	Lewiston	3/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	3-21-53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 21, 1953	Jean Wegelius	Vincent J. Vasser	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Joe Bullock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1137
Local Reg. No. 46
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1240 Idaho St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1240 - Idaho. St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Margaret	Geselchen	March 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 24, 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Schneider — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Annie Schaifer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs John Loeffler — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4937

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pneumonia	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	8 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1949 *to* 3-20, 1953 *that I last saw the deceased alive on* 3-18, 1953, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24, 53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Mar. 24 1953
REGISTRAR'S SIGNATURE: Jean Hegelins
25. FUNERAL DIRECTOR: Andrew H. Vassar — ADDRESS: Lewiston

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 45
Local Reg. No. 45
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seattle
d. STREET ADDRESS (If rural, give location) 7711-2 Ave. N.E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Russell	Albert	Horton	3 - 22 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed	10-13-1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	Shoe	Davenport, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	531-01-8921	Mrs. Hannah Campbell	Lewiston Idaho

422.2

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Myocardial degeneration~~ Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: ~~xxxxxxx~~ 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial degeneration — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of colon with bowel resection and colostomy — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 17, 1953, *to* March 22, 1953, *that I last saw the deceased alive on* March 22, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. Douglas	MD	Lewiston Idaho	3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	3-23-53	Hazen-Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 23 1953	Jean Wegelin	Vincent V. Vasser	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 59
Local Reg. No. 48
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701 - 9th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 701 - 9th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hubert		Flerchinger	March 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 25, 1862	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired 57	Wool grower	Besch, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Flerchinger	Germany	Mary Koch	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs. H. Flerchinger	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 3-19, 1953, *to* ____, 19____, *that I last saw the deceased alive on* 3-19, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
575 Edward G. Hoffman MD	337 - St. John's Way	3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/26/1953 02	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 24 1953	Jean Wegelius	Brower-Mann - R.H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

APR 16 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1140
Local Reg. No. 49
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 829 - 9th Ave., Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 829 - 9th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) PRINCE b. (Middle) EMANUEL c. (Last) STOOKEY

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 23, 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: attorney

11. BIRTHPLACE (State or foreign country): McDonough, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjaman Stookey
BIRTHPLACE: Ind.

14. MOTHER'S MAIDEN NAME: Hannah Wilson
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. C.E. Stookey
ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infirmities of Age

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Mar. 22, 1953, *that I last saw the deceased alive on* Mar. 22, 1953, *and that death occurred at* 7:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.K. Mosbey 265 (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 3-26-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Mar 24 1953
REGISTRAR'S SIGNATURE: Jean Hagelins

25. FUNERAL DIRECTOR: Brower-Mann K.K. Malcom
ADDRESS: Lewiston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1141
Local Reg. No. 50
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 257 Thain Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 257 Thain Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cherrie	Ardean	Kendall	March 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Dec. 6, 1952		3	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dennis Kendall	Springview, Neb.	Marian Lecker	Shelton, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dennis V Kendall ADDRESS: Lewiston,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation due to aspiration of Vomitus 921.0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1953, *to* March 23, 1953, *that I last saw the deceased alive on* Jan. 21, 1953, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M Stover MD	527 Burrell Ave LEWISTON, IDAHO	3/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-25-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 24 1953	Jean Wegelin	Brower-Mann H K Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Cherrie Ardean Kendall

now lying buried in Normal Hill Cemetery, in the City or Town of Lewiston

County of Nez Perce State of Idaho, who died on the 23rd day of March, 1 983 Aged ____ years 8 months

17 days, the cause of death being Strangulation due to aspiration of vomitus and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Raymond M. Stover, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to family plot Normal Hill Cemetery in the City or Town of Lewiston County of Nez Perce

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Lewiston it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 18th day of September, A.D. 19 58 .

Permit issued to:
Kermit H. Malcom
Brower-Wann Memorial
Lewiston, Idaho

W. J. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

FORM BH 56-019

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 51
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1052 Hemlock

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINA
b. (Middle): BERTHA
c. (Last): RODE

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 3, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months --, Days --; IF UNDER 24 HRS.: Hours --, Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Eureka, South Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Huether — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Catherine Becker — BIRTHPLACE: Russia
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Reuben C. Rode — ADDRESS: Burbank, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

156X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/29/52, 19___, *to* March 25, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover
23b. ADDRESS: 527 Burrell Ave, Lewiston, Idaho
23c. DATE SIGNED: 3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/27/53 01
24c. NAME OF CEMETERY OR CREMATORY: Walla Walla
24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: Mar. 27 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. P. Merchant — ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 52
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: California
b. COUNTY: SanBernardino
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Bernardino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNIE	LAURA	BARRETT	March 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 9, 1893	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
05		Linden, Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bjork	Sweden	Mary Mortense	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	None	Mrs. Harry Lotze	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Edema. 593X	5 minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auricular fibrillation	6 days.
DUE TO (c)	Nephritis & Hypertension	several years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Staghorn calculus & atrophic Rt. kidney. Marked coronary sclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 25, 1953, *to* March 26 1953, *that I last saw the deceased alive on* March 26, 1953, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P.R. Stein 343	MD.	302-St Johns Wm Lewiston	3-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	3-28-53		San Bernardino, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 28 1953	Jean Wegelius	Brower-Mann By H.H. Malcom	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 53
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards (Lewiston, I
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Gus
b. (Middle)
c. (Last) Scheibe

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 19, 1875
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming retired 04
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Elks Mount, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Scheibe BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Martha Osman BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. -----
17. INFORMANT'S OWN SIGNATURE S S Scheibe ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left heart failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with
DUE TO (c) chronic congestive failure

INTERVAL BETWEEN ONSET AND DEATH 2 yrs. but then died suddenly.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Mar 26, 1953, *that I last saw the deceased alive on* Mar 25, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy W. Eastwood M.D. (Degree or title) 114
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3/28/53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Mar. 30, 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR E. S. Rawls ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): ~~[illegible]~~ /day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0208-25 St.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Cotter
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 3-27-53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-19-1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dade County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no record. BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record. BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X F Lloyd Johnson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart failure — 2 weeks.
DUE TO (c): arteriosclerotic heart dis. — several years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture ~~left~~ right femur — 3 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 26 1953, *to* March 27, 1953, *that I last saw the deceased alive on* March 23, 1953, *and that death occurred at* 5 00/pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 3rd B R Stein MD.
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: 3-31-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent W. Vasser — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 56
Reg. Dist. No. 220

BIRTH NO. 111-53-3371

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St. Joseph Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Francis	Horvath	3-29-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	3-25-1953			6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0a
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Louis J. Horvath Jr. BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Joyce Knight BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X A. Edward Knight ADDRESS: Orofino

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature Labor

DUE TO (c): Causes unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Capillary fragility with multiple hemorrhages

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/23/ 1953, *to* 3/29 1953, *that I last saw the deceased alive on* 3/29 1953, *and that death occurred at* 2:10p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Schaffer M.D.	Lewiston Idaho	4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3-29-1953	Melrose cemetery	Melrose Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 2 1953	Jean Wegelius	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1147
Local Reg. No.
Reg. Dist. No. 20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles eastoof Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	A.	CONRAD	March 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 15, 1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
operator 11	gasoline station	Provo, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Conrad	Browntown, Mich.	Mary E. Hollaway	Provo, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE opportunity, ADDRESS
			Clarence W. Conrad

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Fatal intrathoracic hemorrhage	5-60'
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gunshot wound of chest	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Gunshot wound of shoulder	

981X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-21-53		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide		Lewiston, Nez Perce, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3-20-53 9 P.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Gunshot.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Leeman M.D.	Boise	21 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	3-27-53	Provo	Provo, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
March 24 1953	Jean Wegelius	H. B. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Amended May 22, 1953

Certificate of Death

STATE OF IDAHO

State File No. 1148
Local Reg. No. 55
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nezperce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (near Peck)

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway near Peck, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Asotin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston

d. STREET ADDRESS (If rural, give location): 936-3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) BURR; b. (Middle) GARFIELD; c. (Last) JEFFERSON

4. DATE OF DEATH: (Month) MARCH (Day) 29, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 2, 1921

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student-Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philipsburg, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lorenzo Jefferson — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Charlotte McKay — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 519-18-3059

17. INFORMANT'S OWN SIGNATURE: Marjorie Jefferson — ADDRESS: Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) INTERNAL HEMORRHAGE

DUE TO (c) INJURIES RECEIVED IN AUTO ACCIDENT.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston — Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28, 1953 4:15 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom — (Degree or title): coroner

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/30/53

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 3-30-53

REGISTRAR'S SIGNATURE: Jean Wegelins

25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-49021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 53-1148

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Burr Garfield Jefferson (Name on Original Certificate) who (Was Born or Died) on March 29, 1953 (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
10a-usual occupation	Salesman	Student-Accountant
21e-Injury occurred	while at work	Not while at work

Subscribed and sworn to before me this 19th day of May, 19 53

Notary Public, residing at Clarkston, Wash.
My commission expires November 4, 1956.
(Seal)

Signed Marjorie Jefferson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 65, Clarkston, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of ASOTIN }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 53

Notary Public, residing at Clarkston, Wash.
My commission expires Nov. 4, 1956
(Seal)

Signed W. C. Merchant
(Signature of Any Credible Person)

P.O. Box 107 Clarkston, Wash
(Street Address, City, State)

DPH 52.155

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Near Peck)
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway near Peck, Ida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 936 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): BURR
b. (Middle): GARFIELD
c. (Last): JEFFERSON

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 2, 1921
9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months -- Days --
IF UNDER 24 HRS.: Hours -- Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Brush
11. BIRTHPLACE (State or foreign country): Philipsburg, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lorenzo Jefferson
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Charlotte Mc Kay
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 519 18 3059
17. INFORMANT'S OWN SIGNATURE: Marjorie Jefferson
ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Hemorrhage
DUE TO (c) Injuries received in Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28, 1953 11:15 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11:15 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. H. Malcom Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/30/53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 3-30-1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: M. C. Merchant
ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad RFD#1
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grover	Cleveland	Clark	March 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	wht.	Never married	July 5, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming -stock raising	own farm	East Portage, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Charles Clark	Wisconsin	Sarah Helen Moon	Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Leonard Clark	Rfd #, Malad

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocardial Insufficiency 4 yrs

DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 March, 1953, *to* 14 March, 1953, *that I last saw the deceased alive on* 14 March, 1953, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Malm	M.D	4 So. Main Malad, Idaho	16 March 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-17-53	Malad City Cemty	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 16, 1953	J. Guy Denson	Raiford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 561
Local Reg. No. 5
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Samaria
c. LENGTH OF STAY (in this place) 83 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaria

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Samaria
d. STREET ADDRESS (If rural, give location) Samaria

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	MORSE	PRICE	Mar. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe.	wh.	Widowed	June 17, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Logan, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Morse	Wales	Margaret Evans	Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Wm M. Price	Malad Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 455 X Gangrene right leg — INTERVAL BETWEEN ONSET AND DEATH 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General debility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-18, 1953 *to* 3-16, 1953, *that I last saw the deceased alive on* Feb 16, 1953 *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. D. Mabey	M.D.	Malad, Idaho	3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 01	3-20-53	Samaria Cemetery	Oneida County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar 3-1953	J. Berry Benson	Rulford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 46 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Bolser c. (Last) Banks

4. DATE OF DEATH: (Month) (Day) (Year): March 5-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 13, 1866

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months: 4, Days: 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate & Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hobart, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George L. Banks, Pennsylvania

14. MOTHER'S MAIDEN NAME: Olive Chandler, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-22-5801

17. INFORMANT'S OWN SIGNATURE: Stanley T. Banks, ADDRESS: Parma, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis — 5 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pneumonia, Cleared — 10 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18, 1952, *to* 3-5, 1953, *that I last saw the deceased alive on* 3-3, 1953, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E C Horton Jr (Degree or title) M D

23b. ADDRESS: Nampa

23c. DATE SIGNED: 3-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 9-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 12-53

REGISTRAR'S SIGNATURE: Nina Frasier

25. FUNERAL DIRECTOR: C. F. Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1152
Local Reg. No.
Reg. Dist. No.

BIRTH NO. MAR 31 1953

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Robert
c. (Last): Grisham

4. DATE OF DEATH (Month) (Day) (Year): March 19-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Everton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Jasper Grisham, Everton, Missouri
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Calla Dona Rich, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs Ida Grisham, Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 20 11 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 19, 1953, *to* Mar 19, 1953, *that I last saw the deceased alive on* Mar 19, 1953, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 556 MD
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: 3/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 30-53
REGISTRAR'S SIGNATURE: Nina Frasig
25. FUNERAL DIRECTOR / ADDRESS: G. V. Peckham, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 330

BIRTH NO. MAR 30 1953

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): River Street

3. NAME OF DECEASED (Type or Print)
a. (First): Luela
b. (Middle): Dean
c. (Last): Keska

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 22, 1882

9. AGE (In years last birthday): 70-2-22 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home keeper

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Francis Clevenger
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Milenda Gilmore
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs Ralph Mills New Plymouth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion & cardiac infarct — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic coronary disease — 6 to 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac hypertrophy & Collagen disease — 10 to 15 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. - 1951, *to* March 14, 1953, *that I last saw the deceased alive on* May 13, 1953, *and that death occurred at* 8:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis M.D.

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: March 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: March 18, 1953

REGISTRAR'S SIGNATURE: Robert E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 916 North 7th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
REUBEN	FERDINAND	CARLSON	March 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 25, 1883	69	7	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ob	Common labor	Clay County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustaf Carlson	Sweden	Martha Granell	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - -	Mrs. Irene Arnold	Payette Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - -	- - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - -

RECEIVED
APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 12
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) DORA; b. (Middle) HAZEL; c. (Last) GASTON

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 12, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months 0 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Crestline, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Tuttle
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Ellen Evans
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth Gaston
ADDRESS: New Plymouth, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus with metastases — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic spread to pelvis and liver — 6 mos.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* June 1952 *to* Mar. 24, 1953, *that I last saw the deceased alive on* May 23, 1953, *and that death occurred at* 4 30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lee E. Davis MD

23b. ADDRESS: New Plymouth Idaho

23c. DATE SIGNED: Mar. 27, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: March 28, 1953

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC[illegible]

APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 230

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Everett c. (Last) Harrison

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married --

8. DATE OF BIRTH: October 29, 1896

9. AGE (In years last birthday): 56 IF UNDER 1 YEAR Months: 4 Days: 27 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Dexter, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph P. Harrison BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Minnie A. Jackson BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT'S OWN SIGNATURE: John Harrison Idaho New Plymouth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic Carcinoma Grade 4 to Lungs + Skeleton. — 3½ mo.

DUE TO (c) Hypernephroma — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 19 53 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 21
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 112 E Cameron

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Middelton

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Helena Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 558-16-1731
17. INFORMANT'S OWN SIGNATURE: Dorothy Middelton — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Contusion — INTERVAL BETWEEN ONSET AND DEATH: 5 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Head Injury
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured facial + nasal bones.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg. Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Mine Accident

22. *I hereby certify that I attended the deceased from* 28 Feb, 1953 *to* 1 Mar, 1953, *that I last saw the deceased alive on* 1 Mar, 1953 *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. F. Gibbon 134 M.D.
23b. ADDRESS: Kellogg
23c. DATE SIGNED: 12 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/12/53
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 142

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 312 W. Cameron

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roger	Lee	Seufert	March 25 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	W	Single	November 15, 1942	10	4	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	Lincoln Nebraska	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leon Seufert	Oregon	Ruth Soper	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Leon Seufert	Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

401.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Carditis — 6 weeks.

DUE TO (c) Rheumatic Fever — 1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Kellogg	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1949 *to* 25 Mar 1953, *that I last saw the deceased alive on* 25 Mar 1953 *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Whitehead MD 456	Kellogg Idaho	6 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 30 1953	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-8-53		Gordon McGlade	Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake Idaho
d. STREET ADDRESS (If rural, give location): Rose Lake Idaho

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Earl c. (Last) Doolittle

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill
10b. KIND OF BUSINESS OR INDUSTRY: Mining Saw Mill
11. BIRTHPLACE (State or foreign country): Denide Montana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dan Doolittle — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Amanda Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.: 518013412
17. INFORMANT'S OWN SIGNATURE: Thorne Doolittle — ADDRESS: Rose Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Depressed skull bone
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rose Lake, Kootnee Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 24 53 7 p.m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Pulling stumps on his farm

22. *I hereby certify that I attended the deceased from* 24 Mar 1953, *to* 30 Mar 1953, *that I last saw the deceased alive on* 30 Mar 1953, *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. T. Gibbon (Degree or title): M.D.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 2 Apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 2/2/53
24c. NAME OF CEMETERY OR CREMATORY: Hogan & Jaeger - Spokane
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 4/2/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 166
Local Reg. No. 17
Reg. Dist. No. 140

111-53-3450
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Boy c. (Last) Sullivan

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 1 - 53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 9 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wallace
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Kenneth Sullivan BIRTHPLACE Mont.
14. MOTHER'S MAIDEN NAME Verda Dougherty BIRTHPLACE Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Kenneth M Sullivan ADDRESS Wallace Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2:30 AM 3 - 1, 1953, *to* 3 - 1 - 53, 4:30 PM *that I last saw the deceased alive on* 3 - 1, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 4 1953
NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Mar 4, 1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8
Local Reg. No. 18
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Uzellac

4. DATE OF DEATH (Month) (Day) (Year) March 2 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME ? BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John A Boore ADDRESS Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza & Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silicosis
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* March 2, 1953, *that I last saw the deceased alive on* March 2, 1953, *and that death occurred at* 6:40 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE A. L. Peterson 307 (Degree or title) M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 5-53
24c. NAME OF CEMETERY OR CREMATORY United Cemetary
24d. LOCATION (City, town, or county) (State) Wallace Shoshone Idaho

DATE REC'D BY LOCAL REG. Mar 4-53
REGISTRAR'S SIGNATURE Dale L Parnell
25. FUNERAL DIRECTOR Wallace John A Boore ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 20
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BOBBY
b. (Middle): DEAN
c. (Last): SCOTT

4. DATE OF DEATH (Month) (Day) (Year): March 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single- Infant
8. DATE OF BIRTH: Aug. 19, 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Libby, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Lionel Scott, Evansville, Indiana
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Edith Stapley, Bouins City, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs Edith Scott

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis + myocarditis Influenza — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart anomalie from birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenza

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 14 1953 *to* Mch 9, 1953, *that I last saw the deceased alive on* Mch 9, 1953, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Mowery (Degree or title): MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 11-53
NAME OF CEMETERY OR CREMATORY: Osburn
24d. LOCATION (City, town, or county): Osburn Shoshone (State) Idaho

DATE REC'D BY LOCAL REG.: Mar 10-53
REGISTRAR'S SIGNATURE: John A Boer
25. FUNERAL DIRECTOR: John A Boer — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D

APR 3 - 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 32
Reg. Dist. No. 140

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 112 Cedar St.

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) C c. (Last) SMALL

4. DATE OF DEATH: (Month) (Day) (Year) March 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 14, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 9 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Troy, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Beker
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Edward Small
ADDRESS: Wallace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Disease
INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) advanced age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?:

22. *I hereby certify that I attended the deceased from* 3/25/53 *to* 3/24/53, *that I last saw the deceased alive on* 3/24/53, *and that death occurred at* 1100 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible]
(Degree or title):
23b. ADDRESS: Wallace Id
23c. DATE SIGNED: 3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 27-1953
24c. NAME OF CEMETERY OR CREMATORY: [illegible]
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Mar 26-1953
REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1164
Local Reg. No. 2-3
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida. COUNTY Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace
d. STREET ADDRESS (If rural, give location) 2nd St.

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Rose c. (Last) Boeler
4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 17 1872
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 3 Days 11 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago Ill
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Roel BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Frythager BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Alberta Conley ADDRESS Box 658

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26- 1953, *to* 3-28-53 19___, *that I last saw the deceased alive on* 3-28-53 19___, *and that death occurred at* 12:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Louis B. Hunter M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 30-53
24c. NAME OF CEMETERY OR CREMATORY Chicago Ill.
24d. LOCATION (City, town, or county) (State) Chicago Ill. Cook Co.

DATE REC'D BY LOCAL REG. Mar 30-53
REGISTRAR'S SIGNATURE John A Bower
25. FUNERAL DIRECTOR John A Bower
ADDRESS Wallace Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
MAR 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinecreek
c. LENGTH OF STAY (in this place) 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinecreek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Pinecreek

3. NAME OF DECEASED (Type or Print) a. (First) Claus b. (Middle) Nelson c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH March 4, 1893

9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months 11 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME August Nelson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Louise Moberg BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 518-03-7282

17. INFORMANT'S OWN SIGNATURE Felix Nelson ADDRESS Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], to March 1, 1953, that I last saw the deceased alive on March 1, 1953 and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner

23b. ADDRESS Wallace Ida

23c. DATE SIGNED 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/4/1953

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 3/12/53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Grant Glady ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 10 Near Osburn Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 10 Near Osburn Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 502 West Mission

3. NAME OF DECEASED (Type or Print): a. (First) Ralph b. (Middle) Gerald c. (Last) Calabretta

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 10 1932
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months 8, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul Calabretta — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Angeline Muzzi — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or date of service): War II
16. SOCIAL SECURITY NO.: 518-26 6-199
17. INFORMANT'S OWN SIGNATURE: Angeline Calabretta — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Comm Frac Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Rolled of Hgwy 10 Near Osborn Idaho Day Roads
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hgwy 10
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osborne Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 1-53 1:30 am
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Skidded off Road Turned over

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 470 — (Degree or title): Howard Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 3/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/12/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 19
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shsohone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burke, Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Sheshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) ELMER
c. (Last) SUNELL

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH May, 15, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 9 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Elmer Sunell, Squaw Lake, Minn.
14. MOTHER'S MAIDEN NAME BIRTHPLACE Dorothy Cobuin, Roxson, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Mrs Dorothy Sunell ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9/6.0 Suffocated & Burned Instead to death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dry & condition of inhalator
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Burke Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 7 1953 1:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Water passed in inhalator went dry & flaundry

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Mowery (Degree or title) Coroner
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 8 1953
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Mar 10 53
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR ADDRESS Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morning Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CARL
c. (Last): ERICKSON

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Man
10b. KIND OF BUSINESS OR INDUSTRY: Morning Mine
11. BIRTHPLACE (State or foreign country): Butte Montana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Erickson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Long — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Beatrice Erickson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): Colcifer Arrow

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Dropped off Shoot dead

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 3/19, 1953 *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Snowery Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 3/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Mar 22-1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Mar 26-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1169
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Selnerton
c. LENGTH OF STAY (in this place): 3 mo 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 14 W Mullan

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): T.
c. (Last): Platte

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kensal N. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Tufford — BIRTHPLACE: Ontario Canada
14. MOTHER'S MAIDEN NAME: Mary Vance — BIRTHPLACE: Ontario Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cullis Platte — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis general several previous strokes years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* March 21, 1953, *that I last saw the deceased alive on* March 21, 1953, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Snowery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1170
Local Reg. No. 25
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Creek
d. STREET ADDRESS (If rural, give location): Pine Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): F
c. (Last): Lockhart

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 8, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 0, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): The Dalles Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank Overst — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Nancy Makimi — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lewis Lockhart — ADDRESS: Pinehurst Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis marked
DUE TO (c): Diabetes mellitus several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1953 *to* Mch 26 1953, *that I last saw the deceased alive on* March 26, 1953, *and that death occurred at* 9:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. C. Mowery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/29/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Frank M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 6 20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) EDDIE b. (Middle) A c. (Last) SEYMOUR

4. DATE OF DEATH (Month) (Day) (Year) March 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH February 1, 1875
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Cattelmen
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Dundee, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME E.A. Seymour
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Elizabeth Dunkley
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE G.B. Nelson ADDRESS Bellflower Calif

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1952, *to* 3-15, 1953, *that I last saw the deceased alive on* 3-15, 1953, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) LeGrande C Hansen M.D.
23b. ADDRESS Driggs Idaho
23c. DATE SIGNED 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 18, 1953
24c. NAME OF CEMETERY OR CREMATORY Cache-Clawson
24d. LOCATION (City, town, or county) (State) Tetonia, Idaho

DATE REC'D BY LOCAL REG. 3-21-1953
REGISTRAR'S SIGNATURE Stella Griggs
25. FUNERAL DIRECTOR M.L. Hansen ADDRESS St Anthony, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1172
Local Reg. No. 6
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia, Rural
d. STREET ADDRESS (If rural, give location): Tetonia RFD.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) HENRY c. (Last) HANSEN

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1895

9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months: 8 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Niels H. Hansen BIRTHPLACE: Copenhagen, Denmark

14. MOTHER'S MAIDEN NAME: Emma Ewer BIRTHPLACE: Birmingham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Florence C. Hansen ADDRESS: Tetonia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary embolism — ½ hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953, to 3-25, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 11:35 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Florence C. Hansen M.D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cace-Clawson
24d. LOCATION (City, town, or county) (State): Tetonia, RFD, Idaho

DATE REC'D BY LOCAL REG.: April 3-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1173
Local Reg. No. 7
Reg. Dist. No. 628

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RDF

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs, Rural
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): REUBEN
b. (Middle): MILLER
c. (Last): CASPER

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 4, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wallace Casper, BIRTHPLACE: Richland, Ohio
14. MOTHER'S MAIDEN NAME: Sarah Ann Bean, BIRTHPLACE: Adams County, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: W. J. Casper — ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Disease — 1 yr.
DUE TO (c): Generalized Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1952, *to* 3-29, 1953, *that I last saw the deceased alive on* 3-29, 1953, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: La Grande C. Hansen (Degree or title) M.D. 234
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2 April 53 01
24c. NAME OF CEMETERY OR CREMATORY: Lewisville
24d. LOCATION (City, town, or county) (State): Lewisville, Idaho

DATE REC'D BY LOCAL REG.: April 3 - 53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 903 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Hortense
b. (Middle):
c. (Last): Berard

4. DATE OF DEATH (Month) (Day) (Year): Feb 28 1953

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 28 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 3, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gap France
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Seraphin Borel — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Vallon — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Eugene Berard — ADDRESS: Rupert Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of the Uterine Cervix
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1953, *to* 2-28, 1953, *that I last saw the deceased alive on* 2-28, 1953, *and that death occurred at* 2:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul B Hunsaker MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-28-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 3-10-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: Rodney Gordon — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 57
Reg. Dist. No. 462

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 612 2nd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle); c. (Last) Crawford

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 22, 1863

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Ligonier, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Thomas Crawford
BIRTHPLACE: No. Infor.

14. MOTHER'S MAIDEN NAME: No information
BIRTHPLACE:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Crawford
ADDRESS: Los Angeles, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis 420.1
INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chr. Prostatic Hypertrophy — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Mar., 1953, *to* 1 Mar., 1953, *that I last saw the deceased alive on* 1 Mar., 1953, *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Raymer, M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 4 Mar 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-4-1953

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-6-53

REGISTRAR'S SIGNATURE: Donna Lisch

25. FUNERAL DIRECTOR: J. C. Phelps
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1176
Local Reg. No. 58
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1544 Poplar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1544 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): A.
c. (Last): BALL

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bonners Ferry, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. A. Ball — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Clara A. Higgins — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gladys A. Ball — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1937, to _____, 1953, that I last saw the deceased alive on 7 MAR 1953 and that death occurred at 2:45 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: Dean H Affleck M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-12-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 67
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 233 Lois St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Twin Falls

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): JERRY
c. (Last): EMERY

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17, 1905
9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jerry Emery
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: CATHERINE BICKFORD
BIRTHPLACE: CANADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-7050
17. INFORMANT'S OWN SIGNATURE: x Lois Colyer
ADDRESS: THREE CREEK, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Mar., 1953, *to* 8 Mar., 1953, *that I* ~~*last*~~ never *saw the deceased alive on* _____, 19___, *and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm Sawyer 362 [signature]
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-12-53
24c. NAME OF CEMETERY OR CREMATORY: TWIN FALLS CEM.
24d. LOCATION (City, town, or county) (State): TWIN FALLS, IDAHO

DATE REC'D BY LOCAL REG.: 3-12-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: WHITE MORTUARY TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1178
Local Reg. No. 68
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 4th Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 312 4th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) Myron; b. (Middle) Cottrell; c. (Last) Chaddock

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-22-1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Chaddock
BIRTHPLACE: Unknown
520-09-0693-A

14. MOTHER'S MAIDEN NAME: Mary Freeman
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Anna M. Chaddock
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

430.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonitis Rt. — 2 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis — unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. 1, 1950, *to* 9 March, 1953, *that I last saw the deceased alive on* 9 Mar., 1953, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer M.D.

23b. ADDRESS: Twin Falls, Ida.

23c. DATE SIGNED: 3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/11/53

24c. NAME OF CEMETERY OR CREMATORY: Casper Cemetery

24d. LOCATION (City, town, or county) (State): Casper, Wyoming

DATE REC'D BY LOCAL REG.: 3-11-53

REGISTRAR'S SIGNATURE: Anna Mack

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 65
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Res., 5th Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 5th Ave. E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Anna		Broyles	3	10	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	1-6-1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Mo.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Dilley	Mo	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Frank Blatnid	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis of coronary a. — years

DUE TO (c) Myocarditis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7 Mar, 1953 *to* 10 Mar, 1953, *that I last saw the deceased alive on* 10 Mar, 1953, *and that death occurred at* 7:30 AM *the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean W. Affleck MD	Twin Falls	10 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3/11/53	Valnut Hill Cemetery	Holton, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-11-53	Alonna Rice	Keith Bird	White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1180
Local Reg. No. 61
Reg. Dist. No. 4600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 531 2nd Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) ELVIRA b. (Middle) c. (Last) ASPITARTE

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Durango, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Petralanda — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Manuel Aspitarte — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Chronic Cor. Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 1 week
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1953, *to* 3-10, 1953, *that I last saw the deceased alive on* 3-10, 1953, *and that death occurred at* 10:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McGinsky MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53
REGISTRAR'S SIGNATURE: Alonna Crack
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: [illegible] CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 64
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 227 6th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 227 6th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS.
b. (Middle): CLARA
c. (Last): McWILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1953

5. SEX: Fem.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 5, 1856

9. AGE (In years last birthday): 96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unk.
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Clyde Ewing
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Arteriosclerotic Cardio-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vascular Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-6, 1949, *to* 3/11, 1953, *that I last saw the deceased alive on* 3/11, 1953, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Quisby 247 MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 3/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/13/53 01

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-14-53

REGISTRAR'S SIGNATURE: Donna Lack

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1182
Local Reg. No. 72
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Colonial Apts. 203 4 St. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 203 4 St. N. Colonial Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): M.
c. (Last): Kinter

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Kinter — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lavina George ? — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxxxxxxxxxx
16. SOCIAL SECURITY NO.: 539 24 6961
17. INFORMANT'S OWN SIGNATURE: X. Mrs. Douglas H. Brown — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous Coronary Disease — 2 years
DUE TO (c): Hypertension chr. — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1947, *to* 12 Mar., 1953, *that I last saw the deceased alive on* 12 Mar, 1953, *and that death occurred at* 11:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer 024 M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 16 Mar 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 16 '53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-18-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-3564

RECEIVED MAR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1183
Local Reg. No. 71
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley MemorialHosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Magic Valley Memorial Hosp.

3. NAME OF DECEASED (Type or Print)
a. (First): SCOTT
b. (Middle): CHRISTIAN
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 13, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William H. Anderson — BIRTHPLACE: Logan, Utah
14. MOTHER'S MAIDEN NAME: Clare Wallace — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: W H Anderson — ADDRESS: Idaho Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 770.0 Erythroblastosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/13, 1953, *to* 3/16, 1953, *that I last saw the deceased alive on* 3/16, 1953, *and that death occurred at* 6:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvard O. Luke M.D. (Degree or title) 531
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-18-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 79
Reg. Dist. No. 460

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 6th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 446 Adams

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 19, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Betty Skinner — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Renal Vascular
DUE TO (c) Involvement — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1949, *to* 3/21/, 1953, *that I last saw the deceased alive on* 3-21, 1953, *and that death occurred at* 7:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D.A. McQuisky 247 — (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-27-53
REGISTRAR'S SIGNATURE: Donna Rice
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: REYNOLFD FUNERAL HOME TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1185
Local Reg. No. 76
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 591 Adams

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 591 Adams

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): MARION
c. (Last): KEPNER

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 4, 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colby, Kansas
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Geo. C. Kepner — BIRTHPLACE: Effingham, Kansas
14. MOTHER'S MAIDEN NAME: Margaret A. Fitzgerald — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Korea 1951-53
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Lucille V. Kepner. — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

891.0

MEDICAL CERTIFICATION by Mrs Lee Carney.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Poisoning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 591 Adams Ave.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 21 1953 2:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Sat in car with motor running for defective exhaust

22. *I hereby certify that I attended the deceased from* Mar. 21, 1953, *to* Mar. 21, 1953, *that I last saw the deceased* ~~alive~~ dead *on* Mar. 21, 1953, *and that death occurred at* 7:30 A.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073 MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-23-53 02
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-26-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1186
Local Reg. No. 77
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 130 Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 130 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): JACOB (Jake)
b. (Middle): GLANTZ
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 09
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Petregrad, Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Glantz — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Catherine Unk. — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9402
17. INFORMANT'S OWN SIGNATURE: Mrs Jake Glantz — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Aboutt *19*53*, to* 3-21*, 19*53*, that I last saw the deceased alive on* 3-21*, 19*53*, and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H J Schwartz 365 (Degree or title): mot.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-26-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 80
Reg. Dist. No. 460

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls,
d. STREET ADDRESS (If rural, give location) 1335 9th Ave East

3. NAME OF DECEASED (Type or Print)
a. (First) Mollie
b. (Middle)
c. (Last) Klaas

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1953

5. SEX F.M.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 29,1875
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Conception Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Pfeifer — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Magadelene, Hauber — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE M. L. P. Russell — ADDRESS Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of pancreas

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: about 7 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Ca of pancreas with gen metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-31, 1949, *to* 3-24, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE N. J. Schwartz M.D. (Degree or title)
23b. ADDRESS Canyon Vills Twin Falls Ida
23c. DATE SIGNED 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar.27,1953
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 3-27-53
REGISTRAR'S SIGNATURE Donna Leach
25. FUNERAL DIRECTOR S. C. Phillips — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. (illegible)
Local Reg. No. 81
Reg. Dist. No. 460

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 263 Norbh Maurice

3. NAME OF DECEASED (Type or Print): a. (First) Verle b. (Middle) Lee c. (Last) Mitchell

4. DATE OF DEATH: (Month) (Day) (Year): Mar. 24 1953

5. SEX: M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7, 1916

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Owner

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Chandler Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: O.L. Mitchell
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Phloye Albright
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 311-09-2132

17. INFORMANT'S OWN SIGNATURE: (illegible) Mrs. Louise Mitchell
ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* about 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Mar. 25, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-31-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): SOUTH BEND INDIANA

DATE REC'D BY LOCAL REG.: 3-27-53
REGISTRAR'S SIGNATURE: Alonna Roach
25. FUNERAL DIRECTOR: (illegible) Phillips
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 86
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 14yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 261 Jackson St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Schneider

4. DATE OF DEATH (Month) (Day) (Year): Mar. 25 1953

5. SEX: M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 18, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Otis Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Schneider Sr. — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Clarence Schneider — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Catherian Urschlet — ADDRESS: Germany

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 443X Cerebral hemorrhage c̄ Rt Hemiplegia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular Renal Disease
DUE TO (c): & old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18-53, 1953 *to* 3-25, 1953 *that I last saw the deceased alive on* 3-25, 1953, *and that death occurred at* p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. A. Drake M.D.
23b. ADDRESS: 317 Shoshone N
23c. DATE SIGNED: 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: S. E. Phillips — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 88
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1410 11th Ave East

3. NAME OF DECEASED (Type or Print): a. (First) RAY; b. (Middle) L.; c. (Last) SHEARER

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 24, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Livestock-Director in Bank
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cullom, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Shearer — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Mary J. Ray — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ivan M. Shearer — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None	None	None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Mar., 1953, *to* 25 Mar, 1953 *that I last saw the deceased alive on* 25 Mar, 1953, *and that death occurred at* 3:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles B. Beyman, M.D.	Twin Falls, Idaho	3/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/28/53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
4-2-53	Donna Lack	White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-6133

RECEIVED
APR 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 89
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 484 Buchanan

3. NAME OF DECEASED (Type or Print)
a. (First): JIMMY
b. (Middle):
c. (Last): BLEDSOE

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 28, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth W. Bledsoe — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Yvonne Welker — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth W Bledsoe — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (less than 6 mos. gestation) with immaturity due to unknown maternal causes.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Mothers 4th pregnancy carried less than 6 mos gestation.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 1 hour of life.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6:25 A.M. 3/28, 1953, *to* 6:30 3/28/53, 19___, *that I last saw the deceased alive on* 3/28/53, 19___, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther C Thompson 426 — Luther C.Thompson M.D.(Pediatrician)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-2-53
REGISTRAR'S SIGNATURE: Donna Rach
25. FUNERAL DIRECTOR: Guy W Phillips — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1192
Local Reg. No. 83
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 255 9th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 255 9th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): Eleanor
b. (Middle): F.
c. (Last): Rhodes

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 21, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): East Liverpool, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Logan — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Ellen Fortune — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-22-7809
17. INFORMANT'S OWN SIGNATURE: Ray Logan — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend *19__, to* _____, *19__, that I last saw the deceased alive on* did not see alive *19__, and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: March 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/1/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 87
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 393 Buchanan

3. NAME OF DECEASED (Type or Print)
a. (First): PERCY
b. (Middle): R.
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): Mar. 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor General
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Crystal Lake, Illinois
12. CITIZEN OF WHAT COUNTRY?: US
13. FATHER'S NAME: Geo. W. Thompson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alice Perkins — BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. P. H. Thompson — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 592X Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Glomerulo-nephritis — 6 years
DUE TO (c): Chronic Focal Infection — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1942, *to* _____, 19__, *that I last saw the deceased alive on* Mar 29, 1952, *and that death occurred at* 2P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oldham MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-2-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1104
Local Reg. No. 85
Reg. Dist. No. 4-a

BIRTH NO. APR 2 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1855 Kimberly Road

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) S. c. (Last) Justman

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 28, 1886

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Plymouth Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Justman — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Margaret Mulvihill — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 503-05-2457

17. INFORMANT'S OWN SIGNATURE: Helen M Justman — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 54010 Pneumonia Left Post Junction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer — 20 yrs

19a. DATE OF OPERATION: 26 Mar. 53

19b. MAJOR FINDINGS OF OPERATION: Chronic Bro Pyloric Ulcer

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept., 1952, *to* 29 Mar., 1953, *that I last saw the deceased alive on* 29 Mar., 1953, *and that death occurred at* 10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer M.D

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 29 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/1/53

24c. NAME OF CEMETERY OR CREMATORY: Plankinton Cemetery

24d. LOCATION (City, town, or county) (State): Plankinton, South Dak.

DATE REC'D BY LOCAL REG.: 3-31-53

REGISTRAR'S SIGNATURE: Donna Rae

25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME — ADDRESS: TWIN FALLS, IDAHO. James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 99
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 620 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) Janene
b. (Middle)
c. (Last) Neumann

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Oct. 11, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant daughter
10b. KIND OF BUSINESS OR INDUSTRY Infant daughter
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Donald Neumann
BIRTHPLACE Castleford, Idaho
14. MOTHER'S MAIDEN NAME Vivian Williams
BIRTHPLACE Phillips Co., Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) xxxxxxxxxxxxx
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Donald Neumann
ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Sore throat — 2 days
DUE TO (c) Congenital Heart Disease, & Mongolism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 28, 1953, *to* Mar 30, 1953, *that I last saw the deceased alive on* Mar 30, 1953, *and that death occurred at* 9:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Vern H. Anderson, M.D.
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 2, '53
24c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery
24d. LOCATION (City, town, or county) Buhl (State) Idaho

DATE REC'D BY LOCAL REG. 4-16-53
REGISTRAR'S SIGNATURE Donna Reid
25. FUNERAL DIRECTOR B. T. Albertson
ADDRESS Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 73
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 14th Ave. N. Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 622 14th Ave. N. Residence

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle): Macduff
c. (Last): Watson

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 28, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Hayesville, North Carolina
12. CITIZEN OF WHAT COUNTRY?: J.S.A.

13. FATHER'S NAME: Archie Watson — BIRTHPLACE: South Carolina
14. MOTHER'S MAIDEN NAME: Sarah Pope — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Sam Young — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Cardio-Vascular Renal disease with generalized
DUE TO (c): Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* March 18, 1953, *that I last saw the deceased alive on* March 14, 1953, *and that death occurred at* 1:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E W McBratney 246 (Degree or title): M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 3/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 21 '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-19-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 66
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Coalville, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Richard Powell — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lillian Mahoonery — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9763
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Ontario, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Previous Coronary Thrombosis 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oldham
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-12-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53
REGISTRAR'S SIGNATURE: Donna Teach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 63
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): E.
c. (Last): Prough

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 23, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thomas, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elza Prough — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Adeline Bybee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Iza Prough — ADDRESS: Twin Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): metastatic Cerebral carcinoma (secondary) — 4 mo

DUE TO (c): Adeno-Carcinoma sigmoid colon — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1953, *to* 3/11/, 1953, *that I last saw the deceased alive on* Feb 7, 1953, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Sawer M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/53
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53
REGISTRAR'S SIGNATURE: Donna Peach
25. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Home-Twin Falls, Ronald P. Ballantyne

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of John E. Prough

now lying buried in I. O. O. F. Cemetery Cemetery, in the City or Town of Twin Falls

County of Twin Falls State of Idaho, who died on the 11 day of March, 1953, Aged ____ years ____ months

____ days, the cause of death being cancer and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Max W. Carver attending Physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to another lot same Cemetery in the City or Town of Twin Falls County of Twin Falls

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Twin Falls it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to:

this 28 day of April, A.D. 1953.

W. W. Benson
Director, Division of Vital Statistics

By- Mabel Fleeger Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Twin Falls State of Idaho, this 7th day of May 1953.

Health Officer

Form DPH-48019

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 460

BIRTH NO. APR 2 1953

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RT.#2
c. LENGTH OF STAY (in this place): 8 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RT.#2 TWIN FALLS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARRY
b. (Middle): JANE
c. (Last): JENNINGS

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1953

5. SEX: F.M.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC.3,1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanging Rock Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENDERSON — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. H. L. Jennings — ADDRESS: 211-Elm

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale; senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 March, 1953, *to* 19 March, 1953, *that I last saw the deceased alive on* 18 March, 1953, *and that death occurred at* 3:48 a. m., *from the causes and on the date stated above.* on 3-19-53

23a. SIGNATURE: Ray M. Kellogg, M.D. (Degree or title) 651
23b. ADDRESS: 313 Shoshone St. N. Twin Falls
23c. DATE SIGNED: 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-23-53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 3-27-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: Stanley Phillips — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1200
Local Reg. No. 78
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kimberly Central St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly Central St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	E.	SALLEE	March 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 9, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Nevada, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. M. Sallee	Mo	Sally	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Earl Sallee	Kimberly, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Progressive Muscular Atrophy - Landry's 443X Ascending type	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive Cardiovascular dis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Mar, 1953, *that I last saw the deceased alive on* 21 March, 19 53, *and that death occurred at* 3:26 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V. Ellis Knepp 569	MD.	Kimberly, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/24/53	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-26-53	Alma Lund	Wm. M. Sullivan	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 75
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 2½ mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print) a. (First) Leola b. (Middle) May c. (Last) Peay

4. DATE OF DEATH (Month) (Day) (Year) March 22, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 27, 1908
9. AGE (In years last birthday) 44
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Green
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Pearl Jacobs
BIRTHPLACE Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter E Peay
ADDRESS Twin Falls, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart disease (rheumatic) - duration 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 22, 1953, *to* Mar 22, 1953, *that I last saw the deceased alive on* dead 3/22, 1953, *and that death occurred at* 3:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Woodson Creed, M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/24/53
24c. NAME OF CEMETERY OR CREMATORY Salt Lake City, Utah
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE Alonna Reid
25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1206
Local Reg. No. 84
Reg. Dist. No. 460

BIRTH NO. APR 2 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R.#2 Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morningside Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.#2

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) Dean c. (Last) Black

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 19, 1913	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ob
11. BIRTHPLACE (State or foreign country): Storres, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse E. Black — BIRTHPLACE: Hammond, New Mexico
14. MOTHER'S MAIDEN NAME: Charlotte Whiting — BIRTHPLACE: Mapleton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 529-03-5883
17. INFORMANT'S OWN SIGNATURE: Maude I Black. ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) anterio descending branch - left

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not attend, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Wootton Creed M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: March 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Donna Lee
25. FUNERAL DIRECTOR ADDRESS: REYNOLDS FUNERAL HOME TWIN FALLS, IDAHO — James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 93
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kimberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) Kimberly

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ISABELLE	LILLIAN	MARTIN	March 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 20, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stockham, Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jacob Martin — BIRTHPLACE Penn
14. MOTHER'S MAIDEN NAME Esther Stephens — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE E. R. Thornman — ADDRESS Hansen, Ida,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right heart failure acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized. — 10 yrs
DUE TO (c) Nephritis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Mar. 31, 1953, *that I last saw the deceased alive on* 29 Mar, 1953, *and that death occurred at* 11A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Ellis Knight M.D.	Kimberly, Idaho	4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/3/53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-9-53	Alma Hall	Burgett & Tillson	White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) MELISSA c. (Last) DUDGEON

4. DATE OF DEATH: (Month) (Day) (Year): 3-2-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Knox County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Dennis
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sarah Head
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harvey Dudgeon
ADDRESS: Weiser, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-25, 1953 *to* 3-2, 1953, *that I last saw the deceased alive on* 3-2, 1953, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 3-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-5-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3-5-53

REGISTRAR'S SIGNATURE: Merrie Hawthorn

25. FUNERAL DIRECTOR: R. Jack Thomason

ADDRESS: Weiser, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED MAR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 18
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 116 Pioneer Road

3. NAME OF DECEASED (Type or Print)
a. (First): FAY
b. (Middle): B.
c. (Last): LLOYD

4. DATE OF DEATH (Month) (Day) (Year): March 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 21 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realty Sales 19
10b. KIND OF BUSINESS OR INDUSTRY: Realtor
11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: John M. Lloyd, Holt Co. Missouri
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary P. Burrus, Carroll Co. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-16-6226
17. INFORMANT'S OWN SIGNATURE: Hmw Lloyd — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 40 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1953, *to* 3-7, 1953, *that I last saw the deceased alive on* 3-7, 1953, *and that death occurred at* 10:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 248 — **23b. ADDRESS**: Weiser, Idaho — **23c. DATE SIGNED**: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/11/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3/9/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 2 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1206
Local Reg. No. 26
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jacobs Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 830 E. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): EATON
c. (Last): BLOW

4. DATE OF DEATH (Month) (Day) (Year): March 21 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 9 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rochelle Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Eaton — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Kathryn Walters — BIRTHPLACE: Rochelle Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: L. J. Blow — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Feby, 1953, *to* 15 Mar, 1953, *that I last saw the deceased alive on* 15 Mar, 1953 *and that death occurred at* 10:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 54 Robert M. Coats M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 3/24/53 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3/23/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Weiser R.F.D. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
TORA	OKAY	KONDO	March	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	Married	Mar. 4 1896	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Yamaguchi Oshima Japan	Japan

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Denkichi Okada	Japan	Don't Know	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Kiyozi Kay Kondo	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/22, 1953, *to* 3/29, 1953, *that I last saw the deceased alive on* 3/29, 1953 *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. McGrath MD	Weiser Idaho	3/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/2/53	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/30/53	Marie Hawthorn	C. L. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 32

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 134 East Galloway Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) DANIEL; c. (Last) FULLEN

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 20, 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Ellensburg, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JACK FULLEN
BIRTHPLACE: TENNESSEE

14. MOTHER'S MAIDEN NAME: DON'T KNOW
BIRTHPLACE: DON'T KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-2120

17. INFORMANT'S OWN SIGNATURE: Nola Fullen
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chr. Myocarditis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma — 20yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-5-53 *to* 3-29-53, *that I last saw the deceased alive on* 3-29-53, *and that death occurred at* 11:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. McGrath M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 3/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 3/31/53
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: A. E. Jones
ADDRESS: Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 209
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) FRANKLIN; c. (Last) HUNT

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physcian 14

10b. KIND OF BUSINESS OR INDUSTRY: Chiropractic

11. BIRTHPLACE (State or foreign country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Hunt
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Melissa McCall
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred Hunt
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis-senile change — 5 yrs.
DUE TO (c) --

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aortic aneurism-hypogastric region -?

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0 0 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 0 0 0 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0 0

22. *I hereby certify that I attended the deceased from* 3/4/53, 19__, *to* 3/8/53, 19__, *that I last saw the deceased alive on* 3/7/53, 19__, *and that death occurred at* 7:07 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 448 [signature] MD
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/53
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 3/9/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1210
Local Reg. No. 87
Reg. Dist. No. 310

BIRTH NO. MAR 21 1903

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1511 N. 24th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 503 N. Commercial Street

3. NAME OF DECEASED (Type or Print): a. (First) LEWIS; b. (Middle) MARK; c. (Last) COOK

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 27, 1858

9. AGE (In years last birthday): 94-6-6 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gilson, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Darius Jackson Cook — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Stevens — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Melvin D Cook — ADDRESS: 313 So 6th Boise Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 481X Influenza — INTERVAL BETWEEN ONSET AND DEATH: 14 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition — unk
DUE TO (c): Senility & degenerative disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-14, 1953, *to* 3-3, 1953, *that I last saw the deceased alive on* 3-3, 1953, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Jamison M.D. — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 3/5/53 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): Edgar, Nebraska

DATE REC'D BY LOCAL REG.: 3-10-53 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR: Floyd B Summers — **ADDRESS**: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 58
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence - Eaglson rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1626 Eaglson Road

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) B. c. (Last) Cogle

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/17/81
9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cedar County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James A. Cogle BIRTHPLACE: Springville, Missouri
14. MOTHER'S MAIDEN NAME: Matilda J Headricks BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x Mrs. Edna E. Cogle ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) natural causes (heart attack) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) 4 (Day) 1 (Year) 53 (Hour) 1:15 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Heart attack

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea (Degree or title) Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/3/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG.: 4-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RELYEA MORTUARY

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 122
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) Louise c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 22, 1880
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 1 Days: 9 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. Denny BIRTHPLACE: London, Eng.
14. MOTHER'S MAIDEN NAME: Sarah Ann Gold BIRTHPLACE: Birmingham, Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Elva J. Smith ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 1953, to 1 Apr , 1953, that I last saw the deceased alive on 1 Apr , 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE: O K Blackburn (Degree or title) MD
23b. ADDRESS: 1320 Vista, Boise, Ida.
23c. DATE SIGNED: 8 Apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Nelson W. Pratt ADDRESS: Beatty Chapel Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 131
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home
d. STREET ADDRESS (If rural, give location) Mtn. Home Air Base.

3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Kelley c. (Last) Tetrick
4. DATE OF DEATH (Month) (Day) (Year) Apr. 1st. 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Mar. 31. 12M. 1953
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mtn. Home Idaho
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacques K. Tetrick. BIRTHPLACE Griedley Kan.
14. MOTHER'S MAIDEN NAME Joanne Feurt BIRTHPLACE Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jacques K Tetrick ADDRESS Mtn. Home. Air Base

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953, *to* April 1, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 8.30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jacques K Tetrick MD
23b. ADDRESS 200 E. Bannock Boise
23c. DATE SIGNED 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 3. 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 4-14-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber- McCann-Gibson. ADDRESS Boise Idaho
J. V. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1214
Local Reg. No. 124
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington b. COUNTY: Walla Walla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walla Walla
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) A. c. (Last) WATSON

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 23, 1888

9. AGE (In years last birthday): 64-8-9 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hull, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Watson BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Kliffford Haynes. Parma Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis, years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hard Work.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 19, 1953, *to* April 2, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 625 J. M. Braxton

23b. ADDRESS: 411 Eastman Bld Boise

23c. DATE SIGNED: Apr 3 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 3, 1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town or township) (State): Montevideo, Minnesota

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1915
Local Reg. No. 123
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2307 S. Pendleton Drive

3. NAME OF DECEASED (Type or Print): a. (First) THEO b. (Middle) B. c. (Last) EAGLE

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1912

9. AGE (In years last birthday): 40-8-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul Sheppard
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Grace Henry
BIRTHPLACE: Spokane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roy E. Eagle
ADDRESS: 2307 S. Pendleton Dr. Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Ovary — INTERVAL BETWEEN ONSET AND DEATH: -?-

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 31, 1953

19b. MAJOR FINDINGS OF OPERATION: Extensive Metastatic Carcinoma

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1953, *to* April 2, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Wilson (Degree or title): M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/6/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 7 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 154
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): ten days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 14, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Stock raising
11. BIRTHPLACE (State or foreign country): La Grange Georgia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Felix Thompson — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Mary Henderson — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Susan Thompson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis (Kimmelstiel + Wilson Dis) — months
DUE TO (c): Diabetes, — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 18, 1953, *to* April 2, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone W. Kelsch M.D.
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: April 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/4/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kingman Arizona

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1917
Local Reg. No. 157
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ontario
d. STREET ADDRESS (If rural, give location) P. O. Box 76

3. NAME OF DECEASED (Type or Print) a. (First) ROGER b. (Middle) WILLIAM c. (Last) MARTIN
4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Sept. 26, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BIRTHPLACE William H. Martin, Jr. - Gooding, Idaho
14. MOTHER'S MAIDEN NAME BIRTHPLACE Colo. Charlotte Ada Meier-Fort Collins,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE William H Martin Jr ADDRESS P.O. Box 76 ONTARIO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis - hemolytic staphylococcus — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fibrocystic disease of pancreas — severe birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Jan 26, 1953, to April 3, 1953, that I last saw the deceased alive on April, 1953, and that death occurred at 9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS 201 E. Bannock Boise Idaho
23c. DATE SIGNED 4/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/4/53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1218
Local Reg. No. 141
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 River Street

3. NAME OF DECEASED (Type or Print): a. (First) WILBERT b. (Middle) RILEY c. (Last) REEVES

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 16, 1865

9. AGE (In years last birthday): 87-5-17 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Wholesale Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Downington, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Reeves — BIRTHPLACE: Harrisonville, Ohio

14. MOTHER'S MAIDEN NAME: Elizabeth Lathey — BIRTHPLACE: Harrisonville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clarence V. Johnson — ADDRESS: 1315 River St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute congested heart failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis and malnutrition — months or years.
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1953, *to* April 3, 1953, *that I last saw the deceased alive on* April 2, 1953, *and that death occurred at* 12:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Frazier, M.D. (Degree or title): 523
23b. ADDRESS: Eastman Bldg, Boise Idaho
23c. DATE SIGNED: April 10, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/7/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

3-4281

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 704 N. 7th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): N.
c. (Last): KEPROS

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 51
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & cattle
11. BIRTHPLACE (State or foreign country): Kranithion, Greece
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas Kepros — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: Stamatina G. Zapetas — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Mrs. George Koutiches — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~(b)~~ Cirrhosis of Liver + Hyper Splenism
~~(c)~~ Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis - myocardial infarction

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* April, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford (Degree or title) md
23b. ADDRESS: 311 - Idaho St Boise
23c. DATE SIGNED: April 7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Ida.
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Newcombe

RECEIVED
APR 18 1953

Certificate of Death

STATE OF IDAHO

State File No. 1220
Local Reg. No. 136
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 6yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alley behind Albertson's Store

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1618 STATE ST.

3. NAME OF DECEASED (Type or Print)
a. (First): CASSIUS
b. (Middle): M.
c. (Last): NICKLE

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3/19/1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 37
10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER
11. BIRTHPLACE (State or foreign country): MADISON CO. IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R.C. NICKLE — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: SUSANNAH VANDERFORD — BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: X George A. Nickle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of cervical spine c̄ cord injury. Multiple fractures of ribs pelvis, rt. arm & leg. — INTERVAL BETWEEN ONSET AND DEATH: One minute.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street (16th & State)
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) 4 (Day) 5 (Year) 53 (Hour) 4:15 p.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Automobile accident - Truck backing

22. *I hereby certify that I attended the deceased from* 1.13, 1953, *to* 4.5, 1953, *that I last saw the deceased alive on* 2.19, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Newcombe (Degree or title): M.D.
23b. ADDRESS: 5122 16 St. Boise, Idaho
23c. DATE SIGNED: 4.7.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/9/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 120
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): B.
c. (Last): CAHLANDER

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1889
9. AGE (In years last birthday): 63-6-3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Axel Cahlander — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Annie Satherlie — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-3712
17. INFORMANT'S OWN SIGNATURE: Mrs Julia J. Cahlander — ADDRESS: Fairfield Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Rectum & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Large Rectum Sigmoid Ca. & Local extension
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:05 p*m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 305 (Degree or title)
23b. ADDRESS: 207 N 3rd Boise Ida
23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 133
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E.
c. (Last): Orton

4. DATE OF DEATH (Month) (Day) (Year): April 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clair Lakes Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. F. Taylor — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Kate Tyol — BIRTHPLACE: Wisconnsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Otis J. Orton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis. — Years.
DUE TO (c): Cerebral Thrombosis. — 5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Left Hemiplegia. — 5 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1952 *to* 4-6, 1953, *that I last saw the deceased alive on* 4-6, 1953 *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. C. David (Degree or title):
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4.8.53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 11, 53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bey Mortuary by [signature] — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 134
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MINERVA
b. (Middle) A.
c. (Last) JUSTUS

4. DATE OF DEATH (Month) (Day) (Year) April 7, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 12, 1869
9. AGE (In years last birthday) 84-2-25 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wheatland, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Columbus M. Brooks BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sallie Bartshe BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Edith M Justus ADDRESS 140 Jefferson

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1953, *to* April 7, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner (Degree or title) Mr D.
23b. ADDRESS 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED 4/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/8/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Hailey, Idaho

DATE REC'D BY LOCAL REG. 4-15-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E Summers ADDRESS Boise, Idaho
~~SUMMERS FUNERAL HOME~~

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 224
Local Reg. No. 136
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1166 River Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle):
c. (Last): OLSON

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1888
9. AGE (In years last birthday): 65-1-13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operating Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Stavanger, Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ole Malmin — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Elizabeth Larsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-2933
17. INFORMANT'S OWN SIGNATURE: Oscar L. Olson — ADDRESS: 912 N. 31st.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): anterior coronary occlusion — 13 hrs
DUE TO (c): Coronary arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: peripheral arteriosclerosis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* April 8, 1953, *that I last saw the deceased alive on* April 8, 1953, *and that death occurred at* 4:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Mather M.D. 267
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 4/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/11/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 137
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bois e
d. STREET ADDRESS (If rural, give location) 1329 S. Capitol Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Louie		Hop	April 8. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Yellow	Married	Mar 23. 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardner		San Francisco Calif.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	China	Unknown	China

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	x George Lew	Tacoma Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 6 4 X Uremia — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bladder neck obstruction (enlarged prostate-benign) — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bladder Stone

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-27-53	Bladder Stone	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 23, 1953, *to* April 8, 1953, *that I last saw the deceased alive on* April 8, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. J. Jeppesen MD	Boise Idaho	4/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 13. 1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-16-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 68
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 6 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FINLEY ROBERTS Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ab
b. (Middle): H.
c. (Last): WILLIAMSON

4. DATE OF DEATH (Month) (Day) (Year): April 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: O. E. Cannon — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2-10 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Malnutrition + — 3 mo.
DUE TO (c) Senility — —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis General — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1952 *to* 4-9-, 1953, *that I last saw the deceased alive on* 4-9-, 1953, *and that death occurred at* 9:43A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Apr. 11. 53
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): MOUNTAIN HONE IDAHO

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: BEY MORTUARY — ADDRESS: MTN. HOME

by D A L Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Smithson

RECEIVED
APR 18 1953

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 198
Reg. Dist. No. 370
BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	David	Michael	Hochstrasser		April	10	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	7/31/41	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Boise
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chase L Hochstrasser — BIRTHPLACE: Providence, Utah
14. MOTHER'S MAIDEN NAME: Annie C. Hoopes — BIRTHPLACE: Weston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Chase L. Hochstrasser — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition
DUE TO (c) Hypothyroid — Severe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mental Retardation

204.2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-2, 1953, *to* 4-10, 1953, *that I last saw the deceased alive on* 4-9, 1953, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B Counts M.D.	Boise Idaho	4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 13, '53	Meridian	Meridain Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-16-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah

RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 4025

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. (illegible)
Local Reg. No. 63
Reg. Dist. No. 371

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 51Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 5206 Bond St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5206 Bond St.

3. NAME OF DECEASED (Type or Print): a. (First) Exie; b. (Middle) Holloway; c. (Last) Call

4. DATE OF DEATH: (Month) (Day) (Year): Apr. 10th. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 1st. 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lincoln Neb.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Samuel Holloway
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: Sadie Mulford.
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-32-8958

17. INFORMANT'S OWN SIGNATURE: Ralph G Call
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Indigestion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Insufficiency — Chronic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/24/51, 19__, *to* 4/10/53, 19__, *that I last saw the deceased alive on* 4/10, 1953, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Thurston, M.D. (Degree or title)

23b. ADDRESS: 4420 Fremont St. Boise

23c. DATE SIGNED: 4/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 142
Reg. Dist. No. 371

BIRTH NO.

RECEIVED APR 22 1953 DIVISION OF STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): Box 10

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	ELLEN	SMITH	April 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 24, 1904	48-7-19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Drewsey, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Cranmer	Unknown	Dora Metcalf	Oregon

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Marion Myers	Holcomb Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 14 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* April, 1953, *that I last saw the deceased alive on* 4-13, 1953, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alfred M. Popma M.D.	Boise Idaho	4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4/14/53		Burns, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-21-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Swim dec'd

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 139
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2919 N. 36th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charlotte	H.	Plant	4	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	2/21/80	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dressmaking 4-	Retail sales	Sheffield, England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hadwick	Boston, LincolnShire, Eng.	Hannah Rawlin	Sheffield, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	------		Ezra A. Plant	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis primary in uretha — INTERVAL BETWEEN ONSET AND DEATH: about 1½ yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-20-, 19 52 *to* 4-13-, 1953, *that I last saw the deceased alive on* 4-13-, 1953, *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. Swinnell	M. D.	Boise Idaho	4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Thurs. April 16, 1953	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-16-53	Myrtle Palmer	Russell V. Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 158
Reg. Dist. No. 370

111-53-3727
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby; b. (Middle); c. (Last) Clayville

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 14, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 10 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Clayville — BIRTHPLACE: Denver Colo.

14. MOTHER'S MAIDEN NAME: Mildred Kayburn — BIRTHPLACE: Gibbens, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Richard J. Clayville — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Stillborn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* April 29, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward Merrill (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 15, 53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 5-5-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1232
Local Reg. No. 69
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3401 Gerrard Street

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) AMELIA c. (Last) BOWLES

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 18, 1870

9. AGE (In years last birthday): 83-1-26 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Sharp — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Amanda Bair — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Edward Bowles — ADDRESS: 3401 Gerrard Ada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Dec, 1952, *that I last saw the deceased alive on* Dec 7, 1952, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max L. Bell, M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 4/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

(Bud)

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 72
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): #10 Harrell St.

3. NAME OF DECEASED (Type or Print)
a. (First): CHERYL
b. (Middle): ANN
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): 4 17 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/9/1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Douglas Hansen — BIRTHPLACE: Salt Lake City, Utah.
14. MOTHER'S MAIDEN NAME: Helen Proffitt — BIRTHPLACE: Sumpter, Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S OWN SIGNATURE: Robert D Hansen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

763.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/17, 1953, *to* 4/17, 1953, *that I last saw the deceased alive on* 4/17, 1953, *and that death occurred at* 8a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce L Budge MD
23b. ADDRESS: Boise
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

APR 30 1953

DIVISION OF VITAL STATISTICS

State File No. 1954
Local Reg. No. 144
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3619 Tamarack Drive

3. NAME OF DECEASED (Type or Print): a. (First) Clements b. (Middle) Arnold c. (Last) Vondekamp

4. DATE OF DEATH (Month) (Day) (Year): Apr. 18. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 4. 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lohne Oldenburg Germany.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clements Vondekamp
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Cooling
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-03-6124

17. INFORMANT'S OWN SIGNATURE: Elizabeth Vondekamp
ADDRESS: Boise.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uremia — four weeks

DUE TO (c) Bilateral Cystic Kidneys — Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 8-25, 1952, *to* 4-18, 1953, *that I last saw the deceased alive on* 4-18, 1953, *and that death occurred at* 7:26 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Clements Vondekamp M.D. (Degree or Title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4. 20. 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 22. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise, Idaho

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1235
Local Reg. No. 71
Reg Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Behind Soldiers Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Soldiers Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MELVIN		JONELY	4	18	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	no record	1/28/1894	59	2	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (soldier) 41
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Russell J. Relyea — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Behind Soldiers Home
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY (Month): 4 (Day): 18 (Year): 53 (Hour): 1:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Heart Attack

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell J. Relyea	Coroner	318 No Latah Boise Ida.	4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	4/22/1953	Dry Creek	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-23-53	Myrtle Palmer	Russell J. Relyea Relyea Mortuary	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hollingsworth

RECEIVED

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 73
Reg. Dist. No. 371

BIRTH NO.

APR 30 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2825 Vista Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Arizona

b. COUNTY: Maricopa

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Phoenix

d. STREET ADDRESS (If rural, give location): 2018 East Sheridan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kathryn	Alice	Goster	4	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	separated	Dec. 9, 1918	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Cloudcraft, New Mexico

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles McClure — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Ethel Griffin — BIRTHPLACE: Santa Fe, New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Mrs Gladys Butler — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19, 1953, *to* 4-19, 1953 *that I last saw the deceased alive on* 4-19, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Boise Idaho	4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/21/53	Meridian	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-24-53	Myrtle Palmer	Russell G. Relyea Sr. Relyea Mortuary	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAY 7 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1237
Local Reg. No. 77
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3518. Meadow Drive.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho.
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
d. STREET ADDRESS (If rural, give location) 2623. Cassia Street.

3. NAME OF DECEASED (Type or Print)
a. (First) JOE
b. (Middle) MC NEW
c. (Last) RUSSELL.

4. DATE OF DEATH (Month) (Day) (Year) APRIL. 20. 1953.

5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH November. 23. 1898.
9. AGE (In years last birthday) Months Days 54-4-27. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William. A. Russell, BIRTHPLACE Springfield, Ill.
14. MOTHER'S MAIDEN NAME Josephine Mc New, BIRTHPLACE Kentucky.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 520-26-3078.
17. INFORMANT'S OWN SIGNATURE William A. Russell ADDRESS 611 11th AVE SO. EXT. NAMPA IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Arteriosclerotic
DUE TO (b) Cardiovascular disease — years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home shop.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ada County, Boise City, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 20 - 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Collapsed while mixing paint

22. *I hereby certify that I attended the deceased from* 4-20, 1953, *to* 4-20, 1953, *that I last saw the deceased alive on* 4-20, 1953, *and that death occurred at* 6.45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Jerome Knipton M.D. (Degree or title)
23b. ADDRESS 209 Main, Boise
23c. DATE SIGNED 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE April. 24. 1953.
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State) Boise, Idaho.

DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Summers Funeral Home, Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 143
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2006 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen L.
b. (Middle): McHan
c. (Last): Alberthsen

4. DATE OF DEATH (Month) (Day) (Year): Apr 21. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16. 1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A, McHan — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Jeannie C. Forrest — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Walter Albrethsen — ADDRESS: 2006 Warm Springs Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolus + Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease
DUE TO (c): Mural Thrombus - left auricle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
auricular Fibrillation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1949, *to* April 21, 1953, *that I last saw the deceased alive on* April 21, 1953 *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford (Degree or title): MD
23b. ADDRESS: 311 Idaho St Boise Idaho
23c. DATE SIGNED: April 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 23. 1953
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 4-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. S. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 148
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 145 W.S. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 145 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Christian	Tallinger	April 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 14. 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Worker.	Retired	Rochester New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Tallinger	New York State.	Anna Martin	New York. State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Blanche H. Tallinger	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart dis- — 4-5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral & general arteriosclerosis —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 51, *to* 4/21, 19 53, *that I last saw the deceased alive on* 4/14, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John A Mather, M.D	Boise Idaho	4/21/53

24a. BURIAL / CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 25. 53	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-27-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

J. V. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 1240
Local Reg. No. 145
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Iday
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5107 Ponder St.

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) Mae c. (Last) Blackwell

4. DATE OF DEATH: (Month) (Day) (Year): April 21 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27 1916
9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Homer Connor
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Oklahoma
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 555-30-6895
17. INFORMANT'S OWN SIGNATURE: Curtis R. D. Lackwell
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Congenital defect
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 1953, *to* 4-21-, 1953, *that I last saw the deceased alive on* 4-21-53 19, *and that death occurred at* 8:28 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Spencer (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 24. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. J. J. McCann
ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Miner

RECEIVED Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 370

BIRTH NO.

APR 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1504 Lemp St.

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) W. c. (Last) Brewer

4. DATE OF DEATH (Month) (Day) (Year) Apr. 21st 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 28. 1896

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Shoe Store

11. BIRTHPLACE (State or foreign country) Ryansville Canada

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME George Brewer BIRTHPLACE Buckingham Canada

14. MOTHER'S MAIDEN NAME Ellen Ryan. BIRTHPLACE Ryansville Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mary B. Marrison ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (a) Cor pulmonale — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac cirrhosis — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1951, to 4/21, 1953, *that I last saw the deceased alive on* 4/21, 1953, *and that death occurred at* 8:55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner M.D. (Degree or title)

23b. ADDRESS 105 N. 8th St. Boise Idaho

23c. DATE SIGNED 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 24. 1953

24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 4-27-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Schreiber-McCann-Gibson ADDRESS Boise

J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 147
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2 (Ustick)

3. NAME OF DECEASED (Type or Print)
a. (First): AIMA
b. (Middle): JANE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 4, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lincoln County, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Posey — BIRTHPLACE: Miss.
14. MOTHER'S MAIDEN NAME: Rebecca Elizabeth Martin — BIRTHPLACE: Miss.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Louis J Smith, Rt 2 — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive & arteriosclerotic Heart Disease

DUE TO (c) Generalized arteriolar Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/3, 1949, *to* 4/21, 1953, *that I last saw the deceased alive on* NOV 30, 1952, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jon E Cerffard (Degree or title): md
23b. ADDRESS: 311 - Idaho Boise Ida
23c. DATE SIGNED: 4/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 152
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 20 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1001 E. Washingto St.

3. NAME OF DECEASED (Type or Print)
a. (First): Corrine
b. (Middle): H.
c. (Last): Masters

4. DATE OF DEATH: (Month) Aor.23 (Day) (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 8th 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver Colo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas E. Harris
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Catherine Fonda
BIRTHPLACE: N.Y. State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ira H. Masters
ADDRESS: Boise Ida;

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lymphs-Sarcoma cont
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Melanosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 21, 19 53 *to* April 23 19 53 *that I last saw the deceased alive on* April 23, 19 53, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Swindell (Degree or title) M. D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25. 53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Ada

Certificate of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 149
Reg. Dist. No. 370

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1722 Broxon St.

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Apr. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Apr. 19. 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 0 Days: 4; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Luther S. Davis. BIRTHPLACE: Roosevelt Minn.
14. MOTHER'S MAIDEN NAME: Zelma Hambly BIRTHPLACE: Elk River Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: None
17. INFORMANT'S OWN SIGNATURE: Luther S. Davis ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (6 mos. Sustained)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 19, 1953, *to* Apr 23, 1953, *that I last saw the deceased alive on* Apr 23, 1953, *and that death occurred at* 11:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Davis MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise
J. B. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 150
Reg. Dist. No. 370

BIRTH NO. [illegible]7767

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 S. Walnut

3. NAME OF DECEASED (Type or Print): a. (First) JIMMIE b. (Middle) RAY c. (Last) REIDLEN

4. DATE OF DEATH: (Month) (Day) (Year) April 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 23, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Reidlen — BIRTHPLACE: Warners, N.Y.

14. MOTHER'S MAIDEN NAME: Esther Maltby — BIRTHPLACE: Camillus, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Reidlen — ADDRESS: 403 S. Walnut Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Aspiration Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 22 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/23, 1953, *to* 4/24, 1953, *that I last saw the deceased alive on* 4/24/53, 1953, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): May L. Bell, D.O. M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Hilaria b. (Middle) c. (Last) Garay

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Jan. 14, 1903
9. AGE (In years last birthday) 50 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Murelaga Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Manuel Urquidi — BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Antonia Goitiamdia — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Dominga M Aguirre — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

174 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH Dec 1949

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to Spine,
DUE TO (c) Lung (Left) and extension into the

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rectum and Bladder.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cancer of Lower Uterine fundus.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1949, *to* April 27, 1953, *that I last saw the deceased alive on* April 27, 1953, *and that death occurred at* 5 *m., from the causes and on the date stated above.*

23a. SIGNATURE Everett L Jones MD (Degree or title)
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 30, 53
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho

DATE REC'D BY LOCAL REG. 5-13-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 5 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1247
Local Reg. No. 153
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 19 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 919. No. 18th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Karl	Lewis	Orchard	Apr. 28th. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Dec. 9. 1933	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herbert W. Orchard — BIRTHPLACE Idaho City Ida.
14. MOTHER'S MAIDEN NAME Alice Moland — BIRTHPLACE Boise Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Herbert W. Orchard — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound — 976X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) 4 (Day) 28 (Year) 53 (Hour) 4:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Russell M. Kelly Ea Coroner
23b. ADDRESS 318 No. Latah, Boise
23c. DATE SIGNED 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1st 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 4-30-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson
ADDRESS Boise Idaho
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1a
Local Reg. No. 156
Reg. Dist. No. 370

BIRTH NO.

MAY 7 – 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Dewey c. (Last) Daily

4. DATE OF DEATH: (Month) Apr. (Day) 28. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct 14 1899

9. AGE (In years last birthday): 53. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Bellevue Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Daily — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Cora Skyles. — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-10-0497

17. INFORMANT'S OWN SIGNATURE: Josephine Skelton — ADDRESS: Boise

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Thrombosis — 3 weeks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Bronchopneumonia — 1 mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11 Apr., 1953, *to* 28 Apr, 1953, *that I last saw the deceased alive on* Apr 28, 1953, *and that death occurred at* 5.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C R Blackburn (Degree or title) MD

23b. ADDRESS: 1320 Vista, Boise Ida

23c. DATE SIGNED: 30 Apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 1st 1953

24c. NAME OF CEMETERY OR CREMATORY: Idaho City

24d. LOCATION (City, town, or county) (State): Idaho City. Idaho

DATE REC'D BY LOCAL REG.: 5-6-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 169
Reg. Dist. No. 370

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO. 111-53-3790

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): [illegible]
c. LENGTH OF STAY (in this place): 13½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2716 Camas Street

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): FREDERICK HENRY RIFER, JR.

4. DATE OF DEATH: (Month) (Day) (Year): April 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: April 29, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 13 | Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME | BIRTHPLACE: Frederick Henry Rifer-Utica, N.Y.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Vivian Pittenger Portland, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Fred Rifer-2716 Camas St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 6½ month gestation.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-29, 1953, *to* 4-29, 1953, *that I last saw the deceased alive on* 4-29, 1953 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M D

23b. ADDRESS: 200 E Bannock St

23c. DATE SIGNED: 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/1/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E Summers, Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1250
Local Reg. No. 162
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 529 So. 13th St

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Helen c. (Last) Kerley

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29th. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 8th 1873

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Big Lake Tenn:

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Richardson BIRTHPLACE: Oneonta N.Y.

14. MOTHER'S MAIDEN NAME: Helen Marvle BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. E. Graves ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

427

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility and

DUE TO (c) Cardiac - Renal Vascular Degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred A Fleming M.D.

23b. ADDRESS: Eastman Bldg.

23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 2nd 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG: 5-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-3768

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 159
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1810 North 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) DIANA; b. (Middle); c. (Last) ADAMSON

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: April 23, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months | Days: 6 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl L. Adamson, Jr. BIRTHPLACE: Girard, Kansas

14. MOTHER'S MAIDEN NAME: Katherine Elizabeth Stoneman BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [signature] 1810 No 13th Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 750X Starvation - malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inability to take food
DUE TO (c) Anencephaly, hare lip, cleft palate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 23, 1953, *to* April 29, 1953, *that I last saw the deceased alive on* April 29, 1953, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold B. Holmes 67+ (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: May 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/30/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-5-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 14
Local Reg. No. 155
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1401 River Street

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) c. (Last) BRANAM

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 14, 1874

9. AGE (In years last birthday): 78-6-15
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parma, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Holbrook BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Elizabeth Burton BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: George Morrow ADDRESS: Boise, Idaho 533 So. 14th,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to 4-28, 1953, that I last saw the deceased alive on 4-28, 1953 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): James Harrington M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/1/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 371

BIRTH NO.

APR 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2925 Tamarack Drive (R.D.#9)

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) WILHELMINA c. (Last) BRUECK

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1872

9. AGE (In years last birthday): 80-3-19 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Saar — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Louis W. Brueck — ADDRESS: R.D.#9, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 26, 1952 *to* Apr 1, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 3:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/6/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 371
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 39 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1002 North 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANCIS b. (Middle) c. (Last) REED

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 30, 1874

9. AGE (In years last birthday): 78-10-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lebanon, Linn Co., Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abner Smith
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Ellen Adkison
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George L. Shuffle
ADDRESS: Boise 1002 W 5th St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Cardiac Insuff — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteio-Sclerotic Renal Disease — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 24, 1953 *to* April 3, 1953, *that I last saw the deceased alive on* Apr 3, 1953, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Rusty (Degree or title): M D

23b. ADDRESS: Meridian

23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/6/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 65
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1122 River St

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle)
c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year) April 6, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk
8. DATE OF BIRTH Nov. 9, 1871
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 49
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unk BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unk BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE A. E. Alden - 419 N. 9th ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver (unclass) — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 11, 1953, *to* April 6, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 1:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 230 Carl D Rusty MD (Degree or title)
23b. ADDRESS Meridian
23c. DATE SIGNED 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 9, 1953
24c. NAME OF CEMETERY OR CREMATORY Dry Creek
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 4-14-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1356
Local Reg. No. 66
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 512½ Broad St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles		Hannum		4	9	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	no record	2/13/1874	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ab		Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs. Ward Troxel	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma unclear — Unk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 21, 1951, *to* April 1, 1953, *that I last saw the deceased alive on* April 8, 1953, *and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
230 Carl D Lusty	M.D.	Meridian	4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/13/53	Dry Creek	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-15-53	Myrtle Palmer	Funeral C. Relyea	318 N. Latah, Boise, Idaho

Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Grand Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Lew
b. (Middle): L.
c. (Last): KOPF

4. DATE OF DEATH (Month) (Day) (Year): April 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 4, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Maxwell, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Johannas Kopf — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Catherine Schey — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 519-01-6547
17. INFORMANT'S OWN SIGNATURE: Records, V. A. Hospital, Boise, Idaho — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatic mitral, aortic & tricuspid valvulitis with right ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — 10 years
Cerebral hemorrhage, rt. occipital lobe — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 21, 1953, *to* April 10, 1953, *that I last saw the deceased alive on* April 10, 1953, *and that death occurred at* 9:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: JOSEPH BEEMAN, M. D. — (Degree or title): Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho.

DATE REC'D BY LOCAL REG.: 4-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 17
Local Reg. No. 140
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 210 Daisey

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Robert c. (Last) Rich

4. DATE OF DEATH (Month) (Day) (Year) April 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 28, 1925
9. AGE (In years last birthday) 28
IF UNDER 1 YEAR Months 0 Days 17
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Platt, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clifford Rich
BIRTHPLACE Hobridge, Neb.
14. MOTHER'S MAIDEN NAME Florence Hoffman
BIRTHPLACE Lode, Neb.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW II
16 SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE AND ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Congestive Heart Failure and right Hydrothorax — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease with mitral Stenosis and insufficiency — 10 years

DUE TO (c) aortic insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 1, *19*53, *to* Apr. 15, *19*53, *that I last saw the deceased alive on* Apr. 15, *19*53, *and that death occurred at* 1:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. P. STEVENSON, M. D. (Degree or title) Chief, Medical Services
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 18.1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 4-16-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson.
ADDRESS Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Merrill

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1259
Local Reg. No. 67
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Jane c. (Last) Cattron

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 17, 1862
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Sublimity, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Marlatt — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Kenoyer — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lola B. Sawyer — ADDRESS: Boise Route #4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that, I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 4/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1260
Local Reg. No. 70
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 342 Buchanan St., Twin Falls.

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Kyle	M.	Waite	April	17,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-1-90	62	6	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burr Oak, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ahimaaz Waite — BIRTHPLACE Ill.
14. MOTHER'S MAIDEN NAME Allie McIndoo — BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16 SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Wm. M. Fuller — ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

241X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale — 1 yr. plus
DUE TO (c) Chronic asthmatic bronchitis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 9, *19*53, *to* Apr. 17, *19*53, *that I last saw the deceased alive on* Apr. 17, *19*53, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. P. STEVENSON, M. D. (Degree or title) Chief, Medical Services
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Apr. 18. 1953
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls Idaho

DATE REC'D BY LOCAL REG. 4-21-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS Schreiber-McCann-Gibson. Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 371
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 13 Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.D. # 5.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 116. Louisa Drive.

3. NAME OF DECEASED (Type or Print): a. (First) LE ROY b. (Middle) WARREN c. (Last) GOODIN.

4. DATE OF DEATH (Month) (Day) (Year): April. 20. 1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: September. 20. 1887.

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR Months 7 Days 0 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired. Chief Operator

10b. KIND OF BUSINESS OR INDUSTRY: Idaho. Power Co.

11. BIRTHPLACE (State or foreign country): Crete. Nebraska.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Letson. A. Goodin, BIRTHPLACE: Salina, Kansas.

14. MOTHER'S MAIDEN NAME: Lorinda Mae Lane, BIRTHPLACE: Webster, Iowa.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-07-2997

17. INFORMANT'S OWN SIGNATURE: Mrs. Lois A. Freeman ADDRESS: 900 Harrison Blvd Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 or 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1st, 1951, *to* April 20, 1953, *that I last saw the deceased alive on* April 20, 1953, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Forrest M Ward (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: April. 23. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 74
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): General Delivery - Boise

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLEANORIA		BRAZELTON	4/	24/	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	11/9/1912	40	7	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Coffeyville, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Alfred Chambers — BIRTHPLACE: Lincoln, Nebraska
14. MOTHER'S MAIDEN NAME: Ida May Marshall — BIRTHPLACE: Sparks, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: Richard Brazelton — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* 4-24, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Rusty MD	Meridian	4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/27/1953	Dry Creek	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-28-53	Myrtle Palmer	Russell C. Kelly	318 N. Latah
		Kelyea Mortuary	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

APR 30 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 151
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
LENGTH OF STAY (in this place): 56yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): East Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Brackett; c. (Last) Peer

4. DATE OF DEATH: (Month) (Day) (Year): April 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: o/

11. BIRTHPLACE (State or foreign country): Jacksonville, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. H. Peer
BIRTHPLACE: Payson, Illinois

14. MOTHER'S MAIDEN NAME: Mary Powson
BIRTHPLACE: New York, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-7268

17. INFORMANT'S OWN SIGNATURE: Mrs Elsie H Peer
ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-14-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Pancreas

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1942 *to* 4-25, 1953, *that I last saw the deceased alive on* 3-29, 1953, *and that death occurred at* 5:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 305 Fort St Boise

23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April, 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 4-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B W Robinson
ADDRESS: Meridian, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 75
Reg. Dist. No. 371

BIRTH NO. APR 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Grant
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) John Day
d. STREET ADDRESS (If rural, give location) 309 Ella

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Faiman

4. DATE OF DEATH (Month) (Day) (Year) April 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-3-86
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prairie City, Oregon
12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Paul Faiman BIRTHPLACE Austria
14. MOTHER'S MAIDEN NAME Barbra Donner BIRTHPLACE Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 544 09 4558
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 10X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic mitral & aortic valvulitis with left ventricular failure.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 19 53, *to* April 26, 19 53, *that I last saw the deceased alive on* April 26, 19 53, *and that death occurred at* 6:27 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) JOSEPH DEEMAN, M. D. Pathologist
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Apr. 29. 1953
24c. NAME OF CEMETERY OR CREMATORY John Day Cemetery
24d. LOCATION (City, town, or county) John Day (State) Oregon

DATE REC'D BY LOCAL REG. 4-28-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho

R. A. Hymer

Federal Security Agency
United States Public Health Service
Form DPH-48021

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MAY 7 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 78
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 389 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): Box 304

3 NAME OF DECEASED (Type or Print): a. (First) Joe; b. (Middle); c. (Last) Kranovich

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-15-89

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 4 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jugoslovia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Kranovich
BIRTHPLACE: Jugoslavia

14. MOTHER'S MAIDEN NAME: Sally Cognac
BIRTHPLACE: Jugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16 SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: [signature] Records, VA Hospital, Boise, Idaho
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 13 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1952, *to* April 27, 1953, *that I last saw the deceased alive on* April 27, 1953, *and that death occurred at* 2:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson, M. D. — Chief, Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April. 29. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Mackay Cemetery
24d. LOCATION (City, town, or county) (State): Mackay, Idaho.

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Marvel Funeral Home.
ADDRESS: Arco, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 79
Reg. Dist. No. 371

BIRTH NO.

MAY 7 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) JOAQUIN b. (Middle) c. (Last) SANTELLA.

4. DATE OF DEATH: (Month) (Day) (Year) April. 28. 1953.

5. SEX: Male.

6. COLOR OR RACE: Brown

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: Dec. 25. 1900.

9. AGE (In years last birthday): 52-4-3. (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philippine, Islands.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Philippine Islands.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Philippine Islands.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 518-22-0429.

17. INFORMANT'S OWN SIGNATURE: Esther J. Dawes ADDRESS: R.D. # 2. Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes - probably due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4 a. m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Kelsea (Degree or title): Coroner

23b. ADDRESS: 318 No. Latah Boise Ida

23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: May. 2. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 5-5-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Dunmire ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 8
Reg. Dist. No. 300

BIRTH NO.

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): General Delivery (City)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARL	ORVILLE	MOORE	April	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 5 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail Business 74	Restaurant&Hotel	Downs, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Moore	Missouri	Don't Know	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs. Carl Moore	Council, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 4, 1953, *to* April 4, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 2:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Durand A. Crawford M.D.	Council, Idaho	4/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial*Removal	4#8#53	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/7/53	[illegible]	A. P. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 9
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): P.O. Box 145 (City)

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle): ELIZABETH
c. (Last): LINDER

4. DATE OF DEATH (Month) (Day) (Year): April 16 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Jasper Alabama
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Key — BIRTHPLACE: Atlanta, Georgia
14. MOTHER'S MAIDEN NAME: Telephia Bates — BIRTHPLACE: Jasper, Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Dan Smith — ADDRESS: Midvale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Dead April 16, 1953, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 113
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 4/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 01
24b. DATE: 4/19/53
24c. NAME OF CEMETERY OR CREMATORY: Indian Valley
24d. LOCATION (City, town, or county) (State): Indian Valley Idaho

DATE REC'D BY LOCAL REG.: 4/16/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 10
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) BUTLER c. (Last) PALMER

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17 1912

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Fairfield Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Albert Butler
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mabel Anna Allan
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lester C. Palmer
ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 3, 1953, *to* April 28, 1953, *that I last saw the deceased alive on* April 28, 1953, *and that death occurred at* 11:30 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Edwards M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 4/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/28/53
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: C. E. Jones
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1270
Local Reg. No. 105
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) ***; c. (Last) ARNOLD

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: November 4, 1867

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Henry County, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No data — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jas Henderson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-Renal — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 23, 1953, *to* March 4, 1953, *that I last saw the deceased alive on* March 4, 1953, *and that death occurred at* 5:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Mar. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: APR 22 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

State File No. 1271
Local Reg. No. 82
Reg. Dist. No. 511

STATE OF IDAHO

BIRTH NO. APR 2 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 30 East 1st South St.,

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) OVEDIA c. (Last) LORNTZEN BOYLE

4. DATE OF DEATH: (Month) (Day) (Year) March 23, 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 10, 1884.

9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Logan, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ole Lorntzen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Rachel J. Pedersen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Thomas L. Boyle — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic heart disease with acute heart failure and Pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Rt. hip — 2 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-22- *, 19*53*, to* 3-23- *, 19*53*, that I last saw the deceased alive on* 3-23- *, 19*53*, and that death occurred at* 7:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Millin, M.d.

23b. ADDRESS: Pocatello, Ida Co

23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-27-53

24c. NAME OF CEMETERY OR CREMATORY: Logan

24d. LOCATION (City, town, or county) (State): Logan, Utah.

DATE REC'D BY LOCAL REG.: APR 1 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1272
Local Reg. No. 90
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1530 Yellowstone
d. STREET ADDRESS (If rural, give location) Pocatello Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Belle b. (Middle) Elizabeth c. (Last) Renberger
4. DATE OF DEATH (Month) (Day) (Year) April 3 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Sept. 1, 1868
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY - -
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Milton Lewis BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Sarah Hicks BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ethel Brown ADDRESS Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.6 Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Sept, 19 52, *to* 2 April, 19 53, *that I last saw the deceased alive on* 2 April, 19 53, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D
23b. ADDRESS 804 E. Center Pocatello
23c. DATE SIGNED 3 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE April 6-53
24c. NAME OF CEMETERY OR CREMATORY Mountainview cem.
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. APR 7 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR ADDRESS Downard Funeral Home Pocatello Idaho
By John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1273
Local Reg. No. 98
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKROCK RT. 1 So. POCATELLO
d. STREET ADDRESS (If rural, give location): 8 MILES So. OF POCATELLO,

3. NAME OF DECEASED (Type or Print): a. (First) LUCILE b. (Middle) COLEAN c. (Last) BOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 4 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPTEMBER 18, 1936
9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months 6 Days 17
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: INKOM HIGH SCHOOL
11. BIRTHPLACE (State or foreign country): DOWNEY, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EVAN WEBSTER BOWMAN — BIRTHPLACE: DOWNEY, IDAHO
14. MOTHER'S MAIDEN NAME: LUCILE SANDERS — BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***
(If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Alon Bowman — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalomalacia with Primary Essential Hypertension — 48 hrs
DUE TO (c) — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 April *19*53 *to* 4 April, *19*53, *that I last saw the deceased alive on* 4 April, *19*53, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clark T Bailey M.D. (Degree or title)
23b. ADDRESS: 252 N Main Pocatello Idaho
23c. DATE SIGNED: 8 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 9/53
24c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: APR 10 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: COLIN N. EDWARDS — ADDRESS: HALL GRANT MORTUARY POCATELLO, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1274
Local Reg. No. 20
Reg. Dist. No. 5-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 420 E. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Idaho
d. STREET ADDRESS (If rural, give location): 310 E. Center

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Vasiliou; c. (Last) Batis

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 20, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): barber

10b. KIND OF BUSINESS OR INDUSTRY: barbershop

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bill Batis
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Zaphiro Rounis
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Byron B Dowsard
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - , 19____, *to* - - - - , 19____, *that I last saw the deceased* ~~alive~~ dead 4-5, 1953, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: James Henderson 470
(Degree or title): Coroner

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: 4-10-53

24c. NAME OF CEMETERY OR CREMATORY: Albuquerque

24d. LOCATION (City, town, or county) (State): Bernandillo Cty. N. Mexico

DATE REC'D BY LOCAL REG.: APR 17 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Doward Funeral Home
ADDRESS: Pocatello Ida.
Robert P. Thomas

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1275
Local Reg. No. 106
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 800 Block W. Bonneville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 824 W. Bonneville

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	Edwin	Johnston	April	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 5, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Portidown, Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: First name Unknown Lind Johnston — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jane Cole — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Dorothy Jane Johnston — ADDRESS: Los angeles

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Collapsed on the sidewalk, enroute
DUE TO (c): home from work.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Kinderman	Bannock County Coroner	Pocatello, Idaho	Apr. 8, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 11, 1953	Mt. View Cemetery	Pocatello-Bannock Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 22 1953	Eva M. Wallin	Allen L. Manning	Manning Funeral Chapel 510 No. 12th Ave. Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1276
Local Reg. No. 12
Reg. Dist. No. 46

BIRTH NO.

RECEIVED MAY 1 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN Pocatello,
(If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN Ft. Hall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	JOHN	ORCHARD	April 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 21, 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming- Irrigation		Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Joseph Orchard,	Lanchester, England	Sarah Ann Kenip,	Rochester, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-16-1584	Mrs Norma Orchard	Ft. Hall, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemmorrhage	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio Sclerosis, cerebral	1 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic H. Disease 3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1953, 19___, *to* April 8, 1953, *that I last saw the deceased alive on* April 7, 1953, *and that death occurred at* 12:05a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Howard	M. D.	Pocatello, Idaho.	April 11 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-11-53	Grove City Cemetery,	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 29, 1953	Eva M. Wallin	John C. Sandberg	Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1277
Local Reg. No. 101
Reg. Dist. No. 510
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1124 East Bridger Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1124 East Bridger Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH; b. (Middle) ****; c. (Last) SCHMIDINGER

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 24, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad Co.

11. BIRTHPLACE (State or foreign country): Schnaittsee, Germany

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Joseph Schmidinger
BIRTHPLACE: Schnaittsee, Germany

14. MOTHER'S MAIDEN NAME: Anna Spiel
BIRTHPLACE: Schnaittsee, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 712-07-6899

17. INFORMANT'S OWN SIGNATURE: Anna V. Schmidinger
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 8 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Leak in furnace chimney caused coal gas to escape into house

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson, Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: APR 17 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED APR 16 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1278
Local Reg. No. 99
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Yellowstone Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bountiful
d. STREET ADDRESS (If rural, give location): 170 West 1st South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	KEITH	****	ECCLES

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 7, 1915	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Billiard Mechanic	Repair work	Salt Lake City Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Price Eccles	Salt Lake City, Utah	Ella E. Clark	New Mexico

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	529-01-5108	Geraldine A. Eccles	Bountiful, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Condition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Bannock County Coroner	Pocatello, Idaho	Apr. 11, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Apr. 12, 1953	Union Mortuary	Bountiful Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1953	Eva M. Wallin	[signature]	Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1279
Local Reg. No. 103
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): R.F.D. #3

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE; b. (Middle) M; c. (Last) TRUCHOT

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 4, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Choteau, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adolph Fellers
BIRTHPLACE: New York, N.Y.

14. MOTHER'S MAIDEN NAME: Emily Guardipee
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Louise Truchot
ADDRESS: Rt. 3 Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ~~Cardiorenal~~ Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiorenal disease — 5 yrs.

DUE TO (c) Arteriosclerosis, General — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, *19* 53, *to* April 9, *19* 53, *that I last saw the deceased alive on* April 9, *1953*, *and that death occurred at* 6:15p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Edmund M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 16 Apr. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-14-53

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: APR 17 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1280
Local Reg. No. 103
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1990 McKinley

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle):
c. (Last): Horn

4. DATE OF DEATH (Month) (Day) (Year): April 10 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 13, 1884
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Richmond Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse R. Horn
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Luella Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Hosp. Records
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

561.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Congestive Heart — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma — Many Years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-6-53
19b. MAJOR FINDINGS OF OPERATION: Strangulated Femoral Hernia Right
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* 4-10-, 1953, *that I last saw the deceased alive on* 4-9-, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Hastingsen, 152 (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 4-14-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 13, 5
24c. NAME OF CEMETERY OR CREMATORY: Inkom cem.
24d. LOCATION (City, town, or county) (State): Inkom Idaho

DATE REC'D BY LOCAL REG.: APR 17 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Ida.
by John P. Gronna

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1281
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Reservation
c. LENGTH OF STAY (in this place): 16yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fort Hall Reservation
d. STREET ADDRESS (If rural, give location): Fort Hall, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Renelda
b. (Middle):
c. (Last): Buckskin

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug. 22, 1936
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Fort Hall Indian Res.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charley, Buckskin, Jr. — BIRTHPLACE: Fort Hall
14. MOTHER'S MAIDEN NAME: Grace Ponzo, Fort Hall — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -- (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Grace Ponzo Buckskin — ADDRESS: Fort Hall, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

340.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Meningitis — INTERVAL BETWEEN ONSET AND DEATH: about two weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see her alive, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson 479 4 (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 13, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, '53
24c. NAME OF CEMETERY OR CREMATORY: Dider Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Indian Res. Idaho

DATE REC'D BY LOCAL REG.: 4/13/53
REGISTRAR'S SIGNATURE: Florence Nigwanap
25. FUNERAL DIRECTOR: Father, Charley Buckskin, Fort Hall — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1282
Local Reg. No. 107
Reg. Dist. No. 511

BIRTH NO.

APR 18 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3407 Pole line road

3. NAME OF DECEASED (Type or Print): a. (First) Elida; b. (Middle) H.; c. (Last) Moyes

4. DATE OF DEATH (Month) (Day) (Year): April 12 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 1, 1879

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lobster, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William G. Helms — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Mary Ann Moulton — BIRTHPLACE: New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Oscar L. Moyes — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Fibrosis, Rt. Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) X-ray Theraphy to Rt. Chest - for

DUE TO (c) Carcinoma of Rt. Breast + axilla — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

170X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-11, 1953, *to* 4-12, 1953, *that I last saw the deceased alive on* 4-12, 1953, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller Jr, MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4-15-53

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Ida.

John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1283
Local Reg. No. 117
Reg. Dist. No. 510

BIRTH NO. 111-53-3878

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 114 Mountain Drive

3. NAME OF DECEASED (Type or Print): a. (First) MARK; b. (Middle) RANDAL; c. (Last) FULTON

4. DATE OF DEATH: (Month) (Day) (Year): April 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 13, 1953

9. AGE (In years last birthday): ---- IF UNDER 1 YEAR: Months 0, Days 2; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald G. Fulton — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Gloria Barber — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Donald G. Fulton Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atalectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 13 April *19* 53 *to* 15 April, *19* 53 *that I last saw the deceased alive on* 15 April *19* 53 *and that death occurred at* 3:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence Good Burch MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 1 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 17, '53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 12 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Sharp and Sun Home By Dean W. Knopp

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1284
Local Reg. No. 108
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1136 S. Fifth St.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) BRIGHAM HAROLD SPACKMAN

4. DATE OF DEATH (Month) (Day) (Year) April, 16, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov., 3, 1890

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver

10b. KIND OF BUSINESS OR INDUSTRY Kraft Food

11. BIRTHPLACE (State or foreign country) Leviston Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Brigham Spackman BIRTHPLACE Eng.

14. MOTHER'S MAIDEN NAME Laura E. Petkin BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 579-20-9730

17. INFORMANT'S OWN SIGNATURE Mrs Harold Spackman ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary artery disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Apr, 1953, *to* 16 Apr, 1953, *that I last saw the deceased alive on* 16 Apr, 1953, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D

23b. ADDRESS 804 E. Center Pocatello Idaho

23c. DATE SIGNED 20 Apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-20-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Downard ADDRESS Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1285
Local Reg. No. 787
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 918 Brennan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) HANNAH b. (Middle) MARIE c. (Last) LARSON

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 16, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Omaha Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Antone T. Olsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Andrea Johnson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs Pearl Hoggan — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease	2 years
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Chronic glomerulonephritis	2 yrs.
	Diabetes mellitus	2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October apr, 1952, *to* 16 apr, 1953, *that I last saw the deceased alive on* April 16, 1953, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. G. Crandall 081 (Degree or title): MD
23b. ADDRESS: 804 E. Center
23c. DATE SIGNED: 20 apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-53 01
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1286
Local Reg. No. 109
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1640 S. Third

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): DOROTHY DOLBEER GARMIRE

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 4, 1915

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pebble Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Fred J. Dolbeer | Pocatello Id.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Myrtle Wray | Hyrum Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Harold B. Garmire | 1640 S. 3rd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes
DUE TO (c) Pulmonary Edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1953, *to* 4-17, 1953 *that I last saw the deceased alive on* 4-17, 1953 *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold B. Garmire MD

23b. ADDRESS: Pocatello Ida.

23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-20-53

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR | ADDRESS: Byron B. Howard | Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1287
Local Reg. No. 111
Reg. Dist. No. 511

RECEIVED APR 29 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Gibson
d. STREET ADDRESS (If rural, give location) Indian Reservation

3. NAME OF DECEASED (Type or Print) a. (First) Alex b. (Middle) c. (Last) Woods

4. DATE OF DEATH (Month) (Day) (Year) April 18 1953

5. SEX M

6. COLOR OR RACE Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH ? ? 1883

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown Woods — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE — ADDRESS Hospital records by [illegible] Pocatello Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 610X Uremia — INTERVAL BETWEEN ONSET AND DEATH 15 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Years 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy 2 yrs

19a. DATE OF OPERATION May 53

19b. MAJOR FINDINGS OF OPERATION Cystotomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Apr, 1953, *to* 18 Apr, 1953, *that I last saw the deceased alive on* 17 Apr, 1953, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE Farmer H Hayward (Degree or title) M.D. — **23b. ADDRESS** Pocatello Idaho — **23c. DATE SIGNED** 21

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 4-22-53

24c. NAME OF CEMETERY OR CREMATORY Indian reservation

24d. LOCATION (City, town, or county) (State) Bingham County Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS Downard Funeral Home Pocatello Ida. By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1288
Local Reg. No. 176
Reg. Dist. No. 511

RECEIVED
APR 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Arbon
d. STREET ADDRESS (If rural, give location): R.F.D. Arbon

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Turner

4. DATE OF DEATH: (Month) (Day) (Year) April 18 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	W.	Widowed	Dec. 8, 1885	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 54	Farm	Dayton, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Turner	Ill.	Maggie Ball	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ~~OWN~~ SIGNATURE	ADDRESS
No		Delmar Turner	Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	7 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension Cardio-vascular disease	10-15 years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 12, 1953, *to* April 18, 1953, *that I last saw the deceased alive on* April 18, 1953, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Hearn 176	M.D.	1148 E. Center Pocatello, Ida.	4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4-21-53	Mountainview cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Eva M. Wallin	Downard Funeral Home	Pocatello Idaho

By John P. Gronman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1289
Local Reg. No. 114
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Rural
d. STREET ADDRESS (If rural, give location): RFD South

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): WATSON
c. (Last): FARNSWORTH

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 8, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beauty Operator (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Providence, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyrum A. Watson — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: LaVina Hyer — BIRTHPLACE: Richmond, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: F. D. Farnsworth — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Ht. disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Apr 19, 1953, *that I last saw the deceased alive on* Apr 8, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Howard M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr 27

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 April 53
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG: MAY 8 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1290
Local Reg. No. 120
Reg. Dist. No. 510

BIRTH NO.

MAY 19 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
LENGTH OF STAY (in this place): 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 149 ROSEWOOD

3. NAME OF DECEASED (Type or Print): a. (First) VERNAL b. (Middle) MERRILL c. (Last) STACY

4. DATE OF DEATH: (Month) (Day) (Year): APRIL 22, 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 9, 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months: 9 Days: 13
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): PRESTON, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: EZRA J. MERRILL
BIRTHPLACE: RICHMOND, UTAH

14. MOTHER'S MAIDEN NAME: MARY ANN McCANN
BIRTHPLACE: SPRINGFIELD, UTAH

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Morris Stacy
ADDRESS: MORRIS STACY POCATELLO, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4-20-1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1953, *to* April, 1953, *that I last saw the deceased alive on* April 22, 1953, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd S. Call
LLOYD S. CALL M.D.

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 4-25-53

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW

24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.: MAY 16 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colin M. Edward
ADDRESS: GRANT MORTUARY POCATELLO, IDA

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT
Certificate of Death

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1291
Local Reg. No. 113
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1119 N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY: Hennepin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minneapolis
d. STREET ADDRESS (If rural, give location): 3718 Upton Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Constance
c. (Last): Gilliam

4. DATE OF DEATH (Month) (Day) (Year): April 23 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 2, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pierce County, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amond Winger — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: H. P. Gilliam — ADDRESS: Minneapolis, Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute heart attack in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): most likely [redacted] diagnosis
DUE TO (c): I did not see pt

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
until after death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 152 N. J. Hastingsen, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 4-25-53 01
24c. NAME OF CEMETERY OR CREMATORY: Crystal Lake Cem
24d. LOCATION (City, town, or county) (State): Minneapolis Minn.

DATE REC'D BY LOCAL REG.: April 29, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Ida.
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1202
Local Reg. No. 115
Reg. Dist. No. 510

BIRTH NO. 11-3-7-6

MAY 9 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: BANNOCK

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

LENGTH OF STAY (In this place): 2 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: BANNOCK

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO

d. STREET ADDRESS (If rural, give location): 1056 MEADOWBROOK

3. NAME OF DECEASED (Type or Print)

a. (First): SANDRA

b. (Middle): KAY

c. (Last): KIRKPATRICK

4. DATE OF DEATH: (Month) APRIL (Day) 23, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: APRIL 9, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 14 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***

10b. KIND OF BUSINESS OR INDUSTRY: ***

11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: GENE A. KIRKPATRICK — BIRTHPLACE: BLACKFOOT, IDA

14. MOTHER'S MAIDEN NAME: DOROTHY RANSTROM — BIRTHPLACE: POCATELLO, IDAHO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S OWN SIGNATURE: x Gene A. Kirkpatrick — ADDRESS: GENE A. KIRKPATRICK POCATELLO, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 April, 1953, *to* 23 April, 1953 *that I last saw the deceased alive on* 23 April, 1953, *and that death occurred at* 3a m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis G. Bush (Degree or title) LOUIS G. BUSH M.D.

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: APRIL 24, 1953

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW

24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: MAY 8 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR (Signature and Address): Colin M. Edward — COLIN M. EDWARD / HALL GRANT MORTUARY POCATELLO, IDA

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 19 1953 DIVISION OF VITAL STATISTICS

State File No. 1203
Local Reg. No. 123
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 58 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 325 South Sixth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) ****; c. (Last) PLANZER

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 3, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 74

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Algonac Michigan

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Martin Planzer — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Josephine Troxell — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 517-05-2993

17. INFORMANT'S OWN SIGNATURE: Mrs. R. E. Shaw — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metathelioma of [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 8-10 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. , 1952 *to* April 26, 1953, *that I last saw the deceased alive on* April 26, 1953, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): O. E. Murrell M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Apr. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 18 1953

REGISTRAR'S SIGNATURE: Evan M. Wallin

25. FUNERAL DIRECTOR: Jack Kendrick — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1204
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey, Idaho

c. LENGTH OF STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo

d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)

a. (First): Winslow

b. (Middle): —

c. (Last): Farr

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 24, 1876

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture S/F

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Aaron F. Farr — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary Nebeker — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: 519 07 5186

17. INFORMANT'S OWN SIGNATURE: S. F. Jacobsen — ADDRESS: Logan, Utah

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary occlusion

DUE TO (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-14, 1953, *to* 4-17, 1953 *that I last saw the deceased alive on* 4-16, 1953, *and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Downey, Idaho

23c. DATE SIGNED: April 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Logan City Cemetery

24d. LOCATION (City, town, or county) (State): Logan, Cache Utah

DATE REC'D BY LOCAL REG.: April 19 1953

REGISTRAR'S SIGNATURE: Orissa Salvesen

25. FUNERAL DIRECTOR: Sterling Nelson — ADDRESS: Logan, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 1205
Local Reg. No. 116
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: LAVA HOT SPRINGS 5 MI. EAST
c. LENGTH OF STAY (in this place): 64 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 5 MI. EAST OF LAVA H.S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: LAVA HOT SPRINGS, (FIVE MILES EAST ON RT. 30)
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) WILLIAM c. (Last) SYMONS

4. DATE OF DEATH: (Month) (Day) (Year): APRIL 29, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 5, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 1 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER of

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): SALT LAKE CITY, UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: NATHANIEL SYMONS
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: SUSANNAH OLIVERE
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): **

16. SOCIAL SECURITY NO.: **

17. INFORMANT'S SIGNATURE: x George D. Symons
ADDRESS: GEORGE D. SYMONS LAVA HOT SPRINGS, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis 3 Yrs

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 1 29, 1953 *to* Apr. 1 29, 1953 *that I last saw the deceased alive on* Apr. 1 29, 1953 *and that death occurred at* 4:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Harris M.D.
23b. ADDRESS: Lava Hot Springs Idaho
23c. DATE SIGNED: May 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: LAVA HOT SPRINGS CEMETERY
24d. LOCATION (City, town, or county) (State): LAVA HOT SPRINGS IDAHO

DATE REC'D BY LOCAL REG.: MAY 8 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colin M. Edwards
ADDRESS: COLIN M. EDWARDS HALL GRANT MORTUARY POCATELLO, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1296
Local Reg. No. 118
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
c. LENGTH OF STAY (in this place) 3yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Apt. house in Lava no number

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location) Apt. house in Lava -no St. No.

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) E. c. (Last) Storm

4. DATE OF DEATH (Month) (Day) (Year) April 30 1953

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 17 1869

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher 63

10b. KIND OF BUSINESS OR INDUSTRY Meat market

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mr. Walter Storm
ADDRESS Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ulcers of Stomach — 9 Mo's.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis 3 Mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1952 *to* April 30, 1953 *that I last saw the deceased alive on* April 30, 1953 *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) I so David E. Harris, M.D.

23b. ADDRESS Lava Hot Springs, Idaho

23c. DATE SIGNED May 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE May 1 1953

24c. NAME OF CEMETERY OR CREMATORY Salt Lake

24d. LOCATION (City, town, or county) (State) Salt Lake city Utah

DATE REC'D BY LOCAL REG. MAY 12 1953

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Howard Funeral Home Pocatello Ida.
ADDRESS
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

APR 22 1953

DIVISION OF VITAL STATISTICS

State File No. 1297
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles Idaho
c. LENGTH OF STAY (in this place) 62
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ray c. (Last) Pugmire

4. DATE OF DEATH (Month) (Day) (Year) Mar. 6 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 10 1890
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) St. Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Pugmire BIRTHPLACE Salt Lake City Ut
14. MOTHER'S MAIDEN NAME Sarah Albred BIRTHPLACE St. Charles Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-5598
17. INFORMANT'S OWN SIGNATURE Mrs. Elva R. Pugmire ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) date indefinite
DUE TO (c) first seen May 9 1952
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. well advanced ease at that time

INTERVAL BETWEEN ONSET AND DEATH
X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1952, *to* Mch 6, 1953, *that I last saw the deceased alive on* Mch 6, 1953, *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE L. P. Gardner (Degree or title) M.D.
23b. ADDRESS Montpelier Ida.
23c. DATE SIGNED 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Mar. 10 1953
24c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery
24d. LOCATION (City, town, or county) (State) St Charles Idaho

DATE REC'D BY LOCAL REG. 4/1/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1298
Local Reg. No. 52
Reg. Dist. No.

BIRTH NO.

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 518 Washington Street

3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) Gordon c. (Last) Collipriest

4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH July 2, 1868

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Elgin Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Gordon BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Jeasie Shurd BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Collipriest ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Debility due to Senility — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gradual failure
DUE TO (c) & Cardio-Renal.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1952, *to* Mch 6, 1952, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 471 T. L. Gardner

23b. ADDRESS Montpelier

23c. DATE SIGNED 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery

24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 4/15/53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1209
Local Reg. No. 552
Reg. Dist. No. 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Young c. (Last) Cornwell

4. DATE OF DEATH (Month) Mar. 16 (Day) 1953 (Year)

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug. 8, 1877
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Enid Oklahoma
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James K. Young BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Kaye J. Cornwell ADDRESS Montpelier Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

519 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Mch 6, 1953, *that I last saw the deceased alive on* Mch 6, 1953 *and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 471
23b. ADDRESS Montpelier
23c. DATE SIGNED 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Mpntpelier Ida.

DATE REC'D BY LOCAL REG. 4/1/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1300
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Ida
c. LENGTH OF STAY (In this place) 75
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Polly b. (Middle) Jane c. (Last) Hoff

4. DATE OF DEATH (Month) (Day) (Year) Mar. 17 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 10 1877
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Georgetown Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alma Hayes BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Louisa Sheffield BIRTHPLACE Salt Lake City Ct

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Reed Alma Hoff ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1953, *to* March 17, 1953, *that I last saw the deceased alive on* March 17, 1953, *and that death occurred at* 9:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE Reed Richmond (Degree or title) 233
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 1953
24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
24d. LOCATION (City, town, or county) (State) Georgetown Idaho

DATE REC'D BY LOCAL REG. 1/1/53
REGISTRAR'S SIGNATURE N. Wheeling
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1301
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dieldon Highway 30 N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 644 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First) Justin
b. (Middle) W.
c. (Last) Phelps

4. DATE OF DEATH (Month) (Day) (Year) Mar. 29 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 9, 1905.
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 44
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W. S. Phelps. BIRTHPLACE Montpelier Ida
14. MOTHER'S MAIDEN NAME Ella Holengren BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-9451
17. INFORMANT'S OWN SIGNATURE Mrs Justin Phelps ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Embolus — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 29, 1953, *to* Mar 29, 1953, *that I last saw the deceased alive on* Mar 28, 1953, *and that death occurred at* 1220 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich MD (Degree or title) 332
23b. ADDRESS
23c. DATE SIGNED 7/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 24 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 7/7/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1202
Local Reg. No. 37
Reg. Dist. No.

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
LENGTH OF STAY (in this place): 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location): 204 Woodlawn Pl.

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Orgn c. (Last) Thornock

4. DATE OF DEATH (Month) (Day) (Year): Apr. 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec, 8, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomington Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13. FATHER'S NAME: George Thornock
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mahala Welker
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Kenneth T Thornock
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — sev. years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* April 1, 1953, *that I last saw the deceased alive on* March 24, 1953 *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Birkhead M.D.
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: April 16 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 4/6/53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Nile Matthews
ADDRESS: Montpelier Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1303
Local Reg. No.
Reg. Dist. No. 582

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 57
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardboro Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Farley
b. (Middle): Arson
c. (Last): Buehler

4. DATE OF DEATH (Month) (Day) (Year): Apr 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 4 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Bern Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Buehler — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Elizabeth Bartschi — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-18-2688
17. INFORMANT'S OWN SIGNATURE: Helen Buehler — ADDRESS: Wardboro Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Sev. years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1953, *to* April 22, 1953, *that I last saw the deceased alive on* April 22, 1953, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Burgoyne, M.D. (Degree or title) 542
23b. ADDRESS: Montpelier, Ida
23c. DATE SIGNED: April 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25, 53
24c. NAME OF CEMETERY OR CREMATORY: Bern Cemetery
24d. LOCATION (City, town, or county) (State): Bern Idaho

DATE REC'D BY LOCAL REG.: 5/1/53
REGISTRAR'S SIGNATURE: N. Wheeler
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1304
Local Reg. No. 17
Reg. Dist. No. 130

APR 30 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Maries
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spokane Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) Spokane Hotel

3. NAME OF DECEASED (Type or Print) a. (First) Grant b. (Middle) c. (Last) Bontrager

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 5 1885

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Topeka Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hezekiah Bontrager BIRTHPLACE —

14. MOTHER'S MAIDEN NAME Eliza Porter BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 533-03-1918

17. INFORMANT'S OWN SIGNATURE Ralph H. Bontrager ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9711X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ingestion of potassium cyanide — INTERVAL BETWEEN ONSET AND DEATH ½ hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Maries Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.A. *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp Coroner (Degree or title)

23b. ADDRESS St. Maries, Idaho

23c. DATE SIGNED 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-10-53

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) St Maries, Idaho

DATE REC'D BY LOCAL REG. 4-18-53

REGISTRAR'S SIGNATURE Esper L. Brebner

25. FUNERAL DIRECTOR Gerald E. Browning ADDRESS St Maries Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1305
Local Reg. No. 18
Reg. Dist. No. 130

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 16 mi. west St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway Automobile Accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): - - - - -

3. NAME OF DECEASED (Type or Print): a. (First) Ruth; b. (Middle) Patsy; c. (Last) Litzenberger

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	3-20-1916	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Grossman — BIRTHPLACE: New York City, N.Y.
14. MOTHER'S MAIDEN NAME: Lula Mae Baker — BIRTHPLACE: Ripley, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lula Mae Reeves — ADDRESS: Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mechanical Compression of
DUE TO (c) neck and chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 miles east Plummer Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 11 1953 11 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Apr, 1953, *that I last saw the deceased alive on* Apr 2, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen Q. Rapp (Degree or title): Coroner & M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 4-17-53
REGISTRAR'S SIGNATURE: Esper A. Brebner
25. FUNERAL DIRECTOR ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1306
Local Reg. No. 19
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 milessouth on Milwaukee R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Mountainview Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Ludwig
b. (Middle): -
c. (Last): Haslach

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 16, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Osseo, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no information — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no information — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-16-1216
17. INFORMANT'S OWN SIGNATURE: Edward D. Grundrod — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): St. Maries (COUNTY): Benewah (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* app 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp Coroner M.D. (Degree or title)
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 4-17-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1307
Local Reg. No. 60
Reg. Dist. No. 60-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lenora	Boyd	Atwood	April 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 7, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hopkinsville, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John L. Boyd	Hopkinsville, Ky.	Fredonia Fowler	Decab, Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		Isaan J. Atwood	Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-2, 1953, *to* April 4, 19 53, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 10.00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A E Miller	M. D.	Blackfoot, Idaho.	4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-8-53	Grove City Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 7, 1953	Mrs Walter C Patrie by Margaret Barrus Dep.	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form PHS-403a

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1308
Local Reg. No. 63
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 44 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 549 N. Ash St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 549 N, Ash St.

3. NAME OF DECEASED (Type or Print): a. (First) Katherine b. (Middle) Alice c. (Last) Gardner

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 28, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Survey Springs, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Knighton
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Eliza Johnson
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lester I Gardner. ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Severe — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15 *, 19*50*, to* APRIL 8 *, 1953 , that I last saw the deceased alive on* April 8 *, 1953 , and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C Dean Packer (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-13-53

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: 4-13-53

REGISTRAR'S SIGNATURE: Mrs. Walter E Patrie by Margaret Barrett, Dep.

25. FUNERAL DIRECTOR: John C. Sandley ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-43021

State File No. 1309
Local Reg. No. 68
Reg. Dist. No. 600

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 889 North University

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): 42 South Adams

3. NAME OF DECEASED (Type or Print)
a. (First): Wallace
b. (Middle): Bruce
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: March 12, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On Farm
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wright — BIRTHPLACE: Busbey, Scotland
14. MOTHER'S MAIDEN NAME: Ella Foster — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Salt Lake City, Ut.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

974 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot Bingham Idaho

21d. TIME OF ~~INJURY~~ (Month) (Day) (Year) (Hour): April 15, 1953 ? m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hung himself with rope

22. *I hereby certify that I attended the deceased from* did not attend deceased, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A Trolin 470 — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1310
Local Reg. No. 71
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 416 So. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 416 So. Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Tsuriheko b. (Middle) c. (Last) Mori

4. DATE OF DEATH: (Month) (Day) (Year): April 18, 1953

5. SEX: Male

6. COLOR OR RACE: Orential

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April, 17, 1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months: 0 Days: 1
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Kumamoto, Japan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaku Mori
BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Saga Matsumoto
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: George Mori
ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 794x incident to age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1953, *to* 4/18, 1953, *that I last saw the deceased alive on* 4/18, 1953, *and that death occurred at* 10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Gabrielse, M.D.

23b. ADDRESS

23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: April 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Crematorium

24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: April 20, 1953

REGISTRAR'S SIGNATURE: Mrs Walter E Petrie
by Margaret Garrison, Dep.

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1311
Local Reg. No. 75
Reg. Dist. No. 600

BIRTH NO.

APR 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreland
d. STREET ADDRESS (If rural, give location): North of Moreland, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Judy; b. (Middle) Ann; c. (Last) Miles

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 16, 1946

9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months 11; Days 5
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Grade School

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Royal Albert Miles
BIRTHPLACE: Smithfield, Utah

14. MOTHER'S MAIDEN NAME: Eva Taylor
BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ra Miles
ADDRESS: Moreland, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Measles
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 1953, *to* 4-21, 1953, *that I last saw the deceased alive on* 4-21, 1953, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Orson Packer (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Franklin, Idaho

DATE REC'D BY LOCAL REG.: Apr 22, 1953
REGISTRAR'S SIGNATURE: Mrs Calar E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1312
Local Reg. No. 58
Reg. Dist. No. 600

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital So. Grounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #2 Blackfoot, Idaho
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Dance

4. DATE OF DEATH (Month) (Day) (Year): April 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 14, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Wilson Ward, Weber Co, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Dance — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rosetta Bingham — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-7508
17. INFORMANT'S OWN SIGNATURE: Powell A. Dance — ADDRESS: Ida. Springfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20 11

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* did not see him alive *and that death occurred at* 10:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Trolin (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Bingham, Rt. #2, Idaho

DATE REC'D BY LOCAL REG.: Apr. 3, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1313
Local Reg. No. 59
Reg. Dist. No. 600

RECEIVED APR 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
LENGTH OF STAY (in this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mile east Fort Hall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): ½ mile east Fort Hall

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Hutchinson

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male		Married	Oct. 7, 1874	78	5	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner/retired
11. BIRTHPLACE (State or foreign country): Ottawa, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hutchinson — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Emmeline Wolfe — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Roberta B Hutchinson — ADDRESS: Fort Hall, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* April 2, 1953, *that I last saw the deceased alive on* April 2, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph L Coates 54 M.D.
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: Apr 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Apr. 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Walter E Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-434a

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

APR 11 1953

STATE OF IDAHO

State File No. 1314
Local Reg. No. 61
Reg. Dist. No. 600

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wisconsin
b. COUNTY: Racine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Racine
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Fred William Hengst (aka Floyd Wm. Bung)

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 13, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred A. Hengst — BIRTHPLACE: Chicago, Ill.
14. MOTHER'S MAIDEN NAME: Ella Meddy — BIRTHPLACE: Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 728-01-1925
17. INFORMANT'S OWN SIGNATURE by Telephone ADDRESS: Christiansen Chapel, Racine, Wisconsin

18. CAUSE OF DEATH 322.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): No Physician in Attendance (Died in sleep) — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Alcoholism — 3 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Habitual Alcoholic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on about, ~~19---, to~~ April 5, 1953, *that I last saw the deceased* Dead ~~alive on~~ April 6, 1953, *and that death occurred at* 1:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner, Bingham Co.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-7-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Racine, Wisconsin

DATE REC'D BY LOCAL REG.: Apr. 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1315
Local Reg. No. 62
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 8mo, 8da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: MINIDOKA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): SOPHIE
c. (Last): CRUICKSHANK

4. DATE OF DEATH (Month) (Day) (Year): APRIL 6 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH:
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OSCEOLA NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: ED. TEMPLE — BIRTHPLACE: WISCONSIN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): do. — 2 yrs.
DUE TO (c): Arteriosclerosis — 15 "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Psychosis, Organic — 2 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 5, 1953, *to* APRIL 6, 1953, *that I last saw the deceased alive on* APRIL 6, 1953, *and that death occurred at* 11:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Spiegel 414 M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 4.7.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 4-7-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Walter E Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Rodney Gordman — ADDRESS: Rupert, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1316
Local Reg. No. 64
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 mo, 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) BRUNO b. (Middle) c. (Last) HERMANDEZ

4. DATE OF DEATH (Month) (Day) (Year): APRIL 8 1953

5. SEX: M

6. COLOR OR RACE: MEXICAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. SECTION HAND

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MEXICO

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 421.1 Aortic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ? Years ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Organic — 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 9, 19 53, *to* APRIL 8, 19 53 *that I last saw the deceased alive on* APRIL 8, 19 53, *and that death occurred at* 5:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Hyrasyan (Degree or title) M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.10.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: April 13, 1953
REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie by Margaret Bowman, Dep.

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1317
Local Reg. No. 65
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11mo, 1da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LUELLA
b. (Middle):
c. (Last): HOBART

4. DATE OF DEATH (Month) (Day) (Year): APRIL 13, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAY 24, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: MILTON BARNETT — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: CAROL PRICKETT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

544.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Dilatation of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 12, 1952, *to* APR. 13, 1953, *that I last saw the deceased alive on* APR. 13, 1953, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 4-16-53
24c. NAME OF CEMETERY OR CREMATORY: Pine View Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 13 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Louis Kuer — ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

APR 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 1318
Local Reg. No. 66
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1mo, 18da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) ANN; b. (Middle) SUSAN; c. (Last) NEWMAN

4. DATE OF DEATH (Month) (Day) (Year): APRIL 14 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: JAN. 5n 1868

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 3, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DENVER, COLORADO

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

304X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranitus — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 26, 1952, *to* APR. 14, 1953, *that I last saw the deceased alive on* APR. 14, 1953, *and that death occurred at* 5:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Spangler M D

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 4.14.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-15-53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 14 1953

REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie by Margaret Barrean, Dep.

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1319
Local Reg. No. 67
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 13Y.5M.11D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): APR. 15, 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: AUG. 10, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VAN BUREN CO, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VALNEY NAPOLEAON CASADY — BIRTHPLACE: VAN BRUAN CO, IOWA
14. MOTHER'S MAIDEN NAME: LUELLA GARDER — BIRTHPLACE: MEMPHIS, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, ID. A.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

526X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemopericardium (Unknown Cause) — INTERVAL BETWEEN ONSET AND DEATH: (1 hr ?)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Bronchiectasis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Psychosis, Organic — 12 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1939, *to* Apr. 15, 1953, *that I last saw the deceased alive on* Apr. 15, 1953, *and that death occurred at* 6:45AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 4.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: April 18 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Borresen Dep.
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1320
Local Reg. No. 3
Reg. Dist. No. 602

BIRTH NO.

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MAY 4 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 30 yrd.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle) Belle; c. (Last) Guard

4. DATE OF DEATH: (Month) 4; (Day) 16; (Year) 53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 6, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 4; Days 10
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Newpoint, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Williams
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Jane (not known)
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Warren Guard
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Debility and starvation — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anemia — 8 weeks
DUE TO (c): Carcinoma of liver — 3½ mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. , 1952 , *to* April 15, , 19 53 *that I last saw the deceased alive on* April 16 , 1953 , *and that death occurred at* 9:00 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. J. Harms, M.D.

23b. ADDRESS: American Falls, Idaho

23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4-21-53

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen

24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 4-18-53

REGISTRAR'S SIGNATURE: F. J. Harms

25. FUNERAL DIRECTOR:

ADDRESS: Am. Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1221
Local Reg. No. 69
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5yr, 5mo, 23da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle):
c. (Last): BAINBRIDGE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 17, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JOHN H. GREEN — BIRTHPLACE: TENN.
14. MOTHER'S MAIDEN NAME: MALISSA BRANDEN — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH — ADDRESS: BLACKFOOT, IDA.

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous "Strokes"
DUE TO (c): Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Organic — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 9, 1953, *to* APR. 17, 1953, *that I last saw the deceased alive on* APR. 17, 1953, *and that death occurred at* 12:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 4.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-18-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1322
Local Reg. No. 70
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7mo, 9da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) c. (Last) HARKINS

4. DATE OF DEATH: (Month) (Day) (Year): APRIL 18, 1953

5. SEX: F.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: JULY 15, 1864

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months: 9, Days: 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IOWA

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JAMES ARMSTRONG — BIRTHPLACE: KENTUCKY

14. MOTHER'S MAIDEN NAME: ADALENE FUGAT — BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: RECORDS — ADDRESS: STATE HOSPITAL SOUTH, BLACKFOOT, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 10 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG. 29, 19 52, *to* APRIL 18, 19 53, *that I last saw the deceased alive on* APRIL 18, 19 53, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Spiegel M. D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal — **24b. DATE**: April 18, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Pocatello — **24d. LOCATION** (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-20-53 — **REGISTRAR'S SIGNATURE**: Mrs Walter E Petrie by Margaret Barrieau, Dep.

25. FUNERAL DIRECTOR — **ADDRESS**: Conway Hunt, Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form PHS-4002

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1333
Local Reg. No. 73
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 4yr, 3mo, 16da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDA.
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): T.
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): APRIL 19, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 5, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days: 4 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER 16
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: HUBLE HILL — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: RACHEL BOLT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 433.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Heart Failure	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Auricular Fibrillation	10 "
DUE TO (c)	Pneumonia, Bronchial	7 "
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Organic	6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 16, 1951, *to* APRIL 19, 1953, *that I last saw the deceased alive on* APRIL 19, 1953, *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-20-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 21, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barreen, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1324
Local Reg. No. 72
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle):
c. (Last): MAYNARD

4. DATE OF DEATH (Month) (Day) (Year): APRIL 19 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: SEPT. 29, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IDAHO CITY, IDAHO
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Previous "Strokes"
DUE TO (c): Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis Senile — 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 10, 1953 *to* APRIL 19, 1953, *that I last saw the deceased alive on* APRIL 19, 1953, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Sprague (Degree or title) M.D.
23b. ADDRESS: State Hosp. So, Blackfoot
23c. DATE SIGNED: 4.20.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: April 20, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: April 20 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: Willard Casper — ADDRESS: Blackfoot Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1325
Local Reg. No. 74
Reg. Dist. No. 601

BIRTH NO. APR 29 1953

DIVIS... ...TAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5yr, 19da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: POWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle):
c. (Last): BRANDON

4. DATE OF DEATH (Month) (Day) (Year): APRIL 20, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: AUGUST 20, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days: 19 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: RECORDS STATE HOSPITAL SOUTH — ADDRESS: BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 6 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Confirmatory of (1)
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 1, 1948, *to* APRIL 20, 1953, *that I last saw the deceased alive on* APRIL 20, 1953, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Prague M.D.
23b. ADDRESS: Blackfoot State Hosp. So.
23c. DATE SIGNED: 4.21.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospital So. Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Apr 23-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 4
Reg. Dist. No. 602

BIRTH NO.

RECEIVED
MAY 4 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 238 So. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen,
d. STREET ADDRESS (If rural, give location): 238 So. Main.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOSEPH	WANN	GEORGE	April	26,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 8, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Farming- Salesman	Farm Machinery	Mendon,	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William George,	Sharon, England	Jane Shelton ,	Philadelphia, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-10-9378	Hannah George	Aberdeen, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vomiting(Liver enlargement) Metastatic adenocarcinoma — 7mo.

DUE TO (c) ~~Metastatic adenocarcinoma~~ (from colon) — 7mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 6mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 1952	Adenocarcinoma of colon with metastases to liver	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 10, *19*52, *to* April 16, *19*53, *that I last saw the deceased alive on* April 16, *19*53, *and that death occurred at* 9:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Harris	M. D.	American Falls, Idaho.	4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	May 1, 1953	Aberdeen Cemetery	Aberdeen,	Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-27-53	E. L. Harris	John C. Sandberg	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

State File No. 1207
Local Reg. No. 76
Reg. Dist. No. 201

BIRTH NO. 111-53-[illegible]

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP): Shelley,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eaton Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bingh
c. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Shelley.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alice	RayAnn	Longhurst	Apr. 29 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Baby	April 28, 1953			9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shelley - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clinton Longhurst	Shelley, Ida	Alice Colleen Fielding	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 776X Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-28, 1953 *to* 4-29, 1953 *that I last saw the deceased alive on* 4-29, 1953 *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl A Smith	M.D.	Shelley Ida.	4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-30-53	Taylor Cemetery	Idaho Falls, R#3 Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-30-53	Mrs Coleen C. Petrie	Floyd M Nalder	Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1328
Local Reg. No. 77
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY
d. STREET ADDRESS (If rural, give location): 205 2ndN. [redacted]

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): E.
c. (Last): JENKINS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 30, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: DEC. 24, 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. ANTHONY, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: LENORD JENKINS — BIRTHPLACE: ST. ANTHONY, IDA.
14. MOTHER'S MAIDEN NAME: RUTH RICE — BIRTHPLACE: VICTOR, IDA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Fremont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

193X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Haemorrhage — 3 months
DUE TO (c) Cerebral Neoplasm — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 28, 1953, *to* APRIL 30, 1953, *that I last saw the deceased alive on* APRIL 30, 1953, *and that death occurred at* 5:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Bonnevelle
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 May 53
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.: May-4-1953
REGISTRAR'S SIGNATURE: Mrs. Thelma E. Patrick
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1329
Local Reg. No. 16
Reg. Dist. No. 4-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place): 2Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Vermont
b. COUNTY: Rutland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rutland
d. STREET ADDRESS (If rural, give location): 46 Killington Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Welch

4. DATE OF DEATH: (Month) 3 (Day) I8 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N M

8. DATE OF BIRTH: 8/6/26

9. AGE (In years last birthday): 26 IF UNDER 1 YEAR Months: 7 Days: 12 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper, Sun Valley Resort

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rutland, Vermont

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Welch BIRTHPLACE: Rutland, Vt.

14. MOTHER'S MAIDEN NAME: Margaret Foley BIRTHPLACE: N. Walpole, N. H.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Henry John Welch ADDRESS: Rutland, Vt.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: ½ Hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental Fall

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-I8-53

19b. MAJOR FINDINGS OF OPERATION: Skull fracture

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Main St Ketchum

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ketchum Blaine Idaho

21d. TIME OF INJURY (Month) 3 (Day) I8 (Year) 53 (Hour) 9:10 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fall on concrete walk and curb

22. *I hereby certify that I attended the deceased from* ____ *19*____, *to* ____, *19*____, *that I last saw the deceased alive on* ____ *19*____ *and that death occurred at* 3:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: April 9, 1953

24a. BURIAL CREMATION REMOVAL (Specify): Ent.

24b. DATE BURIED: 3/25/534

24c. NAME OF CEMETERY OR CREMATORY: Calvary

24d. LOCATION (City, town, or county) (State): Rutland, Vermont

DATE REC'D BY LOCAL REG.: Apr 10 1953

REGISTRAR'S SIGNATURE: Robert H. Wright - per Ray McGoldrick

25. FUNERAL DIRECTOR ADDRESS: Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
APR 25 1953
STATE OF IDAHO

Certificate of Death

State File No. 1330
Local Reg. No. 38
Reg. Dist. No. 11-2

BIRTH NO. 11-53-0-12

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 209 N. 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) WAYNE b. (Middle) E. c. (Last) BOOTH

4. DATE OF DEATH: (Month) (Day) (Year): April 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 6, 1953

9. AGE (In years last birthday): -0- IF UNDER 1 YEAR Months: 0 Days: 2- IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infancy

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Keith Booth BIRTHPLACE: Big Falls, Minn

14. MOTHER'S MAIDEN NAME: Rose Phillips BIRTHPLACE: Douglas, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Keith Booth ADDRESS: Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Eclampsia of mother — 18 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Inadequate placenta & cond Prematurity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1953, to April 8, 1953, that I last saw the deceased alive on April 8, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): William C Hayden M.D.
23b. ADDRESS: 304 N 1st St Sandpoint Idaho
23c. DATE SIGNED: 4/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr 21, 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED

APR 25 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1331
Local Reg. No. 37
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
LENGTH OF STAY (in this place) 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1119 Cedar Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 1119 Cedar Street

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) c. (Last) HESS

4. DATE OF DEATH (Month) (Day) (Year) April 10 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 22, 1872

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer ok

10b. KIND OF BUSINESS OR INDUSTRY Lumber mill

11. BIRTHPLACE (State or foreign country) Pineville, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore Hess
BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Rebecca
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE James A. Carnegie
ADDRESS Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General Arteria Sclerosis — 10 yrs

DUE TO (c) Chronic Nephritis and hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 24, 1953, to Apr 10, 1953, that I last saw the deceased alive on Apr 9, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W J Tyler M D

23b. ADDRESS Sandpoint Idaho

23c. DATE SIGNED 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/14/53

24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery

24d. LOCATION (City, town, or county) Sandpoint, (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 20, 1953

REGISTRAR'S SIGNATURE Merlene Oates

25. FUNERAL DIRECTOR Hoon Funeral Home

ADDRESS Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1332
Local Reg. No. 36
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1217 W. Michigan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NANCY	MILITA	LOFTUS	April 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Mar. 26 1884	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	unknown	unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Roller	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	x Mrs. Frank Murphy	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 5da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* Apr 12, 1953, *that I last saw the deceased alive on* April 12 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Wendle	M D	Sandpoint Idaho	Apl 14 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/16/53	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr 16, 1953	Merlene Oates	Moon Funeral [illegible]	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED

APR 25 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1333
Local Reg. No. 40
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vay
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) L. c. (Last) ANDREWS

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 12, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): unknown Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 701-03-7047

17. INFORMANT'S OWN SIGNATURE: x Joe Castagna
ADDRESS: Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetis — 3 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: 260 X Partial carcinoma — 1 yr; Arterio Sclerosis — 5 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1952, *to* Apr 20, 1953, *that I last saw the deceased alive on* Apr 18, 1953, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 431 W. F. Tyler MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: Apr 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/23/53

24c. NAME OF CEMETERY OR CREMATORY: Seneacquateen Cemetery

24d. LOCATION (City, town, or county) (State): Vay, Idaho

DATE REC'D BY LOCAL REG.: Apl. 23-1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home Inc.
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1334
Local Reg. No. 41
Reg. Dist. No. 110

RECEIVED APR 25 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 915 Alder St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARL	EMANUEL	PETTERSON	April 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	March 5, 1868	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	General farming	Blackstad, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustav A. Peterson	Sweden	Christina C. Carlsdotter	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	[signature]	Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arterio Sclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 20, 1953, *to* Apr 21, 1953, *that I last saw the deceased alive on* Apr 19, 1953, *and that death occurred at* 6:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W J Tyler MD	Sandpoint Idaho	Apr 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/23/53	Lakeview Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 23 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1325
Local Reg. No. 442
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner — DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 614 North Florence

3. NAME OF DECEASED (Type or Print): a. (First) LIDA — b. (Middle) MAY — c. (Last) HASTER

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 6, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Numa, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Youmans — BIRTHPLACE: unk Indiana

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unkIndiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Jerry Haster — ADDRESS: Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rectal Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Arterio Sclerosis — 4 yrs
Conditions contributing to the death but not related to the disease or condition causing death: Secondary anaemia — 4 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 20, 1953, *to* Apr 25, 1953, *that I last saw the deceased alive on* Apr 25, 1953, *and that death occurred at* 11 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler M.D.
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 30, 1953
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

MAY 9 – 1953 STATE OF IDAHO

State File No. 1336
Local Reg. No. 43
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 16 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint City Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle,
d. STREET ADDRESS (If rural, give location): 842 E. 97th St.

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): FRANCIS
c. (Last): HEISLER

4. DATE OF DEATH: April 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 2, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (transient)

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): Everett, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Heisler
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Edith Philbrick
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 573-34-1418

17. INFORMANT'S OWN SIGNATURE: Mrs. Clarence S. Hartzell
ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Found dead.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Natural Causes.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): L. G. Moon Coroner

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: Apr. 28 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/29/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 30, 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home

ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1227
Local Reg. No. 47
Reg. Dist. No. 110

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1319 Larch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTIN	EDWARD	HANSEN	April 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 20, 1876	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging laborer	Logging	Trondheim, Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Hansen	Norway	Loranze Hansen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no None	518-05-3101	Henry M Hansen	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, rectum — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov., 1952, *to* April 26, 1953, *that I last saw the deceased alive on* April 26, 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Munson 659	M D	Sandpoint Idaho	28 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/30/53	Lakeview Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 1, 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1328
Local Reg. No. 46
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 212 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) KNUTE b. (Middle) c. (Last) HELGESEN

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 2, 1881

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): Bergen, Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: L. E. Moon Jr. ADDRESS: Sandpoint, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 8 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 27, 1953, *to* Apr 29, 1953, *that I last saw the deceased alive on* Apr 28, 1953, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Tyler M.D. (Degree or title) 43
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/1/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: May 4 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 25 1953
DIVISION OF VITAL STATISTICS

State File No. 1339
Local Reg. No. 39
Reg. Dist. No. 11P

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabinet
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cabinet Gorge Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksfork
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) Virgil b. (Middle) Paul c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1918
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Dam Construction
11. BIRTHPLACE (State or foreign country): Prairie City, Iowa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Earl Reed — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Minnie Alice Hunt — BIRTHPLACE: Virginia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 482-07-3398
17. INFORMANT'S OWN SIGNATURE: Earl Reed — ADDRESS: Clarksfork, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cabinet Dam
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cabinet, Bonner, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 13, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from apron of dam into river.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L.G. Moon, M.D. — (Degree or title): CORONER — 23b. ADDRESS: Sandpoint, Idaho. — 23c. DATE SIGNED: Apr. 20, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county) (State): Burley, Idaho.

DATE REC'D BY LOCAL REG.: Apr. 21 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: L.G. Moon Jr. MOON MORTUARY — ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1340
Local Reg. No. 32
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Granite Creek
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home - rural Granite Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Granite Creek
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): FRANKLIN
c. (Last): GENSON

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 27, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather & woodwork

10b. KIND OF BUSINESS OR INDUSTRY: Handicraft

11. BIRTHPLACE (State or foreign country): Sugar Grove, Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Zachery Taylor Genson
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Bethmah Ewing
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteria Sclerosis — 5 yr
DUE TO (c): Hypertension — 3 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Prostatitis — 3 yr

332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1953, *to* Apr 4, 1953, *that I last saw the deceased alive on* Apr 3, 1953, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler MD

23b. ADDRESS: Sandpoint Ida Ho

23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Broten Cemetery

24d. LOCATION (City, town, or county) (State): Broten Bonner Idaho

DATE REC'D BY LOCAL REG.: Apr. 13 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR / ADDRESS: Moon Funeral Home / Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1341
Local Reg. No. 33
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
c. LENGTH OF STAY (in this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. East of Northside Sch.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rura - Sandpoint
d. STREET ADDRESS (If rural, give location): 3 mi. E. of Northside School

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) LAWRENCE c. (Last) REYNOLDS

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 28, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beer truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Louisville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Reynolds
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 563-09-1523

17. INFORMANT'S OWN SIGNATURE: W. M. Reynolds
ADDRESS: Rt. #1 Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Tuberculosis, Pulmonary
INTERVAL BETWEEN ONSET AND DEATH: 3 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. [illegible] Coroner (Degree or title)
23b. ADDRESS: Sandpoint Idaho.
23c. DATE SIGNED: 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/13/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hills Mem. Park
24d. LOCATION (City, town, or county) (State): Whittier California

DATE REC'D BY LOCAL REG.: Apr. 13-1953
REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1242
Local Reg. No. 35
Reg. Dist. No. 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): W. Ontario St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
d. STREET ADDRESS (If rural, give location): W. Ontario St.

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) OSCAR c. (Last) DAVID

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 20, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil distributor

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale oil

11. BIRTHPLACE (State or foreign country): Moore, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Voyle David BIRTHPLACE: Excelsior, Wisc.

14. MOTHER'S MAIDEN NAME: Elizabeth David BIRTHPLACE: Woonsocket, R.I.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY NO. 516-10-5817

17. INFORMANT'S OWN SIGNATURE: Ina A. Davis ADDRESS: Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs
DUE TO (c) Chronic nephritis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1952, to Apr 11, 1953 that I last saw the deceased alive on Apr 10, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W J Tyler 431 (Degree or title) MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/13/53
24c. NAME OF CEMETERY OR CREMATORY: Smith Crematory
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Apl. 13-1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
Certificate of Death

APR 15 1953

STATE OF IDAHO

State File No. 1243
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Laclede
c. LENGTH OF STAY (in this place): 2½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. W of Laclede

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 2504 W. Mallon

3. NAME OF DECEASED (Type or Print): a. (First) WARD b. (Middle) AVERY c. (Last) LOGAN

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron worker

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. & Const.

11. BIRTHPLACE (State or foreign country): Pleasantville, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Owen Logan
BIRTHPLACE: Pleasantville, Iowa

14. MOTHER'S MAIDEN NAME: Georgia Fawcett
BIRTHPLACE: Pleasantville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: Mrs Emma L Logan
ADDRESS: Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c) Alcholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway No 2

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Laclede, Bonner, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 11, 1953 11:30 a.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Pickup Truck left highway, over embankment

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: Sandpoint, Idaho.

23c. DATE SIGNED: 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/12/53

24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Apr. 13-1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral [illegible]
ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD of Death

STATE OF IDAHO

State File No. 1314
Local Reg. No. 45
Reg. Dist. No. 110

BIRTH NO.

MAY 9 - 1953

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#1 Sandpoint (Kootenai)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt.#1 Sandpoint (Kootenai)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AMELIA	ANN	COCHRANE	April 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	Dec. 21, 1871	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Alpena Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Dunford	Canada	Margaret Thwaites	U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	M Cochrane	Rt 1 Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cachexia & Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) severe anemia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe osteo arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/21/52, 19__, *to* 4/25/53, 19__, *that I last saw the deceased alive on* 4/25/53, 19__, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J A Iversen	MD	Sandpoint Idaho	5/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/28/53	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 4 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1225
Local Reg. No. 81
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). OF MOTHER
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 186 Crowley Street

3. NAME OF DECEASED (Type or Print): a. (First) INFANT (Girl) b. (Middle) c. (Last) BAILLARGERON

4. DATE OF DEATH: March 27 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: March 26, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Baillargeron — BIRTHPLACE: Massachusetts

14. MOTHER'S MAIDEN NAME: Elsie E. Dietrich — BIRTHPLACE: Lithuania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Oscar Baillargeron Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3/26, 1953, *to* 3/27, 1953, *that I last saw the deceased alive on* 3/27, 1953, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack R. Casey M. D. — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**: 4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 28, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 16-1953 — **REGISTRAR'S SIGNATURE**: Anna Bridges — **25. FUNERAL DIRECTOR**: Orland E. Beck — **ADDRESS**: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1246
Local Reg. No. 82
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 186 Crowley Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
INFANT (Boy)		BAILLARGERON	March	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	March 26, 1953	0	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Baillargeron — BIRTHPLACE: Massachusetts
14. MOTHER'S MAIDEN NAME: Elsie E. Dietrich — BIRTHPLACE: Lithuania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Oscar Baillargeron — ADDRESS: Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/26, 1953, *to* 3/27, 1953, *that I last saw the deceased alive on* 3/27, 1953, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack R. Carey	M. D.	Idaho Falls, Idaho	4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 28, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 16-1953	Emma Bridges	Orland C. Beck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1347
Local Reg. No. 78
Reg. Dist. No. 610

RECEIVED Certificate of Death

STATE OF IDAHO

APR 20 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. H. S. Hospital

2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 197-8th

3. NAME OF DECEASED (Type or Print) a. (First) Carol b. (Middle) Jean c. (Last) Fairless

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 25, 1937
9. AGE (In years last birthday) 15 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Yorsel E. Fairless — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Vivian M. Stoneberg — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE D E Fairless — ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

175X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Teratoma of ovary —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Teratoma of ovary with metastases
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1953, *to* 4-1, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. Krantzman (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/4/53
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) Idaho Falls, Idaho (State)

DATE REC'D BY LOCAL REG. April 9-53
REGISTRAR'S SIGNATURE Laura Bridger
25. FUNERAL DIRECTOR Jack A. Wood — ADDRESS Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1348
Local Reg. No. 76
Reg. Dist. No. 60

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 475 J St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 475 J St.

3. NAME OF DECEASED (Type or Print): a. (First) Virginia b. (Middle) H c. (Last) Perkins

4. DATE OF DEATH: (Month) (Day) (Year): April 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 3, 1909

9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: O.D. Hendrickson — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Violet Harris — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Violet H. Hendrickson — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Myocardial Failure	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary embolism	1 Min.
DUE TO (c)	Auricular fibrillation	5 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic Heart Disease	25 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 46, *to* Apr 5, 19 53, *that I last saw the deceased alive on* Apr 5, 19 53 *and that death occurred at* 2 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David H. Smith (Degree or title): M.D. — **23b. ADDRESS**: Idaho Falls Idaho — **23c. DATE SIGNED**: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/10/53

24c. NAME OF CEMETERY OR CREMATORY: Bennington Cemetery

24d. LOCATION (City, town, or county) (State): Bennington, Idaho

DATE REC'D BY LOCAL REG.: April 9-1953

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR — **ADDRESS**: Jack A. Wood Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

No Match

Certificate of Death

STATE OF IDAHO

State File No. 1349
Local Reg. No. 80
Reg. Dist. No. 610

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1367 Mound Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Hazel	Carson	Talent	April	5	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 24 1901	51	9	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakley - Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence E. Carson	Salt Lake City - Utah	Julia Callister	Fillmore - Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			W. Earl Talent	Dillon - Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1953, *to* 5 April, 1953, *that I last saw the deceased alive on* 5 April, 1953, *and that death occurred at* 8. P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph M Nalth	M.D.	Idaho Falls Idaho	9 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal to	April 10-1953	Groveland Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 11-'53	Vera Bridges	Geo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1250
Local Reg. No. 83
Reg. Dist. No. 610

BIRTH NO.

REC'D APR 20 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	NICHOLAS	BURGGRAF	April	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	March 2, 1918	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 16	Civil	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Burggraf	Minnesota	Theresa Brinkman	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-16-4181	Theresa Burggraf	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 32 Hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Idy perthension — ?
DUE TO (c) Chronic glomerulonephritis — 27 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-25, 1952, *to* 7 April, 1953, *that I last saw the deceased alive on* 6 April, 1953, *and that death occurred at* 1:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland K. Krantz MD M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 11, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 16-1953	Anna Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1351
Local Reg. No. 84
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Grant
d. STREET ADDRESS (If rural, give location): North & West of Grant

3. NAME OF DECEASED (Type or Print)
a. (First): ERICK
b. (Middle): BERNARD
c. (Last): CARLSON

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matts Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ericka Hanson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard H. Carlson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 572X Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adhesive Pericarditis — 1 week
DUE TO (c) Uremia — 1 Month

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Apr 8, 1953, *that I last saw the deceased alive on* Apr 8, 1953, *and that death occurred at* 4:20P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: David H. Smith 374 (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 13, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Bonneville County (State): Idaho

DATE REC'D BY LOCAL REG.: April 16-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1352
Local Reg. No. 85
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1350 N. Fremont Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CLIFFORD	U.	FOSTER	April	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	June 21, 1901	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Foster	Idaho	Bertha Sweet	Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-07-0917		Idaho Falls Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 1st occlusion — 2 wks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 6, 1953, *to* Apr 8, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. B. Leggett M. D.	Idaho Falls, Idaho	4/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 10, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 16-1953	Anna Rudges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Se Hatch

BIRTH NO. 11-53-[illegible]

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 86
Reg. Dist. No. 610

MAY 5 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Infant
d. STREET ADDRESS (If rural, give location) 996 Iona Street

3. NAME OF DECEASED (Type or Print) a. (First) Steven b. (Middle) c. (Last) Drake

4. DATE OF DEATH (Month) (Day) (Year) April-12-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH April-11-1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lane Drake BIRTHPLACE Annis Idaho

14. MOTHER'S MAIDEN NAME Maxine Estes BIRTHPLACE Mt. Home Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Maxine Drake ADDRESS 996 Iona St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumatoxin 6 mo. INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 April, 1953, *to* 12 April, 1953, *that I last saw the deceased alive on* 12 April, 1953, *and that death occurred at* 1:[illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) [illegible]

23b. ADDRESS [illegible]

23c. DATE SIGNED 15 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April-14-1953

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. April 24-53

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 954
Local Reg. No. 96
Reg. Dist. No. 618

BIRTH NO.

REGISTERED

MAY 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE Idaho
b. COUNTY Bonneville
LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) Mud Lake
TOWN
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)
a. (First) Peter
b. (Middle) Benjamin
c. (Last) Finck

4. DATE OF DEATH (Month) (Day) (Year) April 16 1953

5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 28 1879
9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months 7 Days 19
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Craig - Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David B. Finck
BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Mary Jane
BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Grace Urich
ADDRESS Howe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A.S.H.D. & congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Multiple Pulmonary abscesses
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 May, 1952, to 16 April, 1953, that I last saw the deceased alive on 16 April, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. F. Krantz MD
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 20-53
24c. NAME OF CEMETERY OR CREMATORY Howe - Cem.
24d. LOCATION (City, town, or county) (State) Howe - Idaho

DATE REC'D BY LOCAL REG. May 9-1953
REGISTRAR'S SIGNATURE Edna Bridges
25. FUNERAL DIRECTOR Betty J. Marvel
ADDRESS Arco
F.D. #19

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1255
Local Reg. No. 87
Reg. Dist. No. 610

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DORA; b. (Middle) WHITMAN; c. (Last) RACE

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb., 26, 1876

9. AGE (In years last birthday): 77; IF UNDER 1 YEAR: Months 0, Days 19; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Whitman; BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Sharon; BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: M. L. Hansen; ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown to me.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur

19a. DATE OF OPERATION: 4/16/53

19b. MAJOR FINDINGS OF OPERATION: Closed reduction + leg casting

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) 4 (Day) 16 (Year) 53 (Hour) 6 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Patient fell

22. *I hereby certify that I attended the deceased from* 4/16, 19__, *to* 4/17, 19__, *that I last saw the deceased alive on* 4/16, 1953, *and that death occurred at* 11:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Hansen, M.D.

23b. ADDRESS: 500 Walnut

23c. DATE SIGNED: 4/20/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 21st April 53

24c. NAME OF CEMETERY OR CREMATORY: Riverview cemetery

24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: April 24. 53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: M. L. Hansen; ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 356
Local Reg. No. 91
Reg. Dist. No. 611

BIRTH NO.

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arco highway -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2230 So Blvd

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) M. c. (Last) Sweeney

4. DATE OF DEATH (Month) (Day) (Year): April 21-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 5-1911

9. AGE (If years last birthday): 41 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate, Ins. & Contracting

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Sweeney — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary MAXWell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. D. M. Sweeney — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 32 Cal Gunshot wound in head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) entering Right Temple
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 21, 1953 about noon m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Self inflicted wound in R. Temple

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo A. Williams (Degree or title): Coroner

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: April 22-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 2-1953

REGISTRAR'S SIGNATURE: Anna Burgess

25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 18 1953

DIVISION OF VITAL STATISTICS

State File No. 1357
Local Reg. No. 97
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 2-9-28
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1285 Wadsworth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): North Lee & Beacon Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GARTH	ALAN	SCHOENHUTH	April	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June 26, 1950	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert E. Schoenhuth	Idaho	Mary Frances Miller	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No	None	Albert E. Schoenhuth	Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Stream	Idaho Falls	Bonneville	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 24, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell into stream

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo A. Williams 47?	Coroner	Idaho Falls, Idaho	5/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 27, 1953	Rose Hill	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 15 1953	Anna Rudges	Orland E. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Mr. (Eddie Garcia)

Certificate of Death

State File No. 1258
Local Reg. No. 93
Reg. Dist. No. 610

BIRTH NO.

STATE OF IDAHO

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Modern Cabinet Co

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 315 W - 18th

3. NAME OF DECEASED (Type or Print)
a. (First): Elias
b. (Middle):
c. (Last): Montoya

4. DATE OF DEATH (Month) (Day) (Year): April 21 - 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan 8, 1893

9. AGE (In years last birthday): About 62
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Mexico

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Montoya
BIRTHPLACE: New Mexico

14. MOTHER'S MAIDEN NAME: Emily
BIRTHPLACE: New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ike Montoya
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo A. Williams (Coroner)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: Apr 29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 4-1953
REGISTRAR'S SIGNATURE: Emma Bridges
25. FUNERAL DIRECTOR: Geo A. Williams
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 92
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 487 - 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 487 - 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clara	Marie	Holbrook	April 28 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 1 - 1903	49	11	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hostess - Restraunt	Restaurant	Farnum - Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas T. Murdock		Sarah Hansen	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No -			Elmer W. Holbrook	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Convulsion while sleeping

DUE TO (c) with face down in Pillows

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	HOME	IDAHO FALLS, BONNEVILLE, IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
APRIL 28, 1953 m.		Epileptic Seizure during sleep

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo A. Williams (Coroner)	Idaho Falls Idaho	May 1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal -	May 1 - 1953	Lineview Cemetery	Ashton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 4-1953	Anna Bridges	Geo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1360
Local Reg. No. 98
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Pacific Right of way at foot of Cedar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 460 N. Water Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AMY	MAE	WALLENSTEIN	April	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 17, 1903	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service assistant
10b. KIND OF BUSINESS OR INDUSTRY: Telephone
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Jesse Hogue — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Olah Rhoda Denny — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-24-4960
17. INFORMANT'S OWN SIGNATURE: Una Jean Stevenson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Perforation of skull

DUE TO (c) Trauma (blow to head) — Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, public, etc.): R.R. Right of Way.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 30 1953 12:49 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck by railroad locomotive.

22. *I hereby certify that I attended the deceased from* autopsy only, 19__, to ____, 19__, ~~*that I last saw the deceased alive on*~~ ____, 19__, *and that death occurred at* 12:49 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C.W. Williams M.D. (Degree or title)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 15-1953
REGISTRAR'S SIGNATURE: Edna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1361
Local Reg. No. 10 - 53
Reg. Dist. No. 100

RECEIVED
APR 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): North bench

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): BOLMER
c. (Last): SCHLETTE

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 5, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Carlinville Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME — BIRTHPLACE: Willis E. Bellmer Springfield Ill.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Kate Bernard Waverly Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Narda B. Boecher — ADDRESS: Bonners Ferry Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): toxemia
DUE TO (c): carcinomatosis (primary breast) 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of breast with metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 3/31, 1953, *that I last saw the deceased alive on* 3/31, 1953, *and that death occurred at* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Durose M.D.
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 4/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 13, 53
24c. NAME OF CEMETERY OR CREMATORY: Barren & Sons Mortuary
24d. LOCATION (City, town, or county) (State): Chicago Illinois

DATE REC'D BY LOCAL REG.: Apr 8-1953
REGISTRAR'S SIGNATURE: Ruth Bowell
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idqho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) L c. (Last) Hawkins
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1953
5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH II/22/1874
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Sparton Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A
13 FATHER'S NAME Walter Puckett BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Agnes Wood BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Vernon E. Hawkins ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vasc. disease
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage — 6 mos
Fractured hip — 4 mos.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 53, *to* April 6, 1953, *that I last saw the deceased alive on* 4/6, 1953 *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. W. Barrow (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 4/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4-9-53
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Boundary County (State) Idaho

DATE REC'D BY LOCAL REG. 4-8-1953
REGISTRAR'S SIGNATURE Carl Bonner
25. FUNERAL DIRECTOR E. W. Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1363
Local Reg. No. 12-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idah o
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Mae
c. (Last): Lynch

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 14, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Clam Falls Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Baker — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Mary Davies — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Loretta Lynch — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Recurrent Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Myocardial failure — 2 Days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Apr 29, 1953 *that I last saw the deceased alive on* Apr 28, 1953, *and that death occurred at* 1a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ron Bowell (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Ron Bowell
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 334
Local Reg. No. 13-53
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-
c. LENGTH OF STAY in this place: 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 3 miles north on Oxford road.

3. NAME OF DECEASED (Type or Print): a. (First) Letia; b. (Middle); c. (Last) Lane

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 23, 1871

9. AGE (In years last birthday): 81 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Springfield Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Michael Wheeler — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Sarah Vaughan — BIRTHPLACE: U,S.A

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs George Oppel — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 157X Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 24 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19 53, *to* Apr 30, 19 53, *that I last saw the deceased alive on* Apr 29, 19 53 *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas Bonnell (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Chas Bonnell
25. FUNERAL DIRECTOR: E. H. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1365
Local Reg. No. 5-3
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 710 Belmont St.

3. NAME OF DECEASED (Type or Print): a. (First) Theda R. b. (Middle) Evans c. (Last) Olds

4. DATE OF DEATH: (Month) (Day) (Year) March 31-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 2-1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 6 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Turin, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert T. Evans, BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jennie Elizabeth Roberts, BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: O. Olds ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gastric or duodenal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma
DUE TO (c) metastasis from ovary.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1, 1952

19b. MAJOR FINDINGS OF OPERATION: Sarcomatous growth on left ovary and metastis to other abdominal organs

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 9, 1945, *to* Mar. 31, 1953, *that I last saw the deceased alive on* Mar 31 at, 1953, *and that death occurred at* 3:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (573) Alice I. Stroud (Degree or title) D.O.

23b. ADDRESS: Caldwell Idaho Box 528

23c. DATE SIGNED: Apr. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/6/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 14 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1366
Local Reg. No. 44
Reg. Dist. No. 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 Ash Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 319 Ash

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Albert	Sidney	Johnson	4	8	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	April 6, 1889	64	0	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Dispatcher	Railroading	Harvard,, Neb.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World war I	707-05-1341	Violet A Johnson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bronchopneumonia -

DUE TO (c) Pulmonary Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	[illegible]	April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/10/53	Canyon Hill	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
4/11/53	Agnes M Denman	Flahiff Funeral Chapel Geo. M. Flahiff Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1367
Local Reg. No. 62
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place) 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1208 Blaine St.

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) c. (Last) Evon

4. DATE OF DEATH (Month) (Day) (Year) April 11-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	April 1-1901	52	—	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Atkinson, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur Clevenger, BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Mabel G. Golden, BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Evelyn G. Redmon ADDRESS Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 061X Toxemia — INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Narcotic addiction

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 23, *19*53, *to* April 11, *19*53, *that I last saw the deceased alive on* April 11, *19*53, *and that death occurred at* 8:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Oakes A. Hoover	M.D.	Caldwell, Idaho	4/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 14-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG. 5/1/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Baker Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1368
Local Reg. No. 5-6
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. 6, Caldwell

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Johnson
c. (Last): Torbett

4. DATE OF DEATH (Month) (Day) (Year): April 11-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 11, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Torbett — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Elizabeth Agnes Moffat, — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Maude Torbett, — ADDRESS: Caldwell Rt.6

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Feebleness of mind and body — 2 Yrs.
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/4, 1953, *to* 4/11, 1953, *that I last saw the deceased alive on* 4/11, 1953, *and that death occurred at* 9:90 *m., from the causes and on the date stated above.*

23a. SIGNATURE 406 J.H. Strowd, D.O. (Degree or title)
23b. ADDRESS: Western Bldg. Caldwell,
23c. DATE SIGNED: 4/14/'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: G. V. Peckham, Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1369
Local Reg. No. 66
Reg. Dist. No. 360

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rickard Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt 2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIE
b. (Middle): W.
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Apr. 13, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 25, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Streetor, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Wright — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Minnie Mitchell — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: L. H. Wright — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 1, 1952, *to* April 13, 1953, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Hufler M D 613
23b. ADDRESS: 221 E. Logan St Caldwell, Idaho
23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Apr. 16, 53 21
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Fairbury, Nebraska

DATE REC'D BY LOCAL REG.: 5/4/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Paul S. Chyrczyk — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

DIVISION OF VITAL STATISTICS

APR 30 1953

Certificate of Death

STATE OF IDAHO

State File No. 1370
Local Reg. No. 58
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)
a. (First) Ila
b. (Middle) Evangeline
c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year) April 15-1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH September 4-1896

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months 7 Days 11
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) York County, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Orn Parker, BIRTHPLACE York Co., Nebraska

14. MOTHER'S MAIDEN NAME Hannah George, BIRTHPLACE York Co., Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Freeda Martin ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 2 years.
DUE TO (c) Essential Hypertension — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1953, *to* April 15, 1953, *that I last saw the deceased alive on* April 14, 1953, *and that death occurred at* 7:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Krause 669 (Degree or title) M.D.

23b. ADDRESS Caldwell Idaho

23c. DATE SIGNED April 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 18-1953

24c. NAME OF CEMETERY OR CREMATORY Parma

24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 4/28/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dahan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1371
Local Reg. No. 54
Reg. Dist. No. 960

BIRTH NO.

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 72 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 513 Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Doris
b. (Middle): Elisa
c. (Last): Harding

4. DATE OF DEATH: April 15-1953 (Month) (Day) (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: January 21,1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 2 | Days 24
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Notus (Lower Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C.J.F. Peterson
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Catherine Diegle,
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Harold E. Harding
ADDRESS: Little Rock, Arkansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial injection — 4-20-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): hypertensive cardiovascular disease - Mapa Pa.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 12, 1953, *to* April 15, 1953, *that I last saw the deceased alive on* April 14, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.A. Huber 6/3 (Degree or title): MD

23b. ADDRESS: 224 E. Logan St. Caldwell, Idaho

23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 20-1953 01

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4/28/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C.V. Peckham

ADDRESS: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1372
Local Reg. No. 64
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2909 College Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Gertrude c. (Last) Thorell

4. DATE OF DEATH (Month) (Day) (Year): April 20-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 3-1893

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months —, Days 17
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wray, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jefferson Grant Cox
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Alice Mary Sharrow,
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel Teichert
ADDRESS: Middleton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 584X Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion — 3 wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 10, 1953

19b. MAJOR FINDINGS OF OPERATION: Coronary Occlusion

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January, 1951, *to* April 20, 1953, *that I last saw the deceased alive on* April 20, 1953, *and that death occurred at* 3:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 319 John H Patterson MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 4/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 24-1953

24c. NAME OF CEMETERY OR CREMATORY: Middleton

24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 5/10-53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Baker Co
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1373
Local Reg. No. 74
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP): Caldwell
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 600 West Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Bequeath

4. DATE OF DEATH (Month) (Day) (Year): April 24-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 11-1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 10, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Longmont, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charlie Calkins — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Mary J. Bayler — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harry A Bequeath — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* April 24, 1953, *that I last saw the deceased alive on* April 2, 1953 *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 613 W L Hubler MD
23b. ADDRESS: 221 East Logan St Caldwell Idaho
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/7/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR (ADDRESS): Peckham-Dakan Chapel
[signature] Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 30 1953

Certificate of Death

STATE OF IDAHO

State File No. 1774
Local Reg. No. 60
Reg. Dist. No. 86

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 N. Kimball Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Box 46

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) B. c. (Last) Pfost

4. DATE OF DEATH: (Month) April (Day) 25, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Marysville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: B. J. McKie
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Cecil Pfost
ADDRESS: Middleton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 20, 19 53 *to* Apr. 25, 19 53, *that I last saw the deceased alive on* Apr. 20, 19 53 *and that death occurred at* 4:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Strowd, D.O.

23b. ADDRESS: Box 528 Caldwell, Idaho

23c. DATE SIGNED: 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 28/53

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 4/28/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Herrick D. Davis
ADDRESS: Davis-Warrick Funeral Home Caldwell

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1375
Local Reg. No. 69
Reg. Dist. No. 360

BIRTH NO.

MAY 4 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Daughter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 319 Fillmore St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Retta	Jane	Poynor	April 26-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	June 23-1890	62	10	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cannery Operator 26	Simplot Dehydrator	Crane, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mathew Hilton,	Big Crane, Missouri	Hannah Greenway,	Green County, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-8516	Marcella Bowerman	Caldwell

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Chr. Hypertension — Not Known

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4-43 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Caldwell	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 20, 1953, *to* April 27, 1953, *that I last saw the deceased alive on* April 27, 1953, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
343 [illegible] M.D.	Caldwell Ida.	4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 29-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/1/53	Agnes M Denman	Peckham-Dalan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2376
Local Reg. No. 69
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Box 157

3. NAME OF DECEASED (Type or Print)
a. (First): Amyan
b. (Middle):
c. (Last): Brockman

4. DATE OF DEATH (Month) (Day) (Year): April 26-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9-1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR — Months: 8 Days: 28
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tarkio, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rothburn Endicott
BIRTHPLACE: Mills Co., Iowa

14. MOTHER'S MAIDEN NAME: Dora M. Lane
BIRTHPLACE: Freemont Co., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Denny F. Brockman
ADDRESS: Middleton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 30 h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auricular fibrillation — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

433.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 4/26, 1953, *that I last saw the deceased alive on* 4/26, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oakes H. Hoover M.D. 670
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Middleton
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 5/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Beckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 6
Reg. Dist. No. 960

BIRTH NO.

RECEIVED
MAY 4 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Emmert b. (Middle) C. O. c. (Last) Packard

4. DATE OF DEATH: (Month) (Day) (Year): April 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 26, 1898	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machanic	Farm Impliment	Marshall County Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sidney Packard	Iowa	Susie Seip	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--- --	519-16-8222	Alice Packard	Route 3 Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 10, 1953, *to* April 28, 1953, *that I last saw the deceased alive on* April 24, 1953, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Hubler M.D.	121 E. Logan St Caldwell, Idaho	5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2, 1953	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/1/53	Agnes M Denman	Merrill D. Davis	Davis-Warrick Funeral Home Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1278
Local Reg. No. 68
Reg. Dist. No. 360

BIRTH NO.

MAY 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 311 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) Elbert; b. (Middle) Clarence; c. (Last) Hawley

4. DATE OF DEATH (Month) (Day) (Year): April 28-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 29-1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days: 0
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farmer 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Split Log, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Reuben Marsden Hawley, BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Lestina Hildreth, BIRTHPLACE: New York State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-03-0684

17. INFORMANT'S OWN SIGNATURE: Della M Hawley ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Essential Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 30, 1953, *to* April 28, 1953, *that I last saw the deceased alive on* April 28, 1953, *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Hubler 613 (Degree or title) MD

23b. ADDRESS: 221 East Logan St Caldwell, Idaho

23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 4 -1953

24c. NAME OF CEMETERY OR CREMATORY: Greenleaf

24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 5/4/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1279
Local Reg. No. 77
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Caldwell
c. LENGTH OF STAY (in this place): Life at Homedale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Kerr	Johnstone	April 30-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	September 17-1917	35	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming and sheep raising
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Johnstone — BIRTHPLACE: Dumfrieshire, Scotland
14. MOTHER'S MAIDEN NAME: Janet Kerr — BIRTHPLACE: Dumphrieshire, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Juanita Johnstone — ADDRESS: Homedale

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1½ hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute Granulocytic Leukemia	9 days
DUE TO (c)	Chronic Granulocytic Leukemia	9 months
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 1, 1952, *to* April 30, 1953, *that I last saw the deceased alive on* April 30, 1953, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause	M.D.	Caldwell, Idaho	May 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/7/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: C. V. Peckham-Dekan Peckham — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1280
Local Reg. No. 90
Reg. Dist. No. 362

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1824 5th St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1824 5th St. No.

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): DOW
c. (Last): WEST

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: June 30, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-Owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Market
11. BIRTHPLACE (State or foreign country): Creston, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. West — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Ardie M. Davis — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs. Carl Floyd — ADDRESS: Caldwell, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sust.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C-V. Dis. — Yrs.
DUE TO (c) Diabetes — Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1953, *to* 3-12, 1953, *that I last saw the deceased alive on* 3-12, 1953, *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wesche M.D. (Degree or title) 442
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/16/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 21, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — LEWIS EDMUNDS MORTUARY — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 6 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1381
Local Reg. No. 98
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 704 Fern

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704 Fern

3. NAME OF DECEASED (Type or Print): a. (First) BEN b. (Middle) ED c. (Last) NORMAN

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 28, 1880

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): No Record

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: No Record — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 569 09 9879

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Record from personel effects

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 16, 1953, *to* March 14, 1953, *that I last saw the deceased alive on* March 16, 1953, *and that death occurred at* 3:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesbe 443 M.D. — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 4-28-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 18, 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Kohlerlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 1, 1953 — **REGISTRAR'S SIGNATURE**: Mrs. Jane Steck — **25. FUNERAL DIRECTOR**: Carl L. Alsip — **ADDRESS**: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1382
Local Reg. No. 89
Reg. Dist. No. 362

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 331 Yale

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): DODDS

4. DATE OF DEATH (Month) (Day) (Year): 3-19-53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 28, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Andrew Nelson — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clark S. Simmons — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 162X Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma Asthmatic C. V. Disease Yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-15, 1953, *to* 3-19, 1953 *that I last saw the deceased alive on* 3-19, 1953, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lowell E. Wetzel MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 22, 53
24c. NAME OF CEMETERY OR CREMATORY: Marshall, Minn.
24d. LOCATION (City, town, or county) (State): Marshall, Minn.

DATE REC'D BY LOCAL REG.: April 21, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul L. Chapman — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Gerald W[illegible]

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]83
Local Reg. No. 91
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMAN
b. (Middle): FRANKLIN
c. (Last): TATE

4. DATE OF DEATH (Month) (Day) (Year): MAR. 27 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3.5- 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER 27
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PARK CITY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN TATE — BIRTHPLACE: MO.
14. MOTHER'S MAIDEN NAME: MARANDA LEWIS — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Mrs Tullie Nelson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

902.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Hip — INTERVAL BETWEEN ONSET AND DEATH: 3-23-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis C.V. Disease — years
DUE TO (c) Senile Dementia — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 22 53 10P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell out of bed.

22. *I hereby certify that I attended the deceased from* 3-23-, 1953, *to* 3-27, 1953, *that I last saw the deceased alive on* 3-27-, 1953 *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wright MD (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: MAR. 27th 2
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View
24d. LOCATION (City, town, or county) (State): Mtn. Home, Idaho

DATE REC'D BY LOCAL REG.: April 21, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1334
Local Reg. No. 79
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 408 15th Ave. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FLO	CATHERINE	BREACH	April 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	married	March 15, 1916	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ruby Valley, Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles C. Duval — BIRTHPLACE Castle Gate, Utah
14. MOTHER'S MAIDEN NAME Kittie Woolverton — BIRTHPLACE Ruby Valley, Nev

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Paul L Breach — ADDRESS Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

200.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15-, 1953, *to* 4-2-, 1953, *that I last saw the deceased alive on* 4-2-, 1953, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Samuel A Swayne M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/6/53
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. April 7, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Lewis Edmunds
ADDRESS Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1385
Local Reg. No. 9
Reg. Dist. No. 3

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospiatl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 619 20th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): WILLARD
c. (Last): COTNER

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bruce, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry E. Cotner — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Richardson — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Alta Harper — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteria Sclerotic C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: hernia — 2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-26-, 1949, *to* 4-4, 1953, *that I last saw the deceased alive on* 4-4-, 1953, *and that death occurred at* 7:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wesche MD (Degree or title) 442
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 8, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 21, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

GE WESCHE

RECEIVED
MAY 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 386
Local Reg. No. 96
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 116 12th Ave North

3. NAME OF DECEASED (Type or Print): a. (First) MICAELA; b. (Middle); c. (Last) GABICA

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	Dec. 11, 1868	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jose Larranaga — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Madalene Arrasate — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Julia Larranaga — ADDRESS:

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes — 2 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr, 19 53, *to* Apr 8, 19 53, *that I last saw the deceased alive on* Apr 8, 19 53, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. D. Keeline	M.D.	Nampa, Ida	Apr 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr 13, 1953	Mt. Calvary Cem.	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 1, 1953	Mrs. Jane Steed	Carl L. Alsip	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1387
Local Reg. No. 93
Reg. Dist. No. 342

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1015 Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) MALISSA c. (Last) STANHOPE

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widowed	Dec. 27, 1870	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eli Fraizer — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Amy Moffitt — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lois S. Whaley — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left hemiplegia

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1947, *to* April 9, 1953, *that I last saw the deceased alive on* April 9, 1953, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesch M.D (43) (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 11, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 24, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1238
Local Reg. No. 94
Reg. Dist. No. 362

BIRTH NO.

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 223 15th Ave No.

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) H c. (Last) BOWMAN

4. DATE OF DEATH (Month) April (Day) 10, (Year) 1953

5. SEX M

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 16, 1891

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 93

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Heber, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Henry Bowman — BIRTHPLACE Kinkaldy, Scot.

14. MOTHER'S MAIDEN NAME Eliza Jane Dalton — BIRTHPLACE Centerville, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519 16 5325

17. INFORMANT'S OWN SIGNATURE Wayne E. Bowman — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953, *to* April 10, 1953, *that I last saw the deceased alive on* April 10, 1953, *and that death occurred at* 4:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche (Degree or title) M.D. — **23b. ADDRESS** Nampa Idaho — **23c. DATE SIGNED** 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Apr. 16, 53 — **24c. NAME OF CEMETERY OR CREMATORY** Kohlerlawn Cemetery — **24d. LOCATION** (City, town, or county) Nampa, (State) Idaho

DATE REC'D BY LOCAL REG. April 24 1953 — REGISTRAR'S SIGNATURE Mrs. Jane Steed — **25. FUNERAL DIRECTOR** John F. Alsip Jr. — ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

H. C. Wesche

State File No. 1339
Local Reg. No. 97
Reg. Dist. No. 363

Certificate of Death

RECEIVED
MAY 6 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba - Rural
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): J.
c. (Last): O'HARA

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 19, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): County Mayo, Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. J. O'Hara — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embulus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11-, 1953, *to* 4-11-, 1953, *that I last saw the deceased alive on* 4-11-, 1953, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Samuel A. Swayne, M.D. (Degree or title) 392
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 17, 53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Agbonczyk — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SWAYNE

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1290
Local Reg. No. 103
Reg. Dist. No. 362

BIRTH NO.

MAY 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 15th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD; b. (Middle) HENRY; c. (Last) WOOLARD

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 22, 1855

9. AGE (In years last birthday): 97
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mattoon, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. W. G. Field
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) No particular disease —
DUE TO (c) He slept most of time past year — Died resting between 12:30 a.m. and 7:30 a.m. April 12-53. Passed in his sleep.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1952, *to* April 12, 1953, *that I last saw the deceased alive on* Aug 20, 1952, *and that death occurred at* —— m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Weseche (Degree or title) M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 4-14-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/14/53

24c. NAME OF CEMETERY OR CREMATORY: Kohler lawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 14, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmundo
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form PHS-48021

Certificate of Death

STATE OF IDAHO

State File No. 1201
Local Reg. No. 96
Reg. Dist. No. 362

BIRTH NO.

APR 24 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1115 11th Ave. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	F.	YODER	April 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 17, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Rancher		Springfield, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Yoder	Swizterland	Elizabeth Baumgertner	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Emma Yoder	Nampa, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Anasarca with cardiac Decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute Hemorrhagic nephritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/22, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* 4/12, 19 53 *and that death occurred at* 7:50p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 361	Nampa	4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/15/53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 21, 1953	Mrs. Jane Stuck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1392
Local Reg. No. 99
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAY 6 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 423 10th Ave No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 10th Ave No.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): HOLSTE

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 19
10b. KIND OF BUSINESS OR INDUSTRY: Rel. Estate & Fruit Broker - Chicago, Ill.
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gertrude Holste
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Auricular Fibrillation
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1949, *to* April 18, 1953, *that I last saw the deceased alive on* April 15, 1953 *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesele M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Rybarczyk
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

I.C. WESCHE

State File No. 1393
Local Reg. No. 100
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 6 - 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eckert Nursing Home 312-13th Ave South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312-13th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Addie
b. (Middle): Belle
c. (Last): Bauman

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 6, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ross — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mary Ross — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Viva I Barton — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4-16-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1953, *to* 4-20, 1953, *that I last saw the deceased alive on* 4-20, 1953, *and that death occurred at* 11:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday 144 — (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/23/53 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 1, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-4231

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

State File No. 1304
Local Reg. No. 104
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 215 W. Roosevelt

3. NAME OF DECEASED (Type or Print)
a. (First): DEAN
b. (Middle): RAY
c. (Last): SUCHY

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 9, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 17; IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Arthur Suchy — BIRTHPLACE: Mandan, No.Dak.
14. MOTHER'S MAIDEN NAME: Marion Lenz — BIRTHPLACE: Ashton, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Arthur Suchy — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity 6½ months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 9, 1953, *to* Apr 25, 1953, *that I last saw the deceased alive on* Apr 25, 1953, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clara Hastings — (Degree or title): M.D.
23b. ADDRESS: 1116 2nd St So Nampa
23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 14 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steed
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1395
Local Reg. No. 105
Reg. Dist. No. 362

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 545 6th St. No. Ext.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): POST

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 14, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teamster ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pahauska, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lydia G. Post — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4/20/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 1953, *to* 4-26, 1953, *that I last saw the deceased alive on* 4-24, 1953, *and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday 144 (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 14, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1396
Local Reg. No. 102
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Caldwell~~ Nampa
c. LENGTH OF STAY (in this place): 57 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 114 Sunnyside Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruben	Ellsworth	Shaw	April 27-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	September 16,1875	77	7	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman 28
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Union, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshua M. Shaw,	Ohio	Mary Slocum,	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harold W Shaw, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paralysis agitans, Fracture right patella

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1953, *to* April 27, 1953, *that I last saw the deceased alive on* April 27, 19 53, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 443 M.D	Nampa-Idaho	4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 1-1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 4, 1953	Mrs. Jane Steele	C. V. Peckham	Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1397
Local Reg. No. 101
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 6 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 516 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 516 13th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First) ERNEST
b. (Middle) CLAY
c. (Last) DANES

4. DATE OF DEATH (Month) April (Day) 28, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 3, 1871
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) et Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wahoo, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Danes — BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Hattie Reed — BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Blanche Mecham — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1953, *to* 4-28, 1953, *that I last saw the deceased alive on* 4-15, 1953, *and that death occurred at* 8:52 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE A B Halliday (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. May 1, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Strech
25. FUNERAL DIRECTOR Paul S. Rybarczyk — ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1398
Local Reg. No. 106
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Northwest Nazarene College

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): S.
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 12, 1935
9. AGE (In years last birthday): 17-8-18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Atlanta, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Lester Howard-Fort Collins, Colo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elva B. Winter-Mountain Home, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Lester Howard 2131 Leadville Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Decompensation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* April 30, 1953, *that I last saw the deceased alive on* 4-30, 1953, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Mangum MD 241
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: May 14, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Summers, Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1399
Local Reg. No. 35
Reg. Dist. No. 361

BIRTH NO.

APR 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Nellie	Nina	Rice	April 3-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	January 20-1916	37	2	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bridgeport, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter L. Scott	Missouri	Julia Mae Worley	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-26-9980	E Herald Rice	Wilder Rt.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) right temple area
DUE TO (c) of head

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Wilder Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4-3-53 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted gun shot wound

22. *I hereby certify that I attended the deceased from* found dead 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Aloia Jr Coroner	Nampa, Idaho	4/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April 6-1953	Baker	Baker, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/14/53	Agnes M Denman	Peckham-Dekan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 400
Local Reg. No. 3-8
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	LeRoy	Garner	April 10-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	December 4-1884	68	4 / 6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of 4		Clifton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charlie L. Garner	Not Known	Marinda Jenson	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Yes	Leslie Garner	Vale, Oregon

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wounds to forehead.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home - farm	Route 1 Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 10 1953 12:10 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted with 22 Stevens rifle.

22. *I hereby certify that I attended the deceased from* ———, 19—, *to* ———, 19—, *that I last saw the deceased alive on* ———, 19—, *and that death occurred at* 12:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Alsip, Jr.	Coroner	Nampa, Idaho	4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 14-1953	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/28/53	Agnes M Denman	E. J. Beckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 67
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP): Nyssa - Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nyssa Junction Hg#20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 812 2nd St. So.

3. NAME OF DECEASED (Type or Print): a. (First) Thelma b. (Middle) c. (Last) Crowther

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Aug. 2, 1916	36				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbus, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs W.L. King ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia due to aspiration ?
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stomach contents
DUE TO (c) Cerebral concussion
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fx Left Tib & Fib

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hg. #20 Nyssa
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nyssa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 11, 531a m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY Ooccur? Car missed turn & rolled over

22. *I hereby certify that I attended the deceased from* Autopsy only, 19 ___, *that I last saw the deceased alive on* ___, 19 ___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 17 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1102
Local Reg. No. 63
Reg. Dist. No. 361

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell - Rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #3 Maple & Karcher

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell - Rural
d. STREET ADDRESS (If rural, give location): Maple & Karcher Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LLOYD	ELMO	Bigham	April 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Aug. 11, 1905	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Odessa, Washington	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Millard Bigham	Cheney, Wash.	Martha	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Winona Bigham	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia by Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Near Farm	Route 3 Caldwell, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 22, 1953 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Blade of tractor caught and turned tractor into Phyllis Canal

22. *I hereby certify that I attended the deceased from* Found dead 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J. Alsip Jr Coroner	Nampa, Idaho	4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 25, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-4-53	Agnes M Denman	Carl S. Alsip	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

State File No. 123
Local Reg. No. 72
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route 2 (Ten Davis Community

3. NAME OF DECEASED (Type or Print)
a. (First): Jennie
b. (Middle): Catharine
c. (Last): Rightmire

4. DATE OF DEATH (Month) (Day) (Year): April 24-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 22-1854

9. AGE (In years last birthday): 98
IF UNDER 1 YEAR — Months: 8 — Days: 2
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carrol County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matthew Stranahan
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Julia Stanfield
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. W. D. Patterson
ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 590X Nephritis Acute
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 20, 1953 *to* April 24, 1953, *that I last saw the deceased alive on* April 24 1953 *and that death occurred at* 9 p. m., *from the causes and on the ~~date~~ stated above.*

23a. SIGNATURE (Degree or title): W M Mitchell M.D
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: May 2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 28-1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 5/7/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C. V. Peckham-Dakan
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1404
Local Reg. No. 70
Reg. Dist. No. 861

BIRTH NO.

MAY 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place) 37 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmer Look Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 419 17th Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Francis	Marion	Crowe	4 - 27 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	December 2-1863	89	4	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		LaCrosse, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eyre Evans Crowe	Nova Scotia	Mary Selby	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mildred F. Look	Wilder Route #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 15 53, 19__, *to* Apr 27 53, 19__, *that I last saw the deceased alive on* Apr 26, 1953, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Homedale Idaho	4/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 30-1953	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/4/53	Agnes M Denman	[signature] Peckham-Dahan Co.	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1405
Local Reg. No. 12
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location): Grace, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) PAUL c. (Last) LEFFLER

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 8, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Watkins Products Co.

11. BIRTHPLACE (State or foreign country): Knox, Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Leffler
BIRTHPLACE: Salem, Mo.

14. MOTHER'S MAIDEN NAME: Sarah J. Rawlins
BIRTHPLACE: Frankfurt, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Irene Leffler
ADDRESS: 639 N. Main Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative N.T. Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Extreme Obesity — 25 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1946 19__, *to* 8 April, 1953 *that I last saw the deceased alive on* April 8, 1953, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert, M.D.
23b. ADDRESS: Soda Springs, Ida.
23c. DATE SIGNED: 8 April 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-53
24c. NAME OF CEMETERY OR CREMATORY: Grace
24d. LOCATION (City, town, or county) (State): Grace, Idaho.

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: Lettie Mae Sexton

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman C. Richards

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-4295

Certificate of Death

STATE OF IDAHO

State File No. 1406
Local Reg. No. 135
Reg. Dist. No. 470

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) Cottage Hospital

3. NAME OF DECEASED (Type or Print)
a. (First) Carell
b. (Middle) Francis
c. (Last) Stephenson

4. DATE OF DEATH (Month) (Day) (Year) April 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 3, 1953
9. AGE (In years last birthday) - IF UNDER 1 YEAR Months - Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Charles W. Stephenson, BIRTHPLACE Peculiar, Mo.
14. MOTHER'S MAIDEN NAME Mary Evelyn Darnell, BIRTHPLACE Montrose, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Charles W Stephenson J Murtaugh ADDRESS Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

773.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Premature~~ Respiratory failure Med.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Infant
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Apr, 1953, *to* 7 Apr, 1953, *that I last saw the deceased alive on* 7 Apr, 1953, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 423 (Degree or title) MD.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 10 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-9-53
24c. NAME OF CEMETERY OR CREMATORY Gem Memorial Park
24d. LOCATION (City, town, or county) Burley, (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 17 1953
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] ADDRESS Burley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK records typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1407
Local Reg. No. 138
Reg. Dist. No. 470

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 36 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): R.F.D. (Emerson Dist.)

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Oscar
c. (Last): Gale

4. DATE OF DEATH (Month) (Day) (Year): 4/10/53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Gale — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. R.O. Gale — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 25, 1953, *to* 4-10, 1953, *that I last saw the deceased alive on* 4/9, 1953 *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 204 Kelly M D (Degree or title)
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/14/53
24c. NAME OF CEMETERY OR CREMATORY: RIVERSIDE Cemetery
24d. LOCATION (City, town, or county) (State): HEYBURN, IDAHO

DATE REC'D BY LOCAL REG.: Apr 24 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1308
Local Reg. No. 136
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1642 Albion Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle); c. (Last) Gunderson

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 3, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months: 11; Days: 8
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Atlantic, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James D. Smith
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Edna Cumberlin
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward Gunderson
ADDRESS: 1642 Albion

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 40 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artio sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1953, *to* April 11, 1953, *that I last saw the deceased alive on* April 11, 1953, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Dunn 089 (Degree or title): M.D.
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 0\
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, or town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Apr. 17 1953
REGISTRAR'S SIGNATURE: B. F. Wilson

25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

State File No. 1409
Local Reg. No. 137
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): 74 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Lambert
c. (Last): Gorringe

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 3, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Bountiful, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Gorringe, BIRTHPLACE: --- England
14. MOTHER'S MAIDEN NAME: Fanny Burgess, BIRTHPLACE: ----- England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: — — —
17. INFORMANT'S OWN SIGNATURE: Annie Gorringe — ADDRESS: Oakley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1952, *to* April 9, 1953, *that I last saw the deceased alive on* April 9, 1953, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): High E. Dean 089 M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-13-53 01
24c. NAME OF CEMETERY OR CREMATORY: Marion Cemetery
24d. LOCATION (City, town, or county) (State): Marion, Cassia Co. Idaho

DATE REC'D BY LOCAL REG.: Apr. 17, 1953
REGISTRAR'S SIGNATURE: B.F. Watson
25. FUNERAL DIRECTOR: Vern B. McCullach — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1410
Local Reg. No. 134
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley- rural
c. LENGTH OF STAY (in this place): 18 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mi.So. 1½ E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 5 Mi. So. 1½ E.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Cottle

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 5, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Plain City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Henry Cottle — BIRTHPLACE: Dudley-Staffordshire, England
14. MOTHER'S MAIDEN NAME: Elizabeth Sarah Dummer — BIRTHPLACE: South Hampton, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gilda Laws — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1947.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatitis and Chronic Nephritis — 1947.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 4/10, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 204 Kelly M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4/10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Plain City Cemetery
24d. LOCATION (City, town, or county) (State): Plain City Utah

DATE REC'D BY LOCAL REG.: April 13 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Wm B. McCulloch — ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1111
Local Reg. No. 139
Reg. Dist. No. 47b

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Alonzo; b. (Middle) Franklin; c. (Last) Parish

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 17, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Parish
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Nancy Henretta Call
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 912-1

17. INFORMANT'S OWN SIGNATURE: Theel F. Parish
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Farm Accident - Crushing of Chest. — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm.
21c. (CITY, TOWN, OR TOWNSHIP) Rural Burley. (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY: (Month) April (Day) 16 (Year) 1953 (Hour) 10½ a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor turned over, pinning body beneath.

22. *I hereby certify that I attended the deceased from* Never attended, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Bucker 215
(Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: April 18 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/53
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Park
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Apr. 24 1953
REGISTRAR'S SIGNATURE: O. E. Wilson
25. FUNERAL DIRECTOR: J. Davis Sayer
ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1412
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): MARIE
c. (Last): HOOPES

4. DATE OF DEATH (Month) (Day) (Year): April 2 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 1, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans Lund — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Christina Nelsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Warner P. Hoopes — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial asthma — 20 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1949, *to* April 2, 1953, *that I last saw the deceased alive on* March 26, 1953, *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE 433 (Degree or title): Al Loutal, M.D. — M. D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE 01: Apr. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Clark Co., Idaho

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: Joan [illegible]
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1413
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 621 Johnson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Jane
c. (Last): Dickinson

4. DATE OF DEATH (Month) (Day) (Year): 4-5-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-27-1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Tucker Co. W. Va.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Sylveanus Carr — BIRTHPLACE: W. Va.
14. MOTHER'S MAIDEN NAME: Elizabeth White — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lee H. Dickinson — ADDRESS: Pasco, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12-5-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocarditis of years standing
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1936, 19__, *to* April 5, 1953, *that I last saw the deceased alive on* 4-5-53, 19__, *and that death occurred at* 12:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Pappenhagen 304 M.D
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 4-6-53
REGISTRAR'S SIGNATURE: Vernon E Fawley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

State File No. 1114
Local Reg. No. 27
Reg. Dist. No. 210
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 6 yr 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) A. c. (Last) Billberg

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-27-1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: unk — BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: E. L. Burney MD — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebro arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hemiplegia — 6 yr 7 mo

334X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-10, 1946, *to* 4-11, 1953, *that I last saw the deceased alive on* 4-11, 1953 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Burney MD 333 — **23b. ADDRESS**: Orofino Ida — **23c. DATE SIGNED**: 4-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4-14-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside Cemetery — **24d. LOCATION** (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 4-14-53 — REGISTRAR'S SIGNATURE: Verna E Dowden

25. FUNERAL DIRECTOR — ADDRESS: W. E. Gilbert — Orofino Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1145
Local Reg. No. 28
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Hoyt b. (Middle) c. (Last) Martin
4. DATE OF DEATH (Month) (Day) (Year) Apr 13 1953
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 12, 1872
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 1 DAY Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY woods
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Martin BIRTHPLACE Ills
14. MOTHER'S MAIDEN NAME Betty E. Foster BIRTHPLACE Ills
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Aug 1901-Nov 01
16. SOCIAL SECURITY NO. 450-0
17. INFORMANT'S OWN SIGNATURE E. L. Berry M D ADDRESS Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile deterioration — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1 *19*53*, to* Apr 13, *19*53*, that I last saw the deceased alive on* Apr 12, *19*53 *and that death occurred at* 7:40 *a. m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry M D (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED Apr 13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-15-53
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetary
24d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. 4-14-53
REGISTRAR'S SIGNATURE Verna E. Bailey
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1416
Local Reg. No. 29
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN Orofino
LENGTH OF STAY (in this place) 6 mo 3 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Anna	Grace	Close	Apr	15	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W	married	Mar 3 1893	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Idaho, Nez Perce Co	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carrie Doffe	Holland	Mary Lueck	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	E. L. Barry md	Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 415X Chron. encephalitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Rheumatic) — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. malnutrition (prophylaxis) — 2 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-22, 1952, *to* 4-15, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:35 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barry md	Orofino Idaho	4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-15-53	Brower-Nash Co.	Lewiston, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-15-53	Elmer E. Dudley	H. E. LeBaron	Lewiston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 7 - 1953

DIVISION OF VITAL STATISTICS

State File No. 1117
Local Reg. No. 30
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway # 11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Bennett	4-16-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Unknown	Unknow	About 60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Laborer	Unknown	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
?		517072137	W. E. Gilbert	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ----------, 19--, *to* ----------, 19--, *that I last saw the deceased alive on* ----------, 19--, *and that death occurred at* 5P15p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 470	Coroner 4	Orofino, Idaho	4-23-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-24-1953	Hill cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-23-53	Vernon E. Dudley	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

MAY 7 - 1953

BIRTH NO.

State File No. [illegible]8
Local Reg. No. 31
Reg. Dist. No. 210

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 9 yrs 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 615 E. 8th St

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): S.
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Apr 23 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 27 1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Westergotland Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Svanstein — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Sofia Swanson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E. L. Berry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chron. myocarditis — 8 yrs
DUE TO (c): Arteriosclerosis — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Clearwater Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-10-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Patient fell to floor while standing

22. *I hereby certify that I attended the deceased from* 8-28, 1943, *to* 4-23, 1953, *that I last saw the deceased alive on* 4-23, 1953, *and that death occurred at* 2 45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Berry MD
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-23-53
24c. NAME OF CEMETERY OR CREMATORY: Shortis Chapel
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 4-23-53
REGISTRAR'S SIGNATURE: Vernon E. Hurley
25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1119
Local Reg. No. 32
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian West Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print): a. (First) Alex; b. (Middle); c. (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year): 4-25-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	9-11-1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods-work
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518012252
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 177X Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): probably due to Carcinoma
DUE TO (c): of prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1953, *to* 4-25-, 1953, *that I last saw the deceased alive on* 4-23-53, 19___, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A B Bergenhagen 304	M.D.	Orofino, Idaho	4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-28-1953	Riverside cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.: 4-28-1953
REGISTRAR'S SIGNATURE: Barbara Farley - deputy
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-480.11

Certificate of Death

STATE OF IDAHO

State File No. 1420
Local Reg. No. 93
Reg. Dist. No. 210

RECEIVED MAY 7 - 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1 Mo. 17 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Arcadian Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Daniel	Oscar	Maynard	April	28	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	Oct. 31, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Yamhill, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Maynard	Unk.	Mary Jane Castile	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Marjorie Maynard	Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sen. I. T.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—; *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 2:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. Gilbert M.D. Coroner	Orofino, Idaho	4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL	4-29-53	TRENARY FUN. HOME	KOOSKIA Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
4-28-53	Barbara Fairley - Deputy	Claude Trenary Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 421
Local Reg. No. 469
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Cecil
b. (Middle): Theodore
c. (Last): Graae

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 15, 1927
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chadron, Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound right timple — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Challis Custer Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-26-53, 11:30A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted gunshot wounds

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 Will Centaurus, Custer Co. Coroner
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 4-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-30-53 02
24c. NAME OF CEMETERY OR CREMATORY: Challis
24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: April 29 1953
REGISTRAR'S SIGNATURE: Edna M. Kenney
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1422
Local Reg. No. 9
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1602. East Jefferson Street.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): FALK
c. (Last): ROTHCHILD.

4. DATE OF DEATH (Month) (Day) (Year): April. 2. 1953.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: November. 28. 1910.
9. AGE (In years last birthday): 42-2-4. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Club Manager. 74
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Oregon.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Rothchild. BIRTHPLACE: Los Angeles, Calif.
14. MOTHER'S MAIDEN NAME: Ann Falk, BIRTHPLACE: Boise, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War # 2.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Theodore Falk ADDRESS: 901 S. Ourthree St Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Atherosclerosis Coronary Artery — Unknown -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30-53, 19__, *to* 4-2-53, 19__, *that I last saw the deceased alive on* 3-20, 1953, *and that death occurred at* 1.30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 086 (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: April. 4. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: April 7, 1953
REGISTRAR'S SIGNATURE: H.F. Anderson
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1423
Local Reg. No. 10
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mountain Home.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Public Highway.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon. b. COUNTY: Clackamas.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oak Grove.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	POWELL	MC KAY.	April. 11. 1953.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male.	White.	Married.	March. 18. 1882.	71.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chimney Cruiser. o/b	Lumber Cruiser	Chippewa Falls, Wisconsin.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dunkan. L. Mc Kay.	Scotland.	Marion Drinkwater.	Wisconsin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	542-16-9949.	E. F. Mc Kay.	Oak Grove, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: "
DUE TO (c) Coronary artery Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arterio-sclerosis
Mild Right heart failure
Rt Diaphragmatic hernia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 19 52, *to* April, 19 53 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4.30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos. Saltzer M. D.	Nampa Idaho	4/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April. 13. 1953.	Clatskanie,,	Oregon.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 13, 1953	A. Anderson	Bey Mortuary,	Mountain Home, Idaho.

by D. A. Patterson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No. 132
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mountain Home
c. LENGTH OF STAY (in this place) 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mountain Home
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mattie	O.	Munson		4	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed	May 7, 1868	85 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezra Darling — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Caraline Northrup — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs Richard Morris — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 593X Nephritis & Endocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* 4-30, 1953, *that I last saw the deceased alive on* 4-28, 1953 *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 439 H. Weber M.D. (Degree or title)
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) Mountain Home (State) Idaho

DATE REC'D BY LOCAL REG. May 6, 1953
REGISTRAR'S SIGNATURE A. H. Anderson
25. FUNERAL DIRECTOR Bey Mortuary, ADDRESS Mountain Home, Ida.
D. A. L'Harrison

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1425
Local Reg. No. 15
Reg. Dist. No. 3740

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 8th So. 4th West

3. NAME OF DECEASED (Type or Print): a. (First) Myrna b. (Middle) c. (Last) Smith

4. DATE OF DEATH: (Month) Apr. (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 28, 1937

9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Orval J. Smith — BIRTHPLACE: Fairview, Idaho

14. MOTHER'S MAIDEN NAME: Letha Wheeler — BIRTHPLACE: Lewiston, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Orval J. Smith — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Glomerulo Nephritis — 15 Dec 50 / 4-7-53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1953, *to* April 5, 1953 *that I last saw the deceased alive on* April 5, 1953, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Skabelund
23b. ADDRESS: Lewiston, Utah
23c. DATE SIGNED: 4/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 4-7-1953
REGISTRAR'S SIGNATURE: Effie M. Brower
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

APR 15 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1426
Local Reg. No. 16
Reg. Dist. No. 340

BIRTH NO. 111-53-4361

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 396 West 4th South

3. NAME OF DECEASED (Type or Print): a. (First) Dell b. (Middle) Page c. (Last) Waddops

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Apr. 7, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Dell T. Waddops
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Marilyn Page
BIRTHPLACE: Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: DeMoure Bosworth
ADDRESS: Preston, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 28 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 7, 1953, *to* Apr 8, 1953, *that I last saw the deceased alive on* Apr. 8, 1953, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell G. Davis Jr. (Degree or title): M.D

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: Apr. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 4-9-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR:

ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1427
Local Reg. No. 14
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Shop

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Pio
b. (Middle):
c. (Last): Giarino

4. DATE OF DEATH (Month) (Day) (Year): Apr 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 5, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Baldissero-Canavese, Italy
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Not Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James Tasso — ADDRESS: Preston Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Farm Accident, Machine striking him on head, fractured Skull

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clifton Franklin Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 2, 1953 3 pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor Attachment broke

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Preston, Idaho
23c. DATE SIGNED: Apr. 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 4-7-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1128
Local Reg. No. 24
Reg. Dist. No. 3rd - 3rd

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nellie	Alice	Plaster	April 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 5, 1887	65	8	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Brock, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H. J. VanWinkle	Missouri	Mary Elizabeth Banks	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	None	X J.E. Plaster	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of liver — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1952, *to* April 1, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E. Howard M D	Emmett, Idaho	April 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 3, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 5, 1953	Jean C. Beatty	Glenn W. Beatty Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 340 - 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Box 982

3. NAME OF DECEASED (Type or Print): a. (First) Christine b. (Middle) Lee c. (Last) Nevers

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 30, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LaMarr Nevers BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Karen Ann Rostock BIRTHPLACE: Emmett, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 31, 1953, *to* April 2, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 3:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: April 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 5, 1953

REGISTRAR'S SIGNATURE: Glenn W. Beatty

25. FUNERAL DIRECTOR ADDRESS: Glenn W. Beatty Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No. 26
Reg. Dist. No. 24-241

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 606 E. 2nd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 606 E. 2nd

3. NAME OF DECEASED (Type or Print): a. (First) Emil b. (Middle) E. c. (Last) Dean

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 30, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 8 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): horticulture & fruit

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unionville, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. F. Dean
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 518 09 1177

17. INFORMANT'S OWN SIGNATURE: x Emmett R. Spencer
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* April 4, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald P. Rawlinson
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 4/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 11 1953
REGISTRAR'S SIGNATURE: Jean C. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED APR 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1121
Local Reg. No. 27
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 4th and Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): Ann
c. (Last): Bentley

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 6, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 3 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Franklin Bentley — BIRTHPLACE: Sussix, Wyo.
14. MOTHER'S MAIDEN NAME: Betty Louise Lickteig — BIRTHPLACE: Emmett, Ida.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thomas F. Bentley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity 6 months — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Explosion lived 2 hours
DUE TO (c): Cause of prematurity [illegible] under [illegible]

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1953, *to* April 6, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald P. Rawlinson (Degree or title)
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 4/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 14, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 32
Local Reg. No. 28
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 507 East 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Alonzo
b. (Middle): Corodyn
c. (Last): Lathrop

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 6, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 1, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: preaching
11. BIRTHPLACE (State or foreign country): Norwich, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Levi Albert Lathrop — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Jennie Judson Loyd — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Anah L. Zimmerman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Age and degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Apr 8, 1953, *that I last saw the deceased alive on* Apr. 8, 1953, *and that death occurred at* 4-30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. L. Reynolds
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 11, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel, Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1139
Local Reg. No. 24
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809 So. Hays

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 809 So. Hays

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jasper	Lee	Bane	April 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	May 4, 1870	82	11	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
labor ob	city	Ottumwa, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas G. Bane	Iowa	Elizabeth	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X William J. Bane	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 194_, *to* March 25, 1953, *that I last saw the deceased alive on* March 25, 1953, *and that death occurred at* 6:20 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald P. Rawlinson		April 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 13, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 11, 1953	Grace C. Hall	Beatty Chapel	Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 20 1953 DIVISION OF VITAL STATISTICS

State File No. 1134
Local Reg. No. 1594
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1022 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1022 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): ELLIS
b. (Middle):
c. (Last): BIRD

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Teton, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. Bird — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Celia White — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ruland J. Bird — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death (Coronary?)

ANTECEDENT CAUSES — Had Cerebral hemorrhage with paralysis 2 yrs ago + never recovered completely

DUE TO (b)

DUE TO (c)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS — Arteriosclerosis?

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ✓

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never saw him alive *to* ~~19~~, *that I last saw the deceased alive on* 4-7-, 1953 *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J H Cromwell (Degree or title): MD
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/9/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 4-7-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1435
Local Reg. No. 1593
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

RECEIVED APR 20 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding; LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1001 Idaho	d. STREET ADDRESS (If rural, give location): 1001 Idaho

3. NAME OF DECEASED (Type or Print)	a. (First): SUSIE	b. (Middle): L.	c. (Last): POLING	4. DATE OF DEATH (Month) (Day) (Year): April 6, 1953
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 12, 1869	9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At home	11. BIRTHPLACE (State or foreign country): Muncy Creek, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Ellis Betts	BIRTHPLACE: Penn.	14. MOTHER'S MAIDEN NAME: Angeline Flick	BIRTHPLACE: Penn.	
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: George Silva	ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) + metastasis to liver + intestines

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1953, *to* 4-6-, 1953 *that I last saw the deceased alive on* 4-5-, 1953, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J H Cromwell (Degree or title)	23b. ADDRESS: Gooding Idaho	23c. DATE SIGNED: 4-7-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 4/10/53	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho		
DATE REC'D BY LOCAL REG.: 4-7-53	REGISTRAR'S SIGNATURE: J H Cromwell	25. FUNERAL DIRECTOR: Geo. Jerrell Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 1595
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1106 Main

3. NAME OF DECEASED (Type or Print)
a. (First): ELIGHA
b. (Middle):
c. (Last): HOUSEWRIGHT

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 14, 1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Hawkins County, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Marsh Housewright — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Dora Kersey — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 2
16. SOCIAL SECURITY NO.: 329-18-0083
17. INFORMANT'S OWN SIGNATURE: Geo. Jerread Jr. — ADDRESS: 737 Main Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1 Mile East of Gooding, Gooding, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/19/53 3:00 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident car overturned in irrigation ditch

22. *I hereby certify that I* [redacted] Did not see, 19___, *to* _____, 19___, [redacted] *alive* [redacted], 19___, *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson, MD
23b. ADDRESS: Gooding, Ida
23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/20/53 3
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rogersville, Tenn.

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 377
Reg. Dist. No. 421

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E.AVE A

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): E.SVE. A.

3. NAME OF DECEASED (Type or Print): a. (First) LOIS b. (Middle) c. (Last) LOFTIS

4. DATE OF DEATH: (Month) APR. (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	CHILD	AUG.8,1952		8	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 52
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GOODING IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PIERCE LOFTIS — BIRTHPLACE: PRESTON IDA.
14. MOTHER'S MAIDEN NAME: PEARL ### ERIKSEN — BIRTHPLACE: McCAMOND IDA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Mrs. Pearl E Loftis — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) SUFFICATION — INTERVAL BETWEEN ONSET AND DEATH: 20.MINUTE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SMOKE FROM BURNING HOME

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3 DEGREE BURNS 100% OF BODY

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	HOME	WENDELL	GOODING	IDAHO

21d. TIME OF INJURY: (Month) APR. (Day) 21, (Year) 1953 (Hour) m. 11.55 AM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:55AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.D. Fregenbaum Justice of the Peace	Wendell Idaho	4/22/1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
REMOVAL	4/23/1953	PRESTON	CITY	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/22/53	Mrs Veronica Moore	J. Forest Weaver	Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1438
Local Reg. No. 40
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Melvin
c. (Last): Blewett

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 16 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Lafayette County, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard William Blewett — BIRTHPLACE: Cornwall, England
14. MOTHER'S MAIDEN NAME: America Lorton — BIRTHPLACE: Burlington, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Herbert C Blewett — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vasc dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Mar, 1953, *to* 5 april, 1953 *that I last saw the deceased alive on* 4 april, 1953, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Pettman (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 6 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county): Kooskia (State): Idaho

DATE REC'D BY LOCAL REG.: april 6, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trinary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

APR 15 1953 STATE OF IDAHO

State File No. 1439
Local Reg. No. 39
Reg. Dist. No. 246

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (In this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KOOSKIA
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLARENCE	EDWARD	ROBBINS	April 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	Oct. 26, 1914	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Lumber	Cottonwood, Idaho.	U.S.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter S. Robbins	Cottonwood, Ida	Vinnie Farmer,	Ohio.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-4066	Bert H Robbins	St. Clarkia, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

983.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion + basal skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Homicide	Street	Kooskia	Idaho	Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
March 29-1953 p.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Fight

22. *I hereby certify that I attended the deceased from* 30 mar, 1953, *to* 5 april, 1953, *that I last saw the deceased alive on* 5 april, 19 53 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Coltman	M.D.	Grangeville, Idaho	6 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Apr. 6, 1953	St. Maries	St. Maries, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 6, 1953	Irma Cone	Jesse Robertson	Grangevilld.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1240
Local Reg. No. 41
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Genera l Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) Clearwater Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EVA	LOUISE	CLARY	April 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	June 28, 1948	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Leonard Clary — BIRTHPLACE Parma, Ida ho
14. MOTHER'S MAIDEN NAME Dorthy Campbell — BIRTHPLACE Kamiah, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Leonard E Clary — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 823.4 Cerebral Contusion + multiple skull fractures.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: 10 hours.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Kamiah (COUNTY) Lewis (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 15, 1953 1/4 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car ran off road

22. I hereby certify that I attended the deceased from 15 April, 1953, to 15 April, 1953, that I last saw the deceased alive on 15 April, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald Soltman M.D (Degree or title)
23b. ADDRESS Orangeville Idaho
23c. DATE SIGNED 15 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE 4-15-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. April 15, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Brower-Mann by W. H. Nelson — ADDRESS Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-43021

Dr. Donald Soltman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 240

BIRTH NO. 111-53-4459

APR 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN: GRANGEVILLE
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DENISE b. (Middle) ANN c. (Last) EIMERS

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby

8. DATE OF BIRTH: April 19, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas D.Eimers, BIRTHPLACE: Lewiston, Idaho,

14. MOTHER'S MAIDEN NAME: Martha Stearns BIRTHPLACE: Nampa, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Mrs Dale G. Eimers ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity and atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 april, 1953 *to* 21 april, 1953 *that I last saw the deceased alive on* 21 april, 1953 *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Saltmarsh (Degree or title) M.D

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 21 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 22 1953

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: April 21 1953

REGISTRAR'S SIGNATURE: Ima Cone

25. FUNERAL DIRECTOR: Jas Robson ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-4460

BIRTH NO.

RECEIVED

MAY 9 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 43
Reg. Dist. No. 240

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Lee
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): April 23 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: April 22, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 22 / Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Grangeville Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Warren Miller — BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Mary Lee McCall — BIRTHPLACE: Palouse, Wash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Warren W. Miller — ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 22 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 april, 1953, *to* 23 april, 1953, *that I last saw the deceased alive on* 22 april, 1953, *and that death occurred at* 4:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Poltman M.D. (Degree or title)
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 25 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: April 25, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Thevary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 457
Reg. Dist. No. 240

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Loyd; b. (Middle); c. (Last) Tinney

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: November 3, 1892

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Lincoln Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: D.M. Tinney — BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Ellen Sutton — BIRTHPLACE: Washington Co. Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ed Tinney — ADDRESS: Kooskia Id

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, myocardial infarction + acute pulmonary edema.

INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 April, 1953, *to* 29 April, 1953, *that I last saw the deceased alive on* 29 April, 1953, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald K. Saltman (Degree or title) M.D.

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 2 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.

24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: May 2 1953

REGISTRAR'S SIGNATURE: Lora Crane

25. FUNERAL DIRECTOR — ADDRESS: Claude Tinney Kooskia, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 9
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Buell
b. (Middle):
c. (Last): Irwin

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 29, 1935
9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months 10 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Buell Irwin
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Helen Clebby
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Charles Dasenbrock
ADDRESS: Cottonwood, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastrointestinal Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Inoperable spinal tumor
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 19 53, *to* April 10, 19 53, *that I last saw the deceased alive on* April 9, 19 53, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 4-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-13-53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by TB
25. FUNERAL DIRECTOR: Clifford Uhlorn
ADDRESS: Cottonwood, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 10
Reg. Dist. No. 242

BIRTH NO.

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daniel	Leo	McElligott	April 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	March 1, 1895	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Priest	Religious	Piper City, Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh McElligott	Unknown	Harriet McLain	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Rev. Richard C. Bauman	Greencreek

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 7 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 11, 19 53, *to* April 11, 19 53, *that I last saw the deceased alive on* April 11, 19 53, *and that death occurred at* 7:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wesley J. Orr M.D.	Cottonwood, Idaho	4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-14-53		Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-13-53	Wesley J. Orr M.D. by TS	Cletus Atkinson	Cottonwood, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 240

RECEI[illegible] MAY 9 - 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RIGGINS
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saw Mill.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RIGGINS
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) RAYMOND
b. (Middle) ARTHUR
c. (Last) VOSS

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 17, 1914
9. AGE (In years last birthday) 39 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ob
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Butte Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Voss, BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Pauline Lappe. BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Raymond Voss ADDRESS Riggins

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary schlerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* Apr 27, 1953, *that I last saw the deceased* ~~alive on~~ dead Apr 27, 1953, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS Council, Idaho.
23c. DATE SIGNED April 30, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE May 2, 1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, Idaho. (State) Ida.

DATE REC'D BY LOCAL REG. May 4 1953
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR [illegible]
ADDRESS Grangeville,

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1447
Local Reg. No. 15
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Ririe)
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Ririe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Ririe)
d. STREET ADDRESS (If rural, give location): Near Ririe

3. NAME OF DECEASED (Type or Print)
a. (First): ZERELDA
b. (Middle): EVELYN
c. (Last): KITE

4. DATE OF DEATH (Month) (Day) (Year): April 1 1953

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 14, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Millville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gilbert Weaver. BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Sarah Connover. BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: H. S. Kite — ADDRESS: 219 No. Washington Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown Cause
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: myocarditis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1953, *to* 3-31-, 1953, *that I last saw the deceased alive on* 3-31, 1953, *and that death occurred at* 10:06 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-53
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 4/7/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1448
Local Reg. No. 16
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): x

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): WILLIAM
c. (Last): WALKER

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 1, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Orem, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Walker — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha Jane Barker. — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): x — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: George T Walker — ADDRESS: Jackson, Wyo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443x

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	10 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	10 yrs.
DUE TO (c)	Arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertrophy of Prostate	-

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1947, *to* April 2, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-6-53
24c. NAME OF CEMETERY OR CREMATORY: Archer
24d. LOCATION (City, town, or county) (State): Archer, Idaho

DATE REC'D BY LOCAL REG.: 4/7/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. 1449
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO. APR 8 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Roberts)
c. LENGTH OF STAY (in this place) none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 Mi. No. of Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Atomic City
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): a. (First) ROSA b. (Middle) MARGARET c. (Last) TYLER

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bent, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Booth Esgar. BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Adeline Hicks. BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO. 551-22-0105
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Rigby, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No. of Roberts, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-4-53 12:45A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car rolled over into slough

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 12:45A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall (Degree or title) Coroner
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-7-53
24c. NAME OF CEMETERY OR CREMATORY: ?
24d. LOCATION (City, town, or county) (State): Lamar, Colorado

DATE REC'D BY LOCAL REG.: 4 7 53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1450
Local Reg. No. 19
Reg. Dist. No. 04

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Roberts
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mi. No. of Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atomic City
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): LeROY
c. (Last): TYLER

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 4, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroading 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: A B Eckersell — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auto Accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No. of Roberts, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-4-53 12:45A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car rolled over into slough

22. *I hereby certify that* ~~I attended the deceased from ... and that death occurred at~~ 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall — (Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-7-53
24c. NAME OF CEMETERY OR CREMATORY: ?
24d. LOCATION (City, town, or county) (State): Lamar, Colorado

DATE REC'D BY LOCAL REG.: 4/7/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1451
Local Reg. No. 77
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 105½ N. W. Main St.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) AUGUST c. (Last) LARSON

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 20, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Harnesmaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lars E. Larson — BIRTHPLACE: Kjula, Sweden
14. MOTHER'S MAIDEN NAME: Louisa Lind — BIRTHPLACE: Jader, Sweden

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl L. Larson — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c) Myocarditis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1953, *to* April 4, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Rigby (Degree or title): M. D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: 4-7-53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1452
Local Reg. No. 21
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garfield
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garfield
d. STREET ADDRESS (If rural, give location): x

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) MAY c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1953

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): No. Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Fredrick William Ellis. England
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Susan Kasiah Davis. England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): x — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Louis Miller — ADDRESS: Rigby, Ida #1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 10 years
DUE TO (c) Arteriosclerosis — 12 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1953, *to* April 9, 1953 *that I last saw the deceased alive on* March, 1953 *and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Aldon Call, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-53
24c. NAME OF CEMETERY OR CREMATORY: Grant Central
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 4/24/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-8591

RECEIVED
APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1153
Local Reg. No. 22
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
d. STREET ADDRESS (If rural, give location): 518 West Main

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle): D.
c. (Last): Peck

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr.15, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.: 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe 02
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leonard Junior Peck. BIRTHPLACE: Mammoth, Utah.
14. MOTHER'S MAIDEN NAME: Ruth Cordon. BIRTHPLACE: Rigby, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Leonard J Peck, ADDRESS: St.Anthony, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Patent Ductus Arteriosus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congenital Heart abnormality. — 3 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

754.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 1953, *to* April 18, 1953, *that I last saw the deceased alive on* April 18, 1953, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Tall 422 M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-53
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: April 24/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell
ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 20
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tall Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Annis
d. STREET ADDRESS (If rural, give location): Annis

3. NAME OF DECEASED (Type or Print)
a. (First): DENNIS
b. (Middle): DEAN
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 9, 1948

9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): Indian Reser. Fort Washakie, Wyoming.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Indian Reser. BIRTHPLACE: Wilmer Weed Day. Ft. Washakie, Wyo.

14. MOTHER'S MAIDEN NAME: Indian, Reser. BIRTHPLACE: Madeline Lawton. Ft. Washakie, Wyo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Madeline L. Day — ADDRESS: Ft. Washakie, Who.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

830.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 20 Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auto accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): About home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Annis, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-18-53. 12:45P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car backed over him.

22. *I hereby certify that* ~~I attended the deceased from [illegible] that I last saw the deceased alive on [illegible] and that death occurred at~~ 1:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall (Degree or title): Coroner

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 4--19--53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4-22-53

24c. NAME OF CEMETERY OR CREMATORY: Shoshone Indian Cem.

24d. LOCATION (City, town, or county) (State): Ft. Washakie, Wyo.

DATE REC'D BY LOCAL REG.: 4/24/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1455
Local Reg. No. 23
Reg. Dist. No. 6-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lowder Convalescent Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) West 2nd South

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) McMURTREY

4 DATE OF DEATH (Month) (Day) (Year) April 22, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 19, 1874
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Calvin McMurtrey BIRTHPLACE Alabama
14. MOTHER'S MAIDEN NAME Francis Adaline Scott BIRTHPLACE Tenn.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-18-2215
17. INFORMANT'S OWN SIGNATURE Millie F. Simmons ADDRESS Rigby Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism - Stroke — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Prostate — 5 yrs.

19a. DATE OF OPERATION Nov. 1952
19b. MAJOR FINDINGS OF OPERATION Transurethral Prostatectomy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1949, *to* April 22, 1953, *that I last saw the deceased alive on* April 21, 1953, *and that death occurred at* 4:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 25, 1953
24c. NAME OF CEMETERY OR CREMATORY Rigby Pioneer Cemetery
24d. LOCATION (City, town, or county) Rigby (State) Jefferson Idaho.

DATE REC'D BY LOCAL REG. 4/29/53
REGISTRAR'S SIGNATURE Myrta B Eckersell
25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 156
Local Reg. No. 24
Reg. Dist. No. 6 40

RECEIVED
MAY 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rigby Maternity Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thornton
d. STREET ADDRESS (If rural, give location) Route - 1

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Mitchell c. (Last) Galbraith

4. DATE OF DEATH (Month) (Day) (Year) April - 26 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby
8. DATE OF BIRTH April 26, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rigby Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clinton George Galbraith BIRTHPLACE Lyman Idaho
14. MOTHER'S MAIDEN NAME Dorothy Bates - BIRTHPLACE Rigby Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Clinton George Galbraith ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premeturity — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 26 weeks gestation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1953, *to* April 26, 1953 *that I last saw the deceased alive on* April 26, 1953, *and that death occurred at* 2130 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 5/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Archer Lyman Cemetery.
24d. LOCATION (City, town, or county) (State) Thornton Idaho - R-1,

DATE REC'D BY LOCAL REG. 5/2/53
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1457
Local Reg. No. 26
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
d. STREET ADDRESS (If rural, give location) Home

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Leslie
c. (Last) Clement

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 27, 1892
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months 7 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Plain City - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Alma Clement
BIRTHPLACE Plain City Utah
14. MOTHER'S MAIDEN NAME Anna Josephine Green
BIRTHPLACE Plain City - Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Gale W. Clement
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart disease — 50 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1945, *to* April 29, 1953, *that I last saw the deceased alive on* April 28, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. C. Erickson M.D.
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2-1953
24c. NAME OF CEMETERY OR CREMATORY Lewisville Cemetery
24d. LOCATION (City, town, or county) (State) Lewisville - Idaho

DATE REC'D BY LOCAL REG. May 7-1953
REGISTRAR'S SIGNATURE Mark A. Capewell
25. FUNERAL DIRECTOR Geo A. Thiessens
ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1158
Local Reg. No. 88
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): William
c. (Last): Davies

4. DATE OF DEATH (Month) (Day) (Year): April 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 22 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Sheffield England
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Knot Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Knot Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-7738
17. INFORMANT'S OWN SIGNATURE: X Jessie Patrick — ADDRESS: Bellevue Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia - chronic nephritis, unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility; starvation

INTERVAL BETWEEN ONSET AND DEATH: (Latter 4-5 days)

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 4/3, 1953, *to* 4/5, 1953, *that I last saw the deceased alive on* 4/5, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle 373 Smail M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 4/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: April 9, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J.R. Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 89
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 day ~~10 yrs~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 924 Popplar

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle): H
c. (Last): Prunty

4. DATE OF DEATH (Month) (Day) (Year): April 8 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 31 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 2, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Normal Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Himes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ellen Chambers — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: James R Prunty — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X Carcinoma of Lefthonary — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Widespread metastases.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4, 1953, *to* 4-8-, 1953, *that I last saw the deceased alive on* 4-8, 1953, *and that death occurred at* 7:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: Jerome
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: April 13, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: LeRoy A. Mazier — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1460
Local Reg. No. 90
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: JEROME (DIVISION OF VITAL STATISTICS)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME

c. LENGTH OF STAY (in this place): 7 da.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: GOODING

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL

d. STREET ADDRESS (If rural, give location): 311 E 3d

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) BERT c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): APR. 9, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: APR. 28, 1902

9. AGE (In years last birthday): 50

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRECIAN

10b. KIND OF BUSINESS OR INDUSTRY: IDAHO POWER

11. BIRTHPLACE (State or foreign country): POCATELLO IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: SAMUAL B DAVIS — BIRTHPLACE: IOWA CO. IOWA

14. MOTHER'S MAIDEN NAME: MAE E. CLARK — BIRTHPLACE: CASS CO. IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 518-07-2026

17. INFORMANT'S OWN SIGNATURE: ✓ Harry O. Powers — ADDRESS: 100 Mira Mar Ave apt 6 Long Beach Calif.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of arch of aorta extending in to iminominate artery

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Infant of L. Kidney

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D. Pathologist

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: April 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 4/13/1953

24c. NAME OF CEMETERY OR CREMATORY: NYSSA

24d. LOCATION (City, town, or county) (State): CITY OREGON

DATE REC'D BY LOCAL REG.: April 13 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR — ADDRESS: J. Forest Weaver Wendell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 1961
Local Reg. No. 91
Reg. Dist. No. 440

BIRTH NO.

APR 24 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 224 E Ave C

3. NAME OF DECEASED (Type or Print): a. (First) Hezekiah b. (Middle) C c. (Last) Duffin

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 16 1872

9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months: 3 Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Implements

11. BIRTHPLACE (State or foreign country): Paris Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Hezekiah Duffin BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Lanna Bruer BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: W W Duffin ADDRESS: Nampa Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan 8, 19 53, *to* April 16, 19 53, *that I last saw the deceased alive on* April 15, 19 53, *and that death occurred at* 8 00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Smail 373 (Degree or title): M.D.

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 4/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 18/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: Apr 17 1953

REGISTRAR'S SIGNATURE: Sister M Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. [illegible]
Local Reg. No. 91
Reg. Dist. No. 440

RECEIVED
APR 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): M.
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cloverdale, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles A. Martin — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Hubert W. Evans — ADDRESS: Hagerman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Starvation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): probable cholecystitis c̄ lithiasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pelvic mass - probable tumor

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1953, *to* 4-23, 1953 *that I last saw the deceased alive on* 4-23, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Sched M.D. 415
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 4-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/53 01
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: April 29, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 92
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Bendicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 713 E. Ave C.

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Mae
c. (Last): Shirley

4. DATE OF DEATH (Month) (Day) (Year): April 27 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ~~April~~ Nov. 18-1894
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A.A. McKenzie
BIRTHPLACE: Ken
14. MOTHER'S MAIDEN NAME: Emma Rinker
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Joe Shirley
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of breast
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with metastases
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION: May 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast, left
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* April 27, 1953, *that I last saw the deceased alive on* April 27, 1953, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Carlyle Smail MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 4, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Lindsay A. Frazier
ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Henson

RECEIVED

Certificate of Death

APR 20 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1164
Local Reg. No. 65
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 16yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1004 Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1004 Harrison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nettie	B.	Anderson	4	5	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
f	W	Widowed	4 - 4 - 1870	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Olof Bengston	Sweden	Unknown	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mr. Lawrney Anderson	Post Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis - — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — Senility - —

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1., 1952, *to* April 5, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 9 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rex Henson. M.D	Coeur d'Alene Idaho	April 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-7-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-15-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Husted

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1165
Local Reg. No. 61
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kooteani
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 724-Sherman avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kooteani
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 724-Sherman avenue

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Clarence c. (Last) White

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Mar. 16, 1865	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Red Collar Line c/o
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A. K. White — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Frances Giles — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-26-5889
17. INFORMANT'S OWN SIGNATURE: Joseph C. White, Jr. ADDRESS: Edmonds Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	12 years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio - Sclerosis	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1953, *to* 4/5, 1953 *that I last saw the deceased alive on* 4/1, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Husted M.D.
23b. ADDRESS:
23c. DATE SIGNED: 4/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 4-9-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED

APR 20 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2166

Local Reg. No. 68

Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Iddho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Coeur d'Alene, Homes

3. NAME OF DECEASED (Type or Print) a. (First) Luke b. (Middle) c. (Last) Mathis

4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH May 7 1876

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Mathis BIRTHPLACE

14. MOTHER'S MAIDEN NAME Josephine Alverson BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give branch of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE CdA. Homes Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3347

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1953 *to* 4/3, 1953, *that I last saw the deceased alive on* 4/3, 1953 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O M Hurd MD

23b. ADDRESS Coeur d'alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 4-6-53

24c. NAME OF CEMETERY OR CREMATORY Smith Funeral Home

24d. LOCATION (City, town, or county) (State) Spokane Wash.

DATE REC'D BY LOCAL REG. 4-14-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Stanley May

ADDRESS Spokane Wash

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1167
Local Reg. No. 77
Reg. Dist. No. 120

BIRTH NO.

RECEIVED APR 27 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 518 Wallace Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 518 Wallace

3. NAME OF DECEASED (Type or Print): a. (First) Dorothea; b. (Middle); c. (Last) Siewart

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 3 1881

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 61

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sam Borth — BIRTHPLACE: Rumania

14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Rumania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. Arthur Siewert — ADDRESS: Spokane, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic — 1½ yr
DUE TO (c) Cardio-renal vascular disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952 *to* 4/9, 1953, *that I last saw the deceased alive on* 4/9, 1953, *and that death occurred at* 12 — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Coeur d'Alene, Ida

23c. DATE SIGNED: 4/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-13-53

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 4-22-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Jos E Thomas — ADDRESS: Spokane Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1128
Local Reg. No. 67
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Franklin		Shalz	4	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Aug 30 1950	2 2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Coeur d'Alene	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.W. Shalz	Idaho	Francis Ritter	Monatana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mr. W.W. Shalz	Athol Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Glomerulonephritis 475X	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute upper respiratory infection	2 wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Congenital Megacolon	Since birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* 4-9, 1953, *that I last saw the deceased alive on* 4-9, 1953, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard W. Hughes MD	Coeur D'Alene Idaho	4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-11-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-15-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1169
Local Reg. No. 69
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 N. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 109 N 4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward	Hammond	Miles	Apr 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	June 18, 1881	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor	Own Shpp	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George D. Miles	Unknown	Informant	CdA Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	Mother's Name Carolyn Wetzel	Penn

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner.	Coeur d'alene Idaho	4-13-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Apr 14, 1953	Hazen-Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-14-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48031

Dr. H. Hughes

Certificate of Death

STATE OF IDAHO

State File No. 1470
Local Reg. No. 73
Reg. Dist. No. 120

BIRTH NO.

REC APR 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeurd' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 908-B-street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 908-B-street

3. NAME OF DECEASED (Type or Print): a. (First) Earl; b. (Middle) D.; c. (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1892

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodora J. Smith — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Anna May Duncan — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-8857

17. INFORMANT'S OWN SIGNATURE: Mrs Earl D Smith — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D.

23b. ADDRESS: Coeur d' alene Idaho

23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Apr. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 4-18-53

REGISTRAR'S SIGNATURE: Lorraine K. Brueh

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. A. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 1471
Local Reg. No. 72
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
APR 27 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bennetts Bay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kooteani
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Bennetts Bay

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Henry	Elder	April 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept. 7, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney 22	Private Practice	Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James T. Elder	Kentucky	Mary Dowell	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-0865	X [signature]	Coeur d' Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

199X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metast. lipo-sarcoma lung — 4 mo.
DUE TO (c) lipo-sarcoma chest wall — 18 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. *, 19*51*, to* April 16 *, 19*53*, that I last saw the deceased alive on* 4-15 *, 19*53*, and that death occurred at* 7:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frederick Barclay MD	Coeur d' Alene Ida	4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 18, 1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-18-53	Lorraine K. Brush	Ben English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1172
Local Reg. No. 70
Reg. Dist. No. 120

BIRTH NO.

APR 27 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEURD' ALENE
c. LENGTH OF STAY (in this place) ONE YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) COEUR D' ALENE HOMES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEURD' ALENE
d. STREET ADDRESS (If rural, give location) COEUR D' ALENE HOMES

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) M. c. (Last) LINN

4. DATE OF DEATH: (Month) APRIL (Day) 17 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 22 - 1859

9. AGE (In years last birthday): 94 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SWEDEN

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PETER AHLING — BIRTHPLACE: SWEDEN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Charles Pearson — ADDRESS: CAMDEN, WASH.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 2/10, 1952, *to* 4/17, 1953, *that I last saw the deceased alive on* 4/17, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. — **23b. ADDRESS**: Coeur d'alene Ida — **23c. DATE SIGNED**: 4/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | **24b. DATE**: APR. 20 - 53 | **24c. NAME OF CEMETERY OR CREMATORY**: FOREST CEMETERY | **24d. LOCATION** (City, town, or county) (State): COEUR D' ALENE IDAHO

DATE REC'D BY LOCAL REG.: 4-21-53 | REGISTRAR'S SIGNATURE: Lorraine K. Brush | **25. FUNERAL DIRECTOR**: Don English — ADDRESS: COEUR D' ALENE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

APR 27 1953

STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1173
Local Reg. No. 74
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benawah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Maries
d. STREET ADDRESS (If rural, give location) Rt #1.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Darrel	Stanley	Hodgson		4	19	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	4-24-53			26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Coeur d'Alene, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Loy Hodgson — BIRTHPLACE Wash
14. MOTHER'S MAIDEN NAME Helen Neace — BIRTHPLACE Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mr. Loy Hodgson — ADDRESS St Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

763.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dehydration & vomiting — 5 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1953, *to* 4-19, 1953, *that I last saw the deceased alive on* 4-19, 1953, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. D. Greenwood M.D.
23b. ADDRESS Coeur d'Alene, Ida
23c. DATE SIGNED 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-19-53
24c. NAME OF CEMETERY OR CREMATORY Colfax Wash
24d. LOCATION (City, town, or county) Colfax (State) Wash

DATE REC'D BY LOCAL REG. 4-21-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Yates — ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

N #8

DR. HENSON

Certificate of Death

STATE OF IDAHO

State File No. 1174
Local Reg. No. 76
Reg. Dist. No. 120

BIRTH NO.

APR 27 1953

RECEIVED DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEURD'ALENE
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1602 - Cda. ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEUR D' ALENE
d. STREET ADDRESS (If rural, give location): 1602 - Cda. ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OLOF	VICTOR	BENSON	April 19 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	Feb. 11 - 1877	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED MILL WORKER	P.F. I. INC.	SWEDEN	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN BENSON	SWEDEN	LENA BENSON	SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE		Mrs Elin Benson (S.C.)	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1948, *to* April 19, 19____, *that I last saw the deceased alive on* April 18, 1953, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
181 Ken Henson M.D.	Coeurd'alen. Idaho	April 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	APR. 21 53	FOREST CEMETERY	COEURD' ALENE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-21-53	Lorraine K. Brush	Don English	COEUR D' ALENE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1475
Local Reg. No. 75
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515-Montana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 515-Montana

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) S. c. (Last) LANDT

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1864

9. AGE (In years last birthday): 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: pvt. Cantractor

11. BIRTHPLACE (State or foreign country): Winconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jerry Landt BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Sarah Ward BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-20-0396

17. INFORMANT'S OWN SIGNATURE: Anna Landt ADDRESS: Coeurd' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4/12/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General deterioration
DUE TO (c) of old age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1934 *to* April 21 1953, *that I last saw the deceased alive on* 4/21, 1953, *and that death occurred at* 12:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: M. S. Higgens 616 (Degree or title) D.C. **23b. ADDRESS**: Coeur d'Alene Ida **23c. DATE SIGNED**: 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 4-23-53 **24c. NAME OF CEMETERY OR CREMATORY**: Forest Cemetery **24d. LOCATION** (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG.: 4-23-53 REGISTRAR'S SIGNATURE: Lorene K. Brush

25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1476
Local Reg. No. 79
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gladys Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1309 Montana Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Silas
b. (Middle): Wm
c. (Last): Forrest

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 53

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-30-1861
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Irene Schierman — ADDRESS: CdA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Nephritis	2 years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Myocarditis. Senility	10 years

592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1/53, 19__, *to* 4/24/53, 19__, *that I last saw the deceased alive on* 4/23, 1953, *and that death occurred at* 9 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ron S. Henson 181 (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 83
Reg. Dist. No. 120

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Medimont
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle); c. (Last) RUNYAN

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 14, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joel Runyan
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Asenath Price
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kootenai Hosp DE
ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Moseley M.D. 270
23b. ADDRESS: Coeur d'alene Ida
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 4-29-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Novak

Certificate of Death

STATE OF IDAHO

State File No. 1178
Local Reg. No. 81
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY IN (this place): 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 417 Indiana

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Othelia		Kelly	Apr 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 10, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hosuewife	Won Home	Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Geo. Kruse	Germany	Adeline Brandenberg	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Claribel Balsdon	Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 23 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Coeur d'Alene KOOTENAI IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* APRIL 3, 1953, *to* APRIL 26, 1953, *that I last saw the deceased alive on* APRIL 26, 1953, *and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (652)	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry A. Novak	M.D.	609 Sherman Ave. Coeur d'Alene, Idaho.	April 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Apr 28, 1953	Forest Home Cemetery	Chicago, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-28-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Hughes

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

State File No. 1479
Local Reg. No. 78
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 th & Indiana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 207 Homestead

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	J.	Devine	Apr 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 17, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging	Lumbering	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dan Devine	Wisc.	Isabel Dean	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W I	518-03-0484	Mrs H. J. Devine	Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: abought

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 25, 19 53, *to* May 5, 19 53, *that I last saw the deceased alive on* February 19 53, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes M.D.	Coeur d'Alene Idaho	4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr 29, 1953	Forest St. Thomas Cem.	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-28-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1480
Local Reg. No. 80
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): One Wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Fall, Idaho
d. STREET ADDRESS (If rural, give location): Rt #1.

3. NAME OF DECEASED (Type or Print)
a. (First): Alfrieda
b. (Middle): M.
c. (Last): Goecke

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 53

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-10-1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Neb.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Westerhoff — BIRTHPLACE: Neb.
14. MOTHER'S MAIDEN NAME: Anna Schnueknetcht — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 533-14-1032
17. INFORMANT'S OWN SIGNATURE: Mr Herman Goecke — ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 175X Carcinoma of the ovary.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19a. DATE OF OPERATION: March 23
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis abdomen
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* April, 1953, *that I last saw the deceased alive on* 4-27, 1953 *and that death occurred at* 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 548 (Degree or title): M. D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 1 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-30-53 01
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 5-1-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 66
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Francis
c. (Last): Howard

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-10-1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Own Busi ness
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ellsworth E. Howard — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Iva Matthews — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 519-05-4706
17. INFORMANT'S OWN SIGNATURE: Mrs. Elizabeth Howard — ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple crush injuries — INTERVAL BETWEEN ONSET AND DEATH: less than 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Motorcycle accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near Twin Lakes
21c. (CITY, TOWN, OR TOWNSHIP): near Twin Lakes — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: motorcycle ran off road + struck a tree.

22. *I hereby certify that I attended the deceased from* did not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood — (Degree or title): Coroner M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 4.10.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-53
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery
24d. LOCATION (City, town, or county) (State): Rathdrum, Idaho

DATE REC'D BY LOCAL REG.: 4-14-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1482
Local Reg. No. 82
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle):
c. (Last): PIKE

4. DATE OF DEATH (Month) (Day) (Year): Apr. 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry McAllister
BIRTHPLACE: W. V. A.

14. MOTHER'S MAIDEN NAME: America Smoot
BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gilbert B. Lowery
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

572.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ulcerative colitis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: diabetes mellitus — 15 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-22, 1948, *to* 10-20, 1952, *that I last saw the deceased alive on* 10-20, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title): Frank Barclay MD
23b. ADDRESS: Coeur d Alene, Ida.
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 4-29-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 21 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 87
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bernard	Eric	Norgren	4	29	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married						

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-05-0054
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Chronic — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1952, *to* 4/29/53, 19___, *that I last saw the deceased alive on* 4/25/53, 19___, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Dedrickson M.D.
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED: 5/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-29-53
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Memorial
24d. LOCATION (City, town, or county) (State): Spokane, Wash

DATE REC'D BY LOCAL REG.: 5-8-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

APR 13 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 302 E. Morton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash.
b. COUNTY Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palouse
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Dora
b. (Middle) Belle
c. (Last) Murray

4. DATE OF DEATH (Month) (Day) (Year) April 2, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 19, 1862
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Fort Madison, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Resinger
BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Julianna Hoskins
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Eva L. Wakefield
ADDRESS Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 390.0 Hypostatic Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple decubitus ulcers
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia Parkinsonism or Paralysis agitans

INTERVAL BETWEEN ONSET AND DEATH: 20 years

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* april 2, 1953, *that I last saw the deceased alive on* 3-29, 1953 *and that death occurred at* 4:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph G. Wilson M.D. (Degree or title)
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-4-53
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) Palouse, Washington

DATE REC'D BY LOCAL REG. 4/6/53
REGISTRAR'S SIGNATURE Lois E. Engel
25 FUNERAL DIRECTOR [illegible] Palouse Wash
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 45
Local Reg. No. 45
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 512 West First St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Raymond	A.	McGough	April	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 11, 1895	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steward	Club	Sprague, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. ~~MOTHER'S MAIDEN NAME~~	BIRTHPLACE
Peter McGough	Wisconsin	Informant Eugene N McGough	Moscow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	~~47. INFORMANT'S OWN SIGNATURE~~	ADDRESS
Yes WW I	518-01-8182	mothers Katherine Cavanaugh	Iowa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cerebral Hamorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artiro sclerosis. — 4 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1945, 19__, *to* 4-2, 1953, *that I last saw the deceased alive on* 4-2, 1953, *and that death occurred at* 3 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L J Klaarn	MD	Moscow Ida	4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-6-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/7/53	Lois E. Angel	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1456
Local Reg. No. 42
Reg. Dist. No. 200

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 1

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 East A St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 917 East A St.

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle):
c. (Last): Howells

4. DATE OF DEATH (Month) (Day) (Year): April 18 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 20, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mount Carmel, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Davis — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leslie Howells — ADDRESS: Moscow, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 ?? Patient was found dead in bed. Died sometime during night. Probably coronary.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* April, 1953, *that I last saw the deceased alive on* Patient found dead in bed on 4/18/53. Prob. died sometime during night. *, 19___, and that death occurred at ___ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M. Loehr MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Gem Mausoleum
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 4/23/53
REGISTRAR'S SIGNATURE: Lois E. Singel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 337
Local Reg. No. 43
Reg. Dist. No. 200

BIRTH NO.

APR 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN Moscow
LENGTH OF STAY (In this place) 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 229 North Lilly St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Earl		Barnhill	Apr	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 21, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer ob
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Scottsgrove, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathan R. Barnhill — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mary F. Applegate — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-26-6127
17. INFORMANT'S OWN SIGNATURE Mrs Fredus B. Barnhill ADDRESS Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombis to brain & left arm. — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure with fibrillation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27/53, 19___, *to* 4/19/53, 19___, *that I last saw the deceased alive on* 4/19/53, 19 53, *and that death occurred at* 12:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE Doyle M Ivan (Degree or title) MD
23b. ADDRESS Box 227, Moscow, Idaho
23c. DATE SIGNED 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-22-1953
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 4/22/53
REGISTRAR'S SIGNATURE Laura E. Engel
25. FUNERAL DIRECTOR V R Short
ADDRESS Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 44
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 West A St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 503 West A. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): N.
c. (Last): McClure

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Farmington, Wn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry L. McClure — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Elkins — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: W. L. McClure — ADDRESS: Oaksdale, Wn.

18. CAUSE OF DEATH 177X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic pulmonary carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic carcinoma — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 April, 1953, *to* ——, 19 -, *that I last saw the deceased alive on* 19 April, 1953, *and that death occurred at* 5:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Priamen MD
23b. ADDRESS: Moscow Id
23c. DATE SIGNED: 21 Apr. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/19/53
24c. NAME OF CEMETERY OR CREMATORY: Colfax
24d. LOCATION (City, town, or county) (State): Colfax Wash.

DATE REC'D BY LOCAL REG.: 4/23/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: Clarence Bruning — ADDRESS: Colfax, Wn.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

MAY 16 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1489
Local Reg. No. 47
Reg. Dist. No. 200

BIRTH NO. 1

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Holcomb	Burns	April	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Sept 17, 1867	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04		Bolivar, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Proctor J. Burns	Kentucky	Tabitha McKinney	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	K Nethie Burns	Penland Kendric

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 2 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 4, 1953, *to* April 29, 1953, *that I last saw the deceased alive on* April 29, 1953, *and that death occurred at* 8:0 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. F. Klaarn MD	Moscow Ida.	5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-2-1953	Fixed Ridge Cemetery	Latah Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/13/53	Lois E. Engel	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1100
Local Reg. No. 47
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 35 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi. W. of Potlatch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 1 Mi. W. of Potlatch

3. NAME OF DECEASED (Type or Print)
a. (First): Roderic
b. (Middle): Willson
c. (Last): Hearn

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 27, 1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: University
11. BIRTHPLACE (State or foreign country): Potlatch, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: W. E. Hearn — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Viola P. Ellithorpe — BIRTHPLACE: Central City Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 518-01-4769
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Greenville S. C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Fibro astrocytoma of brain - cerebral area — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Fibroastrocytoma of brain cerebral area
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1941, *to* April 17, 1953, *that I last saw the deceased alive on* April 17, 1953, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. W. McDerree (Degree or title) M.D.
23b. ADDRESS: Palouse Wash
23c. DATE SIGNED: 4/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-19-53
24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 4/23/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H E Kimball — ADDRESS: Palouse Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1491
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Buss
b. (Middle): Kendall
c. (Last): Benninghoff

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 14, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Driller 31
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meadville, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Benninghoff — BIRTHPLACE: United States
14. MOTHER'S MAIDEN NAME: Mary McCullough — BIRTHPLACE: United States

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 520-24-8225
17. INFORMANT'S OWN SIGNATURE: Cornelia Benninghoff — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Instant. 420.1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder MD. 262 (Degree or title)
23b. ADDRESS: Salmon Ida.
23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-53 02
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-10-53
REGISTRAR'S SIGNATURE: Viola C. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1492
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
MAY 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Henry Baer
b. (Middle): (also known as Bauman)
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 13, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?: ?

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 532-26-1571
17. INFORMANT'S OWN SIGNATURE: Taken from papers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1951, *to* 4-15, 1953 *that I last saw the deceased alive on* 4-14, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder MD. 262
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-30-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1493
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): May
b. (Middle):
c. (Last): Boyer

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 8, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John F. Williams — BIRTHPLACE: Ogden, Utah
14. MOTHER'S MAIDEN NAME: Polly Ward — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Roy Lilya — ADDRESS: Leadore, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11, 1952, *to* 4-18, 1953, *that I last saw the deceased alive on* 4-17, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Mulder M.D. 262
23b. ADDRESS: Salmon Ida.
23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-30-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1494
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Edward	Moats	Apr. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 12, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Greenhouse business	Floral	Harpers Ferry, W. Vir.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F. Moats 90	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-14-0472	Florence L. Moats	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 420.1 (1) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Chr. nephritis — 2 yrs
DUE TO (c) (3) chronic myocarditis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diffused cerebral hemorrhage 2 yrs ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* April, 1953, *that I last saw the deceased alive on* April 29, 1953, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John A Higgins M.D.	Salmon Idaho	May 4 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-4-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-15-53	Viola E. Johnson	Wellard C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1405
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): [illegible] mins.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Silbaugh Home

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Michel
c. (Last): Dorsey

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roberts, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-4912
17. INFORMANT'S OWN SIGNATURE: Taken from papers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30, 1953 *to* 4-30, 1953, *that I last saw the deceased alive on* 4-30, 1953 *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder M.D. 262 (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 5-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-5-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 9 - 1953

DIVISION OF VITAL STATISTICS

State File No. 56
Local Reg. No. 2
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DORA b. (Middle) ETHEL c. (Last) RHODES

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 10 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Union County, Oregon

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: D. M. Young., BIRTHPLACE: Union County, Ore.

14. MOTHER'S MAIDEN NAME: Julia A. Parker, BIRTHPLACE: Union County, Ore.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Buster Brown. ADDRESS: Reubens, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 194X Adenocarcinoma abdomen.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Feb. 13, 1953

19b. MAJOR FINDINGS OF OPERATION: Complete fixation Pelvis, Rectum + omentum C Carcinoma

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1953, *to* Mar. 2, 1953, *that I last saw the deceased alive on* Mar. 2, 1953, *and that death occurred at* 12:01 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D. Kobler (Degree or title) M.D. M. D.

23b. ADDRESS: Nezperce, Idaho.

23c. DATE SIGNED: 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-22-53

24c. NAME OF CEMETERY OR CREMATORY: Culdesac.

24d. LOCATION (City, town, or county) (State): Culdesac Ida

DATE REC'D BY LOCAL REG.: 3-24-53

REGISTRAR'S SIGNATURE: H. E. Clancy

25 FUNERAL DIRECTOR: H. E. Clancy ADDRESS: Craigmont Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Archer
d. STREET ADDRESS (If rural, give location): Archer

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): EUGENE
c. (Last): ERICKSON

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Archer, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Herman Erickson. Sweden
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Edna Gladys Blackburn. Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Viola Erickson, Rt 1 Thornton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant Hypertension — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1953, *to* April 6, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 2:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blanche H Passey, M.D.
23b. ADDRESS: Rexburg, Idaho.
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-53
24c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery
24d. LOCATION (City, town, or county) (State): Archer, Idaho

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR — ADDRESS: A. Bickerstaff, Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 598
Local Reg. No. 15
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louisa	B.	Huskinson Baker	April 8 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	W.	Widowed	Nov. 28, 1874	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. James Bush	Bitten, England	Angeline Luddington	Nauvvo, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary B. Huskinson — ADDRESS: Rexburg

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29, 1952, *to* 4-8-, 1953, *that I last saw the deceased alive on* 4-8-, 1953, *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. H. Cline, M.D.	Rexburg, Idaho.	4-10-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/11/53	Teton	Madison County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-11-53	Leona Flamm	Russell Flamm	Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1109
Local Reg. No. 16
Reg. Dist. No. 630

RECEIVED MAY 7 - 1953 STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (In this place) day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 155 West 3rd So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) 155 West 3rd So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lewis	Henry	Petersen	April 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	March 29, 1903	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep Herder	Sheep Ranch	Burton, Madison Co. Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob C. Petersen	Denmark	Annie Drinkwater Glochester	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs Lorenzo Sievert	Spencer, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occulusion	6 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Influenza	

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 7, 1953, *to* April 8, 1953, *that I last saw the deceased alive on* April 7, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R D Hansen 161	MD	Rexburg Idaho	4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	04/11/53	Burton	Madison Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-11-53	Leona Flamm	Holland L Rice	Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 7 - 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1500
Local Reg. No. 17
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg Route #1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marilyn b. (Middle) c. (Last) Skidmore

4. DATE OF DEATH (Month) (Day) (Year) April 28 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH Feb. 28, 1941

9. AGE (In years last birthday) 12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Skidmore
BIRTHPLACE Rexburg, Idaho

14. MOTHER'S MAIDEN NAME Margaret Spaulding
BIRTHPLACE Burton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Frank J. Skidmore
ADDRESS R#1 Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

401.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Rheumatic Carditis — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Valvular Heart Disease — 15 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953 *to* 4-28, 1953, *that I last saw the deceased alive on* 4-28, 1953, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/1/53

24c. NAME OF CEMETERY OR CREMATORY Sugar City

24d. LOCATION (City, town, or county) Madison Co. (State) Idaho

DATE REC'D BY LOCAL REG. 5-1-53

REGISTRAR'S SIGNATURE Lorna Flamm

25. FUNERAL DIRECTOR Holland & Price
ADDRESS Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1501
Local Reg. No. 18
Reg. Dist. No. 630

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton RFD 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	William	Brindley	April 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 27, 1867	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman- Farmer		Walsall, England	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Brindley	Walsall, England	Jane Shutt	Walsall, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Alvin W. Munns	Thornton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis To — 4 months.
DUE TO (c) Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8/26/52	Gastrec. Resection March Prostatic Resect.	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Rexburg Madison Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1948, *to* April 30, 1953, *that I last saw the deceased alive on* 4/30, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Rigby M.D.	Rexburg Idaho	5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/4/53	Sutton	Archer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-2-53	Leona Flamm	Russell Flamm	Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

CHE.

State File No. 1502
Local Reg. No. 16
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 610 - 2nd south.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Swinderman

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH May 9 1885
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 10 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber. 44
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Palmer Kansas.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME George Swinderman BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Ada Mercier BIRTHPLACE Kansas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-5789
17. INFORMANT'S OWN SIGNATURE Ottilie Swinderman ADDRESS Rupert Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis Hypertension & arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1944, to 4-7, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 8 8 m., from the causes and on the date stated above.*

23a. SIGNATURE E H Elmore (Degree or title) MD
23b. ADDRESS Rupert. Idaho
23c. DATE SIGNED 4-13-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-11-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 4-13-1953
REGISTRAR'S SIGNATURE E H Elmore
25. FUNERAL DIRECTOR Rodney B Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1503
Local Reg. No. 17
Reg. Dist. No. 45a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 36
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert Rural
d. STREET ADDRESS (If rural, give location) Rural Route 3

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Boyd

4. DATE OF DEATH - (Month) Apr (Day) 13 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct 15 1880

9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 5 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Boone Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Boyd BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Christina Tofts BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15 X

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Peter Boyd ADDRESS Rupert Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Minidoka (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Apr. 13, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/14/53

24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery

24d. LOCATION (City, town, or county) (State) Paul Idaho

DATE REC'D BY LOCAL REG. 4-14-53

REGISTRAR'S SIGNATURE E M Elsmore

25. FUNERAL DIRECTOR Rodney Boardman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1504
Local Reg. No. 18
Reg. Dist. No. 452

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Declo
d. STREET ADDRESS (If rural, give location) Route 1.

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) Ewer c. (Last) Palmer Hawker

4. DATE OF DEATH (Month) (Day) (Year) April 14 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 13. 1884

9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 6 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Shelley Valley, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Palmer BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Mary Jane Ewer BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Hazel H. Monson ADDRESS Shelley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke - Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rupert Idaho (Minidoka Co).

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1932, *to* April 14, 1953, *that I last saw the deceased alive on* April 14, 1953, *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. W. Gardner (Degree or title) M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED April 14 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-17-53

24c. NAME OF CEMETERY OR CREMATORY Wasatch Cemetery

24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 4-16-53

REGISTRAR'S SIGNATURE E. H. Edmonds

25. FUNERAL DIRECTOR Sidney E. Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 19
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 1st Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 617 1st Street

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Foster
c. (Last): Purnell

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Foster — BIRTHPLACE: Bradford, Penn.
14. MOTHER'S MAIDEN NAME: Sophronia Allen — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 529-38-1193
17. INFORMANT'S OWN SIGNATURE: Effie Crocker — ADDRESS: Rupert Ido.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Stroke. Cerebral Hemorrhage.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1953, *to* April 17, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Moellner M.D. (Degree or title) 258
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/22/53
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: E. H. Elmore
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

C.E.

State File No. 1506
Local Reg. No. 20
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 806 F Street

3. NAME OF DECEASED (Type or Print)
a. (First): Hubert
b. (Middle): Edward
c. (Last): Heitman

4. DATE OF DEATH (Month) (Day) (Year): April 18 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 4 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Priest 58
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Guttenberg Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry J Heitman — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Christina Felder — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ann E. Heitman — ADDRESS: 2da. Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not previously attended *, 19__, to __, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Carroll M. Elmore M.D. 115 (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4-24-53
24c. NAME OF CEMETERY OR CREMATORY: Calvary Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4/23/53
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney E Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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MAY 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1507
Local Reg. No. 21
Reg. Dist. No. 450

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emerson
c. LENGTH OF STAY (in this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Paul, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emerson
d. STREET ADDRESS (If rural, give location): R.F.D. Paul, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Edward
c. (Last): Corless

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Robert Corless - Salt Lake, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Ann Elmer - England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: Nellie S. Corless — ADDRESS: RFD 4 PAUL, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Prostate — onset unknown
DUE TO (c): Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1951, *to* Apr 30, 1953, *that I last saw the deceased alive on* Mar, 1953, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Dalley 099 (Degree or title): M D
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: May 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/53 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 5-7-1953
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1508
Local Reg. No. 52
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1329--Grelle

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) BENTON; c. (Last) WARREN

4. DATE OF DEATH: (Month) (Day) (Year): April 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 7, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Neosho, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Warren
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah E. Burgess
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-0191

17. INFORMANT'S OWN SIGNATURE: Annie Warren
ADDRESS: Lewiston,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Recurrent Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile + Diabetes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* April 1, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 2:26 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. D. D. McRoberts (Degree or title): M.D.

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 4-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-4-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 3 1953

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Wann By K. A. Malcom
ADDRESS: Lewiston,

Dr. D. D. McRoberts

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 505
Local Reg. No. 59
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1218- F. St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1218 - F St

3. NAME OF DECEASED (Type or Print): a. (First) Ferdinand b. (Middle) c. (Last) Roos

4. DATE OF DEATH: (Month) (Day) (Year) April 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb,4,1876
9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: City Lewiston
11. BIRTHPLACE (State or foreign country): Viola, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Roos BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Catherina Young BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-03-5855
17. INFORMANT'S OWN SIGNATURE: John P Roos ADDRESS: Lewiston, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 2 hours. — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 2 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 , 1946, *to* 4-2 , 1953 *that I last saw the deceased alive on* April 2, 1953, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Ee Carsson (Degree or title)
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 4-4-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: April 6 1953
REGISTRAR'S SIGNATURE: Jean Weedins
25. FUNERAL DIRECTOR: Andrew H Vassar ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1510
Local Reg. No. 58
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) LEN; c. (Last) PENNY

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 21, 1952

9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elwood Penny — BIRTHPLACE: Genesee, Idaho

14. MOTHER'S MAIDEN NAME: Maran Jackson — BIRTHPLACE: Sweetwater, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elwood Penney ADDRESS: Lapwai, Id. St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mal nutrition — 2 wks.
DUE TO (c) Dehydration — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-4 *19*53, *to* 4-4, *19*--, *that I last saw the deceased alive on* 4-4, *19*53 *and that death occurred at* 7:20 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Newton MD

23b. ADDRESS: Lewiston, Ida

23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial

24b. DATE: 4-6-53

24c. NAME OF CEMETERY OR CREMATORY: Church Cemetery

24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: April 4, 1953

REGISTRAR'S SIGNATURE: Jean Wegdine

25. FUNERAL DIRECTOR: Brower-Wann by [illegible] Malone — **ADDRESS**: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-10021

Dr. J. S. Newton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5744
Local Reg. No. 63
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St. Joseph's Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Sister Mary Agatha b. (Middle) c. (Last) Boyle

4. DATE OF DEATH: (Month) (Day) (Year) April 7, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April 9, 1884

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nun

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Belfast, Ireland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Sister Genevieve Therese ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4433X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28, 1953, *to* 4-7-, 1953, *that I last saw the deceased alive on* 4-6-, 1953, *and that death occurred at* 5:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. J. White (Degree or title) M.D. 23b. ADDRESS: Lewiston, Ida. 23c. DATE SIGNED: 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 24b. DATE: 4-10-53 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 20, 1953 REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Owen O. Varner ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1512
Local Reg. No. 60
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 3-29-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLOTTE
b. (Middle): HINES REYNOLDS
c. (Last): ELULMART HILL

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1953

5. SEX: Female

6. COLOR OR RACE: ~~White~~ Indian S

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Pah-Awt-tom-ki-kikt
BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Lucey Hines
BIRTHPLACE: Kamiah, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charlie Williams
ADDRESS: Lapwai

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis (Heart — INTERVAL: 3 yrs.
DUE TO (c): Hypertensive disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1, 1952, *to* 4-9, 1953, *that I last saw the deceased alive on* 4-9, 1953, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. S. Newton 291
(Degree or title): MD
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Tribal Cemetery
24d. LOCATION (City, town, or county) (State): Lapwai, Idaho

DATE REC'D BY LOCAL REG.: April 13, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann by L. E. DeBaun
ADDRESS: Lewiston, Ida.

Dr. J. S. Newton

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 513
Local Reg. No. 61
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 Miller St. (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 418 Miller St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosa	Marie	Wilson	April 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 29, 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Patton	(Unknown)	(Unknown) Boyton	(Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Thomas G Wilson	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric ulcer — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic } Heart
DUE TO (c) Hypertensive } disease 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-15, 1951, *to* 4-11, 1953, *that I last saw the deceased alive on* 4-11, 1953 *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.S. Newton 291	MD	Lewiston Ida	4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-13-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 13 1953	Jean Vegelius	E.E. DeBoer	
		Brower-Wann Memorial	Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form OPH-48021

Dr. J.S. Newton

Certificate of Death

STATE OF IDAHO

State File No. 7514
Local Reg. No. 67
Reg. Dist. No. 230

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Lee	Bonner	4-14-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	3-8-1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 0 8	Woods-work	Dry Fork W. Va.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Solomon Bonner	W. Va.	Martha Carr	W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		C. C. Bonner	Pierce, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio. vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-13-, 1953, *to* 4-14-, 1953, *that I last saw the deceased alive on* 4-14-, 1953, *and that death occurred at* 4:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. White M. D.	Lewiston, Ida.	4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-17-1953	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 22, 1953	Jean Wegelin	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

State File No. 5515
Local Reg. No. 65
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1359 Libby Street

3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN b. (Middle) E c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 18, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months –, Days –
IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright

10b. KIND OF BUSINESS OR INDUSTRY: Lumbermill

11. BIRTHPLACE (State or foreign country): Crawford, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Rice Sr
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – – – – – – – –

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Ben Rice
ADDRESS: Clarkston Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Purulent Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic asthma & emphysema — 10-20 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
marked coronary sclerosis
Left & right ventricular hypertrophy.
granular nephritis –

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 1949, *to* April 20 1953, *that I last saw the deceased alive on* April 20, 1953, *and that death occurred at* 11:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: 307 St Johns Way Lewiston Ida

23c. DATE SIGNED: 4-20-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/24/53

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: April 21, 1953

REGISTRAR'S SIGNATURE: Jean Wagelius

25. FUNERAL DIRECTOR: W.C. Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 516
Local Reg. No. 69
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~Idaho~~ Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 417 13th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
~~Mr~~ Francis		True	4	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Apr. 2, 1867	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Janesville, Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel True	Ind.	Ida Jergen,	~~Iowa~~ Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	none	Bess Jorgerson	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3317X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arterio-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar., 1953 *to* 4-20, 1953 *that I last saw the deceased alive on* 4-15, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyd W. Eastman M.D.	Lewiston Idaho	4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Apr. 23, 1953	Shady Rest Cemetery	Near Kooskia, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 23 1953	Jean Wegelius	O. O. Casser	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1517
Local Reg. No. 66
Reg. Dist. No. 220

RECEIVED MAY 1 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3134--4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3134-- 4th St.

3. NAME OF DECEASED (Type or Print)
a. (First): SHERMAN
b. (Middle): FRANKLIN
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 5, 1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Finisher 90
10b. KIND OF BUSINESS OR INDUSTRY: Wood working
11. BIRTHPLACE (State or foreign country): Gifford , Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Franklin Hill — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Pheby Florence Summers — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-1495
17. INFORMANT'S OWN SIGNATURE: Mrs Alma Hill — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

190X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Melanotic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 3½ Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16 *19*53 *to* Apr. 21, *19*53, *that I last saw the deceased alive on* Apr. 21, *19*53, *and that death occurred at* 12:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. W. E. Smith 587 — (Degree or title): 2 D.D.
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: Apr. 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-53 04
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: April 22, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 1518
Local Reg. No. 71
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 4 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print): a. (First) Elsie; b. (Middle) Mary; c. (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year): 4-22-1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-3-1908

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hood Bay Alaska

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James W. Sharp
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Nelson
BIRTHPLACE: Alaska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Albert F. Snyder
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tumor of Kidney. — 8 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-26, 1953, *to* 4-22, 1953 *that I last saw the deceased alive on* 4-22, 1953 *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward G. Hoffman MD
23b. ADDRESS: 337 - 5th St John's Way Lewiston
23c. DATE SIGNED: 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: April 29, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 7A
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (If in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1136 Idaho St.

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence
b. (Middle)
c. (Last) Bare

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 8-1-1912
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lumber worker 08
10b. KIND OF BUSINESS OR INDUSTRY lumber
11. BIRTHPLACE (State or foreign country) Richland, Oregon
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME John Bare — BIRTHPLACE Colo.
14. MOTHER'S MAIDEN NAME Lidy Baldwin — BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 519-09-4406
17. INFORMANT'S OWN SIGNATURE Lennie E. Weaver — ADDRESS Pierce

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — *INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral stenosis — 3 years
DUE TO (c) Rheumatic fever — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1952, *to* 4-25, 1953, *that I last saw the deceased alive on* 4-25, 1953 *and that death occurred at* 10:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward G. Hoffman MD (Degree or title)
23b. ADDRESS 337 St. John's Way - Lewiston
23c. DATE SIGNED 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 28, 1953
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. April 28, 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR E. S. Rawls — ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1520
Local Reg. No. 72
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 20 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 739-- Bryden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 739-- Bryden

3. NAME OF DECEASED (Type or Print): a. (First) BEN b. (Middle) OLSEN c. (Last) OSTLID

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 10, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Holand , Norway

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Christian Ostlid
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mathea Hansen
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Adolph Carlson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. *, 1953, to* April 26, 1953, *that I last saw the deceased alive on* April 22, 1953, *and that death occurred at* 6:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Mackey M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-29-53
24c. NAME OF CEMETERY OR CREMATORY: Gennesee Cemetery
24d. LOCATION (City, town, or county) (State): Gennesee , Idaho

DATE REC'D BY LOCAL REG.: April 29 1953
REGISTRAR'S SIGNATURE: Jean Wagelins
25. FUNERAL DIRECTOR: Brower-Wann by R.H. Malcom
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-40021

Dr. O. M. Mackey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1521
Local Reg. No. 62
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 1 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spengler-Lorenz Lumber Co. Spalding, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 216-11th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Berkley	Mullikin	Mast	April 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 10, 1914	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging truck driver	Hauling logs	Wacco, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glenn Mast	Michigan	Jeune Mullikin	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War No. 2	538-05-6488	E. E. Mast	Bergen, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) External pressure on Thorax
DUE TO (c) Weight of Log

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Spangler-LorenzLumber Co.	Spalding, NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 10, 1953 3:45 PM	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	accident while Unloading Logs.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___ *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernie H. Malan	Coroner	Lewiston, Idaho	4-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	4-15-53	White Salmon	Whitesalmon, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 15 1953	Jean Wegelius	R. E. DeBard	Brower-Wann Memorial Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT
Certificate of Death
RECEIVED

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 64
Reg. Dist. No. 220

BIRTH NO.

MAY 1 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Posey
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	M.	Angel	April	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb, 13 1896	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newburgh Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Angel	Indiana	Josephine DeWeese	Ky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. I.	None	Lillie Angel	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Idiopathic (?) Epilepsy — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* D.O.A., 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.M. Mosby 265 M.D.,	Lewiston, Idaho	4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	April 21, 1953		Mt. Vernon, Posey, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 20 1953	Jean Wegelius	Andrew F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1523
Local Reg. No. 68
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN: Juliaetta,
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ORREN	EDGAR	NEEDHAM	April 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	Married	July 17, 1874	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Farming	Easton, Wisc.	Us

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Needham		Cordelia Hakes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs. O.E. Needham	Juliaetta, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Carcinoma of the Pancreas	2 yrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Struck in abdomen by a bull causing rupture of gall bladder	Dec 13, 1951

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 13, 1951, *to* Apr 20, 1953, *that I last saw the deceased alive on* Apr 18, 1953, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D Christensen 057	M.D.	Kendrick Idaho	Apr 21, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-23-53 01	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 22, 1953	Jean Vogelius	Brower-Wann by K.K. Malcom	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. D. Christensen

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1524
Local Reg. No. 9
Reg. Dist. No. 530

BIRTH NO. 11-53-4784

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF [illegible] this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Keven
b. (Middle): Dee
c. (Last): Laws

4. DATE OF DEATH (Month) (Day) (Year): April 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby
8. DATE OF BIRTH: April 10 1953
9. AGE (In years last birthday): If under 1 year: Months / Days 3; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph William Laws Jr. BIRTHPLACE: Malad Ida
14. MOTHER'S MAIDEN NAME: Margaret Eva Beeton BIRTHPLACE: Malad Rtl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Joseph W. Laws Jr. ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.4 Congenital Heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Blue Baby
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth, 19__ *to* _____, 19__, *that I last saw the deceased alive on* 4-13, 1953, *and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Maley 238
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: Apr 14 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 15 53
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Apr. 15-1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Rexford L. Benson ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1525
Local Reg. No. 10
Reg. Dist. No. 530

Certificate of Death

BIRTH NO.

STATE OF IDAHO

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 269 North 100 West

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah Ann
b. (Middle): Richards
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): April 14 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 11 1855
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brigham City Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE: Thomas Williams Richards-Wales
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Charlotte Thomas Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edwin R Jones — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 12, 1953, *to* Apr 13, 1953, *that I last saw the deceased alive on* Apr 12, 1953, *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Mabey
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: Apr. 17 53
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Apr. 14-53
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raymond G. Benson — ADDRESS: Malad

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1526
Local Reg. No. 11
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 137 So. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 137 So. Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Violet	Clossner	Christophersen	April 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	married	July 13, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Logan, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Clossner	Switzerland	Annie Thommason	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Roy Christopherson	Malad, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerosis — 447X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Kidney removed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1926 - Condition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Progressive uremia	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 26 *to* 4-25, 19 53, *that I last saw the deceased alive on* 4-25, 19 53, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. O. Mabey M.D.	Malad, Idaho	4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-29-53	Logan City Cemetery	Logan Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 27-53	J. Guy Benson	Rayford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1527
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale Rural
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print)
a. (First): SABINA
b. (Middle):
c. (Last): QUINTANA

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oleta, Spain
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Mitchell Aspire — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Flora Pearl Panzeri — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Pearl Panzeri — ADDRESS: Homedale

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 6 mo.
DUE TO (c): Diabetes Mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on Mar 19, 1953, to only, 19___, that I ~~last saw~~ did not see the deceased alive on _____, 19___, and that death occurred at 11:30p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Nowlar MD
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 25, 53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 21-53
REGISTRAR'S SIGNATURE: Nina Frosig
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1536
Local Reg. No. 1
Reg. Dist. No. 380

BIRTH NO.

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller Creek
STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Reservation - Miller Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
b. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller Creek
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	(None)	Little	April 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Married	1902	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Cattle	Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Little		Lena Smith	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown		Official Western Shoshone Records	

18. CAUSE OF DEATH 180X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180 Adena Carcinoma, Kidney, Right — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 7, 1952, *to* Jan. 30, 1953, *that I last saw the deceased alive on* Jan. 30, 1953, *and that death occurred at* 2:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jasper N. Knox M.D.	Owyhee, Nevada	4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/15/53	Miller Creek Indian Cem.	Miller Creek, Owyhee Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
April 30, 1953	H. E. Anderson	J. N. Knox, M.D., Owyhee, Nev.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1525
Local Reg. No. 73
Reg. Dist. No. 361

BIRTH NO.

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 10 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moore's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murphy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edmund		Cavaney	April 30-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	February 10-1875	78	2	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Raising 51		Fort Covington, Canada	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Cavaney,	Canada	Margaret Magee,	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Frank A Cavaney	Grandview, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 52 *to* Apr 2. 53, *that I last saw the deceased alive on* Apr 29, 53, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Moorman 55b	M.D.	Homedale Idaho	5/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 4-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/7/53	agnes m denman	V. Peckham Peckham Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

APR 13 1953

Certificate of Death

STATE OF IDAHO

State File No. 1520
Local Reg. No. 13
Reg. Dist. No. 320

BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 18 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808 No. 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 808 No. 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) Georgia b. (Middle) Esther c. (Last) Hazen

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 14, 1886

9. AGE (In years last birthday): 66 yrs
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home keeper

11. BIRTHPLACE (State or foreign country): Glasco, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leander Doty
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Annie L. Beers
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Pastore Fuentes Reynolds
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pernicious Anemia — 6 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-3, 1953 *to* 4-4, 1953 *that I last saw the deceased alive on* 4-3, 1953 *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John H Vaeth, M.D. (Degree or title)

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-4-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-4-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cem.

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: April 4 1953

REGISTRAR'S SIGNATURE: Robert E Shaffer

25. FUNERAL DIRECTOR: Pickering & Dafoe Caldwell, Ida. By LaRue Shipley (E 385)
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
APR 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1531
Local Reg. No. 16
Reg. Dist. No. 33e

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 726 No. 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 726 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) E. c. (Last) May

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX: female

6. COLOR OR RACE: wh ite

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 1, 1869

9. AGE (In years last birthday): 83 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home keeper

11. BIRTHPLACE (State or foreign country): Time, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elijah E. Faris — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Frances G. Griffin — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. W. C. Killebrew — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* April 9, 1953, *that I last saw the deceased alive on* April 8, 1953, *and that death occurred at* 9:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J Karnes MD (Degree or title)

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-9-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: April 13, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 11, 1953

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 350
Local Reg. No. 17
Reg. Dist. No. 350

BIRTH NO.

APR 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) WENDELIN; b. (Middle); c. (Last) OSTER

4. DATE OF DEATH: (Month) (Day) (Year): April 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 1, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 6, Days 11
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Crimea, Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wendelin Oster
BIRTHPLACE: Crimea, Russia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Louise Conrad
ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30 1953, *to* April 12, 1953, *that I last saw the deceased alive on* April 12, 1953, *and that death occurred at* 7:50a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: April 12,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14,1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 14,1953
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 5555
Local Reg. No. 20
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

BIRTH NO.

REGISTERED APR 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AUSTIA	A.	GERBERDING	April 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 4, 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Yuknown	Yuknown	Yuknown	Yuknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Richard Gerberding	Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — 331X — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and cerebral arteriosclerosis 15 to 20 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 17, 1953, *to* April 12, 1953, *that I last saw the deceased alive on* April 17, 1953, *and that death occurred at* 10:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. E. Davis, M.D.	New Plymouth Idaho	April 17 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 21, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 21, 1953	Robert E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1534
Local Reg. No. 27
Reg. Dist. No. 330

BIRTH NO.

APR 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1222 - 1st Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) ANN b. (Middle) S. c. (Last) DRAPER

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 9, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bellview, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Maples — BIRTHPLACE: Peru, Ohio
14. MOTHER'S MAIDEN NAME: Ann S. Ticknor — BIRTHPLACE: Peru, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT'S OWN SIGNATURE: James A. Draper — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION: - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - -

22. *I hereby certify that I attended the deceased from* Apr 13, 1953 *to* April 19, 1953, *that I last saw the deceased alive on* April 19, 1953, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Carter (Degree or title) M.D.
23b. ADDRESS: Payette, Idaho.
23c. DATE SIGNED: April 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 21, 1953
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE[illegible] Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 320

BIRTH NO.

APR 28 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 635 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) OSCAR; b. (Middle) LEWIS; c. (Last) BLAYDEN

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 3, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months: 1; Days: 16
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm - retired

11. BIRTHPLACE (State or foreign country): Dunlap, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Charles Blayden
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Ella Cockey
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 518-24-8138

17. INFORMANT'S OWN SIGNATURE: Alvina J. Blayden
ADDRESS: Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senile dementia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* Jan. , 1952, *to* April 19 , 1953, *that I last saw the deceased alive on* April 19, 1953 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-19-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: April 22, 1953

REGISTRAR'S SIGNATURE: Robert E Shaffer

25. FUNERAL DIRECTOR: Giffard R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1526
Local Reg. No. 18
Reg. Dist. No. 320

BIRTH NO. APR 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland - rural
c. LENGTH OF STAY (in this place) 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland - rural
d. STREET ADDRESS (If rural, give location) Rt. 1.

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) BARBARA c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) 4 - 13 - 53

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 9-16-72

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Bible Grove, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Smith
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Margaret Sehnert
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE x P. N. Smith
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1953, to 4/13, 1953, that I last saw the deceased alive on 4/12, 1953, and that death occurred at 6:45 A m., from the causes and on the date stated above.

23a. SIGNATURE James T. Flanigan (Degree or title) M. D.

23b. ADDRESS Ontario, Ore

23c. DATE SIGNED 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal

24b. DATE 4-15-53

24c. NAME OF CEMETERY OR CREMATORY Rosedale Memorial Park

24d. LOCATION (City, town, or county) (State) Payette, Idaho

DATE REC'D BY LOCAL REG. April 15, 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Geo. C. Beechler
ADDRESS Ontario, Oregon.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 330

BIRTH NO. APR 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DELIA	MARGARET	HOOKER	April 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	August 12, 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Cherokee, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Warburton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Bedford — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lester Hooker — ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1953, *to* April 16, 1953, *that I last saw the deceased alive on* April 16, 1953, *and that death occurred at* 6:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Jensen	M.D.	Fruitland, Idaho	April 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 21, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 21, 1953	Ruth E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No. 23
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth, Idaho
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 112 New Plymouth, Ida.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth, Idaho
d. STREET ADDRESS (If rural, give location): Box 112 New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Isadore; c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 5, 1900

9. AGE (In years last birthday): 52 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 24

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Jackson, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Wilson
BIRTHPLACE: Oneida County, Idaho

14. MOTHER'S MAIDEN NAME: Ionia Carter
BIRTHPLACE: Pueblo, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 520-32-3131

17. INFORMANT'S OWN SIGNATURE: Mrs. J. D. Wilson
ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — Several yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* [redacted] made inquiry, on April 27 1953, [redacted] & found [redacted] *that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer (Degree or title): Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 4-27-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Jackson Cemetery
24d. LOCATION (City, town, or county) (State): Jackson, Wyoming

DATE REC'D BY LOCAL REG.: 4-28-1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1539
Local Reg. No. 7
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roakland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle): Bernhard
c. (Last): Schumacher

4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 23, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 10, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Stettin, Pomerain, Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Schumacher — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Maria Kalp — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Fred Schumacher — ADDRESS: Roakland Idaho

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Frontal cerebral thrombosis — 13 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility, and Arteriolarsclerosis 10 y.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ----------
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-53, *19*___, *to* 4-1-___, *19*53, *that I last saw the deceased alive on* 4.1., *19*53, *and that death occurred at* 5:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 149 F. L. Harms, M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): rem. & bur. 3
24b. DATE: 4-4-53 01
24c. NAME OF CEMETERY OR CREMATORY: Valley View
24d. LOCATION (City, town, or county): Rockland (State): Idaho

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H L Davis — ADDRESS: Am. Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 520
Local Reg. No. 8
Reg. Dist. No. 500

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAY 7 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Bannock Creek, Pocatello
c. LENGTH OF STAY (in this place): 8 mts
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Creek, Pocatello

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Fort Hall Indian Reservation
d. STREET ADDRESS (If rural, give location): Star Route, Pocatello, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Everett	James	McGill	April 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Indian	single	September 24, '52		8	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-- 07	--	Fort Hall Indian Resrv. Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James McGill	Fort Hall, Idaho	Mildred Tinsanico	Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
--	--	--	Mildred McGill	Star Route, Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probably pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Been ill for sometime

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bruised Buttocks

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Bannock Creek	Power	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-28-, 1953, *to* 4-28-, 1953, *that I last saw the deceased alive on* 4-28-, 1953, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	American Falls, Ida.	4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4/30/53	Bannock Creek cemetery	Ft. Hall Reserv. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/28/53	Gertrude Trombley Florence Ingawanup	Mildred McGill	Star Route, Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. .....
Local Reg. No. 26
Reg. Dist. No. 142

111-53-4209

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 27 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 135 A West Riverside

3. NAME OF DECEASED (Type or Print)
a. (First): Torvell
b. (Middle): Grant
c. (Last): Clemets

4. DATE OF DEATH (Month) (Day) (Year): April 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 1, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None or
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Morton Clemets — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Stella Hafso — BIRTHPLACE: Viking Alberta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Morton Clemets — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

785.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ICTERUS NEONATORUM. — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ETIOLOGY UNDET.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 APRIL, 1953, *to* 2 APRIL, 1953 *that I last saw the deceased alive on* 1 APRIL, 1953 *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel 458 (Degree or title) M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/4/1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/22/53
REGISTRAR'S SIGNATURE: Joe Sinne
25. FUNERAL DIRECTOR: Grant McClode — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1542
Local Reg. No. 23
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 325 W. Park ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): Stevenson
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): April 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 13, 1912
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Haynes Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Albert Stevenson — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Lottie Anderson — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-05-4050
17. INFORMANT'S OWN SIGNATURE: Evelyn Stevenson — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): B.W. Shot Self in Flicker — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Alcoholism & Family Troubles

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-17-53 1:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted with Rifle

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Apr 17, 1953, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 4/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/20/53
24c. NAME OF CEMETERY OR CREMATORY: Pines Cemetery
24d. LOCATION (City, town, or county) (State): Opportunity Wash

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 11 10
Local Reg. No. 22 - 0
Reg. Dist. No. 1 72

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Le Roy	Nimrick	April 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	April 14 1950	3	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Kellogg Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Nimrick	Oklahoma	Mollie Mason	S. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mollie Nimrick	Osburn Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury Crushed — INTERVAL BETWEEN ONSET AND DEATH: 15 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Struck by car ~~Auto Co~~ Auto Co
DUE TO (c) in front of Fox Theatre Shelleyville

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Shelleyville Street	Shelleyville Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
4 - 19 - 53 4 PM		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 4-20, 19 53, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Wright Coroner	Wallace Ida	4/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/26/53	Osburn	Osburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/27/53	Joe Lyons	Gunter & Black	Kellogg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1544
Local Reg. No. 32
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 702 N. Howard

3. NAME OF DECEASED (Type or Print)
a. (First): Olaf
b. (Middle):
c. (Last): TUVESON

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 28, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Erick Tuveson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Elma (No Record) — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lula Tuveson — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Silico Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 52, 19__, *to* 4-25, 1953, *that I last saw the deceased alive on* 4-25, 1953, *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stoley
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 5/13/53
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35 [illegible]
Reg. Dist. No. 72

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 Dead Wood gulch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 418 Dead Wood gulch

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Harvey
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15, 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Smelter Worker
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Donald McLeod — ADDRESS: Enaville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — few days
DUE TO (c): Arteriosclerosis Gen'l — Several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 20, 1953, *to* Apr 29, 1953, *that I last saw the deceased alive on* Apr 29, 1953, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mowery Max
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 1/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg — (State): Idaho

DATE REC'D BY LOCAL REG.: 5-2-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McFlood — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1546
Local Reg. No. 26
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 814 Bank St

3. NAME OF DECEASED (Type or Print)
a. (First) Augusta
b. (Middle)
c. (Last) Stanley

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct 29-1862
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Milwaukee Wis
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carl Schmidt BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Rose McDonald ADDRESS B.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute on Wilson
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis several years
DUE TO (c) Arteriosclerosis General several years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 10, 1953 *to* 2/28, 1953 *that I last saw the deceased alive on* 2/28, 1953 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 260 [signature] M.D.
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 3/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-4-53
24c. NAME OF CEMETERY OR CREMATORY Ward's
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. April 8-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR [signature]
ADDRESS Wallace Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-4832

BIRTH NO.

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APR 25 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1547
Local Reg. No. 24
Reg. Dist. No. 140

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 1805 Burke Road

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): LEE
c. (Last): ROGERS

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 18, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 8 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT 02
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence Rogers — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Donna Sheppard — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Clarence Rogers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity & Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Mar, 1953, *to* 18 Mar, 1953, *that I last saw the deceased alive on* 18 Mar, 1953, *and that death occurred at* 8:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 347 Robert J Revelli M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 20 Mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 18-1953
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Mar 20-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1548
Local Reg. No. 27
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): REED
c. (Last): POWERS

4. DATE OF DEATH (Month) (Day) (Year): March 28, ,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 16, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Silver Mine
11. BIRTHPLACE (State or foreign country): Bunkelman, Neb.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cyrus Powers — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Natailie Campbell — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 522-03-3733
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Appendicitis, Acute, Perforated — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 3-18-53
19b. MAJOR FINDINGS OF OPERATION: Appendicitis, Gangrenous, Perforated.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-18-, 1953, *to* 3-28, 1953, *that I last saw the deceased alive on* 3-28-53 19__, *and that death occurred at* 5.45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis B. Hunter M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: Apr 1-1953
REGISTRAR'S SIGNATURE: Dale F. Cornell
25. FUNERAL DIRECTOR: Dale F. Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

APR 25 1953

STATE OF IDAHO

State File No. 1519
Local Reg. No. 28
Reg. Dist. No. 14

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Burke Road

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) TEVIS c. (Last) FREEMAN

4. DATE OF DEATH (Month) (Day) (Year) March 29 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 24-1911
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months 10 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead Mine
11. BIRTHPLACE (State or foreign country) Meadow Creek Mich
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME William Freeman BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW
16. SOCIAL SECURITY NO. 536-03-3977
17. INFORMANT'S OWN SIGNATURE Mrs. L. T. Freeman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Apparently Heart failure as found dead on bed
DUE TO (b) Coronary Sclerosis 2-3 years
DUE TO (c) Fly down on bed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, *to* Mch 29, 1953, *that I last saw the deceased alive on* Mch 28, 1953 *and that death occurred at* 8:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE 470 H C McWarty Coroner (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 4/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 3-1953
24c. NAME OF CEMETERY OR CREMATORY Fairmont
24d. LOCATION (City, town, or county) Spokane Washington (State)

DATE REC'D BY LOCAL REG. April 1-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1550
Local Reg. No. 29
Reg. Dist. No. 140

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APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Temple Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Temple Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): CECILE
b. (Middle): MAY
c. (Last): BEEBE

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 9, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Skagway, Alaska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Cox — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Herbert Birch — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 981X Ex Myro abdomen & Pelvis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify): Ex Myro Pelvis
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Own Bed
21c. (CITY, TOWN, OR TOWNSHIP): Temple Hotel — (COUNTY): Wallace — (STATE): Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-29-53 1:00 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Ex Supposed by Husband

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 3-29, 1953, and that death occurred at 1:30 a m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Mowery 470 — (Degree or title): Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4 1953 01
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county): Wallace — (State): Idaho

DATE REC'D BY LOCAL REG.: April 6 1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1551
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DORIS
b. (Middle): M
c. (Last): SOLUM

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 13, 1899
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months 2, Days 26
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dana Baldwin — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anna Solum — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 542-26-6876
17. INFORMANT'S OWN SIGNATURE: Ommie J. Solum — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 151X Carcinoma Gastric Associated organs — INTERVAL BETWEEN ONSET AND DEATH: Several weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* _____, 19__, *that I last saw the deceased alive on* 4/9, 1953 *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Howard Paterson 260
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11 1953 01
24c. NAME OF CEMETERY OR CREMATORY: United K.P.
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Apr 9 1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L. Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1552
Local Reg. No. 34
Reg. Dist. No. 140

RECEIVED Certificate of Death

STATE OF IDAHO

MAY 11 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 217 Cedar St

3. NAME OF DECEASED (Type or Print) a. (First) Wolfgang b. (Middle) Christian c. (Last) Pauling

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 11 1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10
10b. KIND OF BUSINESS OR INDUSTRY Garages
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Robert Ogle ADDRESS Box 930 Osburn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, Stomach — INTERVAL BETWEEN ONSET AND DEATH 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 1953, *to* Apr. 13, 1953, *that I last saw the deceased alive on* 4-13, 1953, *and that death occurred at* 11:35a *m., from the causes and on the date stated above.*

23a. ~~SIGNATURE~~ 119 (Degree or title) MD
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-18-53
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) Spokane Wash

DATE REC'D BY LOCAL REG. April 27-1953
REGISTRAR'S SIGNATURE Dale L Carnell
25. FUNERAL DIRECTOR [signature] ADDRESS Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1553
Local Reg. No. 23
Reg. Dist. No. 140

RECEIVED APR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Sond
b. (Middle): John
c. (Last): Jones

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-17-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs May Capparelli — ADDRESS: Osburn Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Coronary Thrombosis — Bronchopneumonia — Carcinoma Rt lung — Arthritis deformans — Fracture Neck femur — INTERVAL BETWEEN ONSET AND DEATH: 4 [illegible] 1957

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): [illegible]
DUE TO (c): [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1943 *to* Sept, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): Mowery Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 3/24

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 3-25-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Spokane (State): Wash

DATE REC'D BY LOCAL REG.: April 8-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1554
Local Reg. No. 38
Reg. Dist. No. 140

RECEIVED APR 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): TERRY
b. (Middle):
c. (Last): HALPIN

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 1, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Molder
10b. KIND OF BUSINESS OR INDUSTRY: Wallace Foundry
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jermiah J. Halpin — BIRTHPLACE: 06
14. MOTHER'S MAIDEN NAME: Bridget Hughes — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 536-07-5016A
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Disease Heart — INTERVAL BETWEEN ONSET AND DEATH: 40 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Schrosses Several Mos.
DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953 *to* 4-3, 1953 *that I last saw the deceased alive on* 4-3, 1953, *and that death occurred at* 1:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery MD — 260
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7-1953
24c. NAME OF CEMETERY OR CREMATORY: Fairmount
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 4-6-1953
REGISTRAR'S SIGNATURE: Dale F Cornell
25. FUNERAL DIRECTOR: Dale F Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1555
Local Reg. No. 31
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) MARY c. (Last) ERICKSON

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 12, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 5 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pembina, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Rainville,
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: X Frances M. Dalgleish
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza & Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-2, 1953 *to* 4/3, 1953, *that I last saw the deceased alive on* 4-2, 1953 *and that death occurred at* 3:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7-1953
24c. NAME OF CEMETERY OR CREMATORY: Wallace
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: April 6-1953
REGISTRAR'S SIGNATURE: Alice L. Connell
25. FUNERAL DIRECTOR: Alice L. Connell
ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1556
Local Reg. No. 72
Reg. Dist. No. 140

BIRTH NO.

APR 25 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home In Burke

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARCIA b. (Middle) ANGIE c. (Last) ORTON

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 6, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Wallace, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Orton BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Mildred Wolfe BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Mrs R F Orton ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 537.2 Premature Birth Post Nat

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infection Pulmonary

DUE TO (c) Hyaline Membrane Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Complete Autopsy 13-4 Tbs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: United

24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Apr 6 1953

REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1557
Local Reg. No. 27
Reg. Dist. No. 142

RECEIVED APR 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highland Surprise Mine
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highland Surprise Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Fork Pine Creek
d. STREET ADDRESS (If rural, give location): West Fork Pine Creek

3. NAME OF DECEASED (Type or Print): a. (First) Willis b. (Middle) M c. (Last) Ruegg

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 19, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 5, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Helena Montana
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: No Record — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.: 517 05 4678
17. INFORMANT'S OWN SIGNATURE: Grace Ruegg — ADDRESS: Pine Creek Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis General — severe yes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery Coroner 478 — **23b. ADDRESS**: Wallace Ida — **23c. DATE SIGNED**: 4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/20/53
REGISTRAR'S SIGNATURE: Joe Sloane
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

6 Copies

RECEIVED

Certificate of Death

MAY 11 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1558
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 920 Pearl St.

3. NAME OF DECEASED (Type or Print)
a. (First): John Edward
b. (Middle):
c. (Last): Freeman Jr.

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20, 1927
9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months 9, Days 7
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mine
11. BIRTHPLACE (State or foreign country): Ione, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Freeman
BIRTHPLACE: Ironwood, Mich.
14. MOTHER'S MAIDEN NAME: Viola Parent
BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Ralph N. Freeman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart Instant
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Caught by ore cars
DUE TO (c) between wall & crusher in Star Mine Burke Ida
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Star Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burke Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 27 1953 10 am
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 10 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 4/29

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4-1953
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county): Coeur D'Alene
(State): Idaho

DATE REC'D BY LOCAL REG.: April 29-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1559
Local Reg. No. 31
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Enaville
c. LENGTH OF STAY (in this place) 46
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enaville Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Enaville
d. STREET ADDRESS (If rural, give location) Enaville Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Scott c. (Last) Vickrey

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 23 1889
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (State or foreign country) Dennison Texas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Vickrey BIRTHPLACE Texas
14. MOTHER'S MAIDEN NAME Ellen Ebsen BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Jesse Vickrey ADDRESS Enaville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* April, 1953, *that I last saw the deceased alive on* April 20, 1953 *and that death occurred at* 1 *m., from the causes and on the date stated above.*

23a. SIGNATURE D M Gunsvert 548 (Degree or title) M.D.
23b. ADDRESS 318 N 4th CDA
23c. DATE SIGNED 3 May 53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/2/53
24c. NAME OF CEMETERY OR CREMATORY Forrest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG. 5-2-53
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant McGlade ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1560
Local Reg. No. 8
Reg. Dist. No. 62

RECEIVED APR 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Victor
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural RFD#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Victor Rural
d. STREET ADDRESS (If rural, give location) RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First) U
b. (Middle) GRANT
c. (Last) DANIELS

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30, 1893
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months 10 Days 21
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Live stock
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Henry Daniels
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Elizabeth Shippen
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE R. Laverne Marcum
ADDRESS Driggs, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	45 min.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary embolus	45 min.
DUE TO (c)	Auricular fibrillation	4 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic Heart Disease	30 yrs

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1952 *to* 4-21, 1953, *that I last saw the deceased alive on* 4-20, 1953, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE La Grande C Larsen (Degree or title) 234 MD
23b. ADDRESS Driggs, Idaho
23c. DATE SIGNED 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 25 April 53 01
24c. NAME OF CEMETERY OR CREMATORY Victor
24d. LOCATION (City, town, or county) (State) Victor, Idaho

DATE REC'D BY LOCAL REG. 4-28-53
REGISTRAR'S SIGNATURE Stella Griggs
25. FUNERAL DIRECTOR M. S. Hansen
ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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APR 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1561
Local Reg. No. 90
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rex Arms Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): MISS
b. (Middle): MINNIE
c. (Last): DINKELACKER

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 26, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Companion
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Drifton, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Dinkelacker — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Catherine Shaffer — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elizabeth S. Salmons — ADDRESS: Philadelphia, Pa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding Duodenal Ulcer — 6 wks Prior

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10-, 1942, *to* 3-31-, 1953, *that I last saw the deceased alive on* 3-31-53, 19__, *and that death occurred at* 1:47 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oldham M.D. 297
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/4/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1562
Local Reg. No. 102
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 617 5th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle):
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1953

5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/29/1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Robert Harris — BIRTHPLACE: Ga.
14. MOTHER'S MAIDEN NAME: Mattie White — BIRTHPLACE: Ga.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 162-16-7202
17. INFORMANT'S OWN SIGNATURE: Mattie Harris Hawkins — ADDRESS: 810 3 12th St Kansas Pa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1953, *to* April 2nd, 1953, *that I last saw the deceased alive on* Apr 1, 1953, *and that death occurred at* 4:43A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vaughn M. Pond M.D. 506
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/14/1953 01
24c. NAME OF CEMETERY OR CREMATORY: Beverly Nat. Cem.
24d. LOCATION (City, town, or county) (State): Beverly, N.J.

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Donna Tisch
25. FUNERAL DIRECTOR ADDRESS: James C. Reynolds — REYNOLDS FUNERAL HOME-TWIN FALLS

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1503
Local Reg. No. 94
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eldrige Ave

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Eldridge Ave

3. NAME OF DECEASED (Type or Print) a. (First) ED b. (Middle) c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) Apr. 5, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 7, 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richhill, Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jasper Brown BIRTHPLACE France
14. MOTHER'S MAIDEN NAME Pauline Blades BIRTHPLACE Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 514 22 5117
17. INFORMANT'S OWN SIGNATURE Gladys Brown ADDRESS Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic hypertension. Cerebral apoplexy.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1953, to 4-5, 1953, *that I last saw the deceased alive on* 4-5, 1953, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. V. Schwartz M.D. 365 (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/7/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Centerville, Kansas

DATE REC'D BY LOCAL REG. 4-6-53
REGISTRAR'S SIGNATURE Alma Lord
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1504
Local Reg. No. 97
Reg. Dist. No. 460

BIRTH NO.

1. PLACE
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 10 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hansen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) May c. (Last) Bourn

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 25, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russell County, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John T. Robbins
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Nellie Hurd
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James T Bourn
ADDRESS: Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
INTERVAL BETWEEN ONSET AND DEATH: 41 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and diabetes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 February 1953, to 7 April, 1953, *that I last saw the deceased alive on* 7 April, 1953, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Kellogg, MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: Anna Lueck
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 100
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 24 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 200 South Avenue Ninth

3. NAME OF DECEASED (Type or Print): a. (First) Alfred; b. (Middle) G.; c. (Last) Kissinger

4. DATE OF DEATH: (Month) (Day) (Year) April 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Davis County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Kissinger
BIRTHPLACE: Stoddard Co., Missouri

14. MOTHER'S MAIDEN NAME: Lucinda Ridenour
BIRTHPLACE: Stoddard Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXX

16. SOCIAL SECURITY NO.: 430 03 75269

17. INFORMANT'S OWN SIGNATURE: X Lillie Halden
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Degeneration, Mons.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 6, 1953, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 2:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Vern D. Anderson, MD
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 10 '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 4-16-53
REGISTRAR'S SIGNATURE: Donna Lucas
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No. 96
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Mem. Park Cemetery Kimberly Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 219 Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): A.
c. (Last): BESSIRE

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Cemetery
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Bessire — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Jessie Horne — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 536-20-4701
17. INFORMANT'S OWN SIGNATURE: Mrs Ida M. Bessire — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20,1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1949, *to* April 11, 1953, *that I last saw the deceased alive on* Jan 10, 1950, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M. Peterson M.D. 309
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: April 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-13-53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-9-53
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1507
Local Reg. No. 105
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print): a. (First) Wesley; b. (Middle); c. (Last) Patterson

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 3, 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman 04

10b. KIND OF BUSINESS OR INDUSTRY: Farmer & Stockman

11. BIRTHPLACE (State or foreign country): Armstrong, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis D. Patterson
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Nancy Green
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. A. Holland
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & arteriosclerosis. — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 1953, *to* April 12, 1953, *that I last saw the deceased alive on* April 12, 1953, *and that death occurred at* 7:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern A. Anderson, MD

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-21-53

REGISTRAR'S SIGNATURE: Norma Lee

25. FUNERAL DIRECTOR: D. T. Alderson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1568
Local Reg. No. 103
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 434 4th Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 434 4th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W.
c. (Last): McCowan

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chanute, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonzo E. McCowan — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Rebecca Neptune — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-18-5201
17. INFORMANT'S OWN SIGNATURE: Alonzo McCowan — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5262

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, massive, from right lung — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Empyema, right lung — 22 Jan. 1953
DUE TO (c) Infection, type not identified

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Jan., 1953, *to* 3 March, 1953, *that I last saw the deceased alive on* 3 March, 1953, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — 23b. ADDRESS: 313 Shoshone St. North — 23c. DATE SIGNED: 16 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Jamison C. Reynolds — ADDRESS: REYNOLDS FUNERAL HOME-TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED
Apr. 29, 1953

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1569
Local Reg. No. 108
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 39 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) Mailon; c. (Last) Guest, Sr.

4. DATE OF DEATH: (Month) (Day) (Year): April 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept. 17, 1882	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward F. Guest — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rebecca Butterworth. — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-22-3676
17. INFORMANT'S OWN SIGNATURE: Verna G. Cowley — ADDRESS: Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage - Left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 4-15-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage left hemiplegia — 8-21-1950
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	—	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1944, *to* 4-16, 1953, *that I last saw the deceased alive on* 4-16, 1953, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
a a Boston MD	Twin Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-20-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-22-53	Verna Cook	L. C. Phillips	Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

PHONE 31

Twin Falls Mortuary

Mr. and Mrs. Stanley Phillips

263 Second Avenue North
TWIN FALLS, IDAHO

April 28, 1953

1100

Bureau of Vital Statistics,
Department of Public Health
Boise, Idaho

Gentlemen:

It has been called to our attention that some errors were made on the death certificate of Edward Mailon Guest, who died in Twin Falls April 16, 1953. Could these changes be made on the original certificate on file, and two photostatic copies sent to us?

Changes to be made: — Add Sr. following last name

Change last name of Mother's maiden name to Butterworth

Change occupation from farmer to Salesman

We regret these errors, but it is vital to the family that these changes be made.

Yours very truly,

Twin Falls Mortuary

Per Helen Phillips

APR 29 1953

P. S. If it is impossible for these changes to be made in your office please return the original and we will issue a new certificate.

State File No. 1570
Local Reg. No. 110
Reg. Dist. No. 460

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Hatcher

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 29, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 56
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Hatcher — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nettie Schuck — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth R. Ballantyne — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

002X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: June 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 March, 1953, *to* 4/22/, 1953, *that I last saw the deceased alive on* 22 April, 1953, *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 651 (Degree or title)
23b. ADDRESS: 313 Shoshone St. North, Twin Falls
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/25/53
24c. NAME OF CEMETERY OR CREMATORY: St. James Cemetery
24d. LOCATION (City, town, or county) (State): St. James, Missouri

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: REYNOLDS FUNERAL HOME-Twin Falls, Id

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1571
Local Reg. No. 124
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): MAE
c. (Last): HARDIN

4. DATE OF DEATH (Month) (Day) (Year): April 23,1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov.16th,1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clifford R. Hardin — ADDRESS: TwinFalls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Aortic Regurgitation — 10 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1946, *to* 23 April, 1953, *that I last saw the deceased alive on* 23 April, 1953, *and that death occurred at* 5:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. B. Reymer 024 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: [signature] — ADDRESS: WHITE MORTUARY Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1572
Local Reg. No. 113
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TwinFalls
d. STREET ADDRESS (If rural, give location): 745 2nd Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH CHARLES
b. (Middle):
c. (Last): MELLON

4. DATE OF DEATH (Month) (Day) (Year): Apr. 23rd, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 26, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Linneus, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: W. H. Mellon — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary E. Spradlin — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 523 10 1673
17. INFORMANT'S OWN SIGNATURE: Esta M. Mellon — ADDRESS: TwinFalls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Dec., 1952, *to* 23 Apr., 1953 *that I last saw the deceased alive on* 23 April, 1953, *and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. B. Beymer 024 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/25/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rocky Ford, Colorado

DATE REC'D BY LOCAL REG.: 4-29-53
REGISTRAR'S SIGNATURE: Donna Lisle
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1573
Local Reg. No. 117
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1345 Elizabeth Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1345 Elizabeth Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) H.
c. (Last) HERRETT

4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 7, 1879
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest 17
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havelock BC Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wilfred Herrett — ADDRESS Filer, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4-24-53

331X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1949, *to* 4-25, 1953, *that I last saw the deceased alive on* 4-25, 1953, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. A. Boston MD 028
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/28/53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 4-29-53
REGISTRAR'S SIGNATURE Donna Leach
25. FUNERAL DIRECTOR [signature]
ADDRESS White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5574
Local Reg. No. 116
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1216 9th Ave East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLIE	CLYDE	RICHARDS	Apr. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar. 18, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber 44		New Philadelphia, Illinois	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. J. Richards	Illinois	Mary Beaver	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-16-6149	Belle Richards	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) thrombosis BHK

II. OTHER SIGNIFICANT CONDITIONS (Edward Dailey [illegible]) — 3 days
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene Right leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
Apr. 25 1953.	as noted in par 18 (II)	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 25, 19 53 *to* April 25, 19 53, *that I last saw the deceased alive on* April 25, 19 53, *and that death occurred at* 11:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernard C. Kiellberg	M.D.	Twin Falls, Idaho	4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/27/53	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-29-53	Norma Leach	Hugh M. Pullman	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 7 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1575
Local Reg. No. 118
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 461 2nd Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Lucy
c. (Last): Barton

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 29, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Chesterfield, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bacon — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Eliza King — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Evelyn Finlayson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Urinary retention

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Stenosis bladder urethra — INTERVAL BETWEEN ONSET AND DEATH: 3 month

DUE TO (c): Arteriosclerosis + senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1953, *to* Apr 25, 1953, *that I last saw the deceased alive on* Apr 25, 1953, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harwood L Stowe 384 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 29, 53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-1-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 7 - 1953 DIVISION OF VITAL STATISTICS

State File No. 1576
Local Reg. No. 121
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Stauss

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 27, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Crist Everheart — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: No Information — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Chris Wageman — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: 37½ hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7:00 AM 4-25, 1953, *to* 26 April, 1953, *that I last saw the deceased alive on* 25 April, 1953, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Kellogg, M.D. 651
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Filer Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1577
Local Reg. No. 119
Reg. Dist. No. 460

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1419 Ninth Avenue East
d. STREET ADDRESS (If rural, give location) Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Jessie
b. (Middle) M.
c. (Last) Fredrickson

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 27, 1880
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newark N. J.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME J.L. Clawson — BIRTHPLACE New Jersy
14. MOTHER'S MAIDEN NAME Sally Toppings — BIRTHPLACE New Jersy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE J.L. Hodgin — ADDRESS Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinsonism - Senility — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* arteriosclerosis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* April, 1953, *that I last saw the deceased alive on* April 26, 1953, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Peterson 309 (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-30-53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 5-4-53
REGISTRAR'S SIGNATURE Donna Leach
25. FUNERAL DIRECTOR S. G. Phillips — ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

✓

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1578
Local Reg. No. 112
Reg. Dist. No. 460

BIRTH NO.

MAY 1 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Noah	C.	Higgins	Apr. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 15, 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 0k
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Plad, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Mose Higgins — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Amanda Pulley — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 512 05 3834
17. INFORMANT'S OWN SIGNATURE Etha Higgins — ADDRESS R.R.2 Twin Falls.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
no		Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 April 1953 *to* 28 April 1953, *that I last saw the deceased alive on* 28 April, 1953, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD	Twin Falls, Idaho	4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-1-53	Sunset Memorial Park Cem.	TwinFalls, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR — ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1579
Local Reg. No. 115
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 403 2nd street North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 403 2nd Street No.

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Gaston
c. (Last) Barkley

4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan, 23, 1880
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairfield, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Orlando F. Barkley BIRTHPLACE Fairfield, Ill
14. MOTHER'S MAIDEN NAME Jessie Dales BIRTHPLACE Rochester, New Yo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Effie B. Barkley ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 28 April, 1953, *to* 28 April, 1953, *that I last saw the deceased alive on* 28 April, 1953 *and that death occurred at* 2 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Affleck MD (Degree or title) 013
23b. ADDRESS TwinFalls, Idaho
23c. DATE SIGNED 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 4/30/53 08
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem
24d. LOCATION (City, town, or county) (State) Fairfield, Illinois

DATE REC'D BY LOCAL REG. 4-29-53
REGISTRAR'S SIGNATURE Donna Lach
25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1590
Local Reg. No. 122
Reg. Dist. No. 468

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 215 Heyburn Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 215 Heyburn Ave West

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) JAMES
c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year) April 30, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 11, 1908
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decorator
10b. KIND OF BUSINESS OR INDUSTRY Musician
11. BIRTHPLACE (State or foreign country) Hansen, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Robert B. Roberts 23
BIRTHPLACE Tenn
14. MOTHER'S MAIDEN NAME Ida McKnappe
BIRTHPLACE Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-8490
17. INFORMANT'S OWN SIGNATURE * Marie Robert
ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

152X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteo-Chondro-sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Art ilium — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* 30 April, 1953, *that I last saw the deceased alive on* 30 April, 1953 *and that death occurred at* 8:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H Affleck MD (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/2/53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE Donna Reid
25. FUNERAL DIRECTOR Dayton Phillips
ADDRESS White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

State File No. 1581
Local Reg. No. 106
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 300 So. 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 300 So. 7th St. (Lee's Cabins)

3. NAME OF DECEASED (Type or Print): a. (First) Herman; b. (Middle); c. (Last) Deschamp

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 13, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: 518 24 7124

17. INFORMANT'S OWN SIGNATURE: Fred Jacques
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1953, *to* April 13, 1953, *that I last saw the deceased alive on* April 13 1953, *and that death occurred at* 8:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20 '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1502
Local Reg. No. 107
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 1
c. LENGTH OF STAY (in this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence R # 1 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 1 Buhl
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Evans
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): February 9, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Pineville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wesley King — BIRTHPLACE: Tennesee
14. MOTHER'S MAIDEN NAME: Eliza Evans — BIRTHPLACE: Tennesee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X James E. King — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypostatic Pneumonia — 2 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1935, *to* 2-9, 1953, *that I last saw the deceased alive on* 2-9-, 1953 *and that death occurred at* 12:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D. 093
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1583
Local Reg. No. 98
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	C.	Smith	April 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 10, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Murfreesboro, Tenn.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. R. Smith	Tenn.	No Information	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Gilbert Smith	Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 yrs
DUE TO (c) Generalized Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1941, *to* April 1, 1953, *that I last saw the deceased alive on* March 28, 1953, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Filer, Idaho	4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-4-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-13-53	[signature]	[signature]	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1584
Local Reg. No. 95
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 North Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 304 North Street

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): ALLAN
c. (Last): HARDY

4. DATE OF DEATH (Month) (Day) (Year): Apr.3,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov.23,1939
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student School
10b. KIND OF BUSINESS OR INDUSTRY: Public
11. BIRTHPLACE (State or foreign country): Yonkers, New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William E. Hardy — BIRTHPLACE: Lewiston, Idaho
14. MOTHER'S MAIDEN NAME: Wilma June McLeod — BIRTHPLACE: Littleton, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Donald L. Miller — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

401.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pancarditis, acute; pleural effusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): acute rheumatic fever — 14 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 1953, *to* April 3, 1953, *that I last saw the deceased alive on* Apr.3, 1953, *and that death occurred at* 4:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Max W. Barnes — (Degree or title): M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 4/4//53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/4/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Billings, Montana

DATE REC'D BY LOCAL REG.: 4-4-53
REGISTRAR'S SIGNATURE: Alonna [illegible]
25. FUNERAL DIRECTOR: Dwight Killian — ADDRESS: White Mortuary, TwinFalls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED APR 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1555
Local Reg. No. 93
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Filer

3. NAME OF DECEASED (Type or Print)
a. (First) Carl
b. (Middle) Edwin
c. (Last) Rutter

4. DATE OF DEATH (Month) (Day) (Year) April 6, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 7, 1875
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Rutter — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Matilda Shoup — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Laura M Johnson — ADDRESS Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Hypert~~ Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cerebro Vascular Disease — 10 yrs.
DUE TO (c) Generalized Arteriosclerosis — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Apr 6, 1953, *that I last saw the deceased alive on* Apr 6, 1953, *and that death occurred at* 7:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ivan A Anderson 003 (Degree or title) MD
23b. ADDRESS Filer Ida
23c. DATE SIGNED 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/8/53
24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cem.
24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 4-9-53
REGISTRAR'S SIGNATURE Donna Leach
25. FUNERAL DIRECTOR Dwight Phillips — ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1586
Local Reg. No. 97
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) OTTO b. (Middle) c. (Last) HILFIKER

4. DATE OF DEATH (Month) (Day) (Year) April 7, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 14th 1903

9. AGE (In years last birthday) 49
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY 04

11. BIRTHPLACE (State or foreign country) Hebron, Nebraska

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Hilfiker BIRTHPLACE Koellekin, Switzerland

14. MOTHER'S MAIDEN NAME Bertha Jasper BIRTHPLACE Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Faye Hilfiker ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-53

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 2 hours.
DUE TO (c) Coronary atherosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1945, to April 7, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M D

23b. ADDRESS Filer, Idaho

23c. DATE SIGNED 4/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/11/53

24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cem.

24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 4-9-53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1587
Local Reg. No. 101
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2, 3½ mi. So. T.F.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 247 Jackson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR	ALFRED	ROPER	April 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 6, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Canvas		Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Roper	Nebraska	Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-2922	Mrs Fred Stonebraker	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Myocardial insufficiency	1 mo
DUE TO (b)	Arteriosclerosis	1 yr
DUE TO (c)		16 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-6-1945 *to* 4-13-1953, *that I last saw the deceased alive on* 4-13-1953 *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Twin Falls, Idaho	4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/17/53	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-19-53	[signature]	[signature]	White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1558
Local Reg. No. 104
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence Route # 2 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl,

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Evalyn
c. (Last): Roxburgh

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Roxburgh — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Anna Maria Cain — BIRTHPLACE: Isle of Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: + Mrs. Wm Stombaugh — ADDRESS: Box 615 Buhl, Ida.

422.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocardial Degeneration — several yrs.
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Obesity, severe

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 12, 1953, *to* April 16, 1953, *that I last saw the deceased alive on* April 12, 1953, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. 012
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 4-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Donna Kraus
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1569
Local Reg. No. 111
Reg. Dist. No. 460

RECEIVED
MAY 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Rural R.R.#2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.#2

3. NAME OF DECEASED (Type or Print)
a. (First): Taneji
b. (Middle):
c. (Last): Koga

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1953

5. SEX: male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: June 15, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kamaki- Saga, Japan
12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-32-6151
17. INFORMANT'S OWN SIGNATURE: Kenneth R. Ballantyne — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

974X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation - by hanging

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Labor Camp
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 20 1953 8:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Self - inflicted

22. *I hereby certify that I attended the deceased from* Did not see alive *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073 MD.
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: Apr. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/24/53
24c. NAME OF CEMETERY OR CREMATORY: Filer Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR — ADDRESS: REYNOLDS FUNERAL HOME TWIN FALLS, IDAHO
James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1590
Local Reg. No. 109
Reg. Dist. No. 460

RECEIVED
APR 24 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3 Washington No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. # 3 Washington North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLETCHER	RYAN	DARLING	April 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 16, 1858	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nellie, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Washington Darling — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Ryan — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. T. R. Darling — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility; hypocardiac

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1948, *to* date, 19___, *that I last saw the deceased alive on* June, 1953 *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Professional title): Walter Sawyer M.D.
23b. ADDRESS: Twin Falls Ida.
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/23/53
24c. NAME OF CEMETERY OR CREMATORY: Mankato, Kansas
24d. LOCATION (City, town, or county) (State): Mankato, Kansas

DATE REC'D BY LOCAL REG.: 4-23-53
REGISTRAR'S SIGNATURE: Donna Smith
25. FUNERAL DIRECTOR: Dwight Collins — ADDRESS: White Mortuary, Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1591
Local Reg. No. 114
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly - Rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.E. Kimberly - Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): Logan, Utah

3. NAME OF DECEASED (Type or Print): a. (First) WILHELMINA b. (Middle) ROSE c. (Last) HARTVIGSEN

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: O. H. Rose — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna Christiana Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: TwinFalls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8, 19 53 *to* 4-28, 19 53, *that I last saw the deceased alive on* 4-24-, 19 53, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 364 (Degree or title):
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Logan, Utah

DATE REC'D BY LOCAL REG.: 4-29-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 23 1953
DIVISION OF VITAL STATISTICS

State File No. 1502
Local Reg. No. 3
Reg. Dist. No. 3-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rayno	Gene	Nissula	March 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	January 19, 1947	6	2	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child 03	---	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rayno Gene Nissula	Norwood, Ida.	Phyllis Marie York	Cascade, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X [illegible]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar. 1 *1953, to* Mar. 31, *1953, that I last saw the deceased alive on* Mar 31, *1953 and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. B. Patterson MD	Cascade Idaho	4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 4, 1953	Margaret	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 5-53	Myrtle H. Gardner	Beauty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH ... sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No. 4
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location) P. O. Box 301

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) c. (Last) GORDON

4. DATE OF DEATH (Month) (Day) (Year) April 10, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 26, 1892
9. AGE (In years last birthday) 61-1-14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Yugoslavia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE Yugoslavia
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Robert J. Gordon ADDRESS 1019 E. Bannock

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* July, 1952, *that I last saw the deceased alive on* 4/10/1953, *and that death occurred at* 7:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE S. J. Grenville M.D. (Degree or title)
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 4/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/13/53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. April 16 1953
REGISTRAR'S SIGNATURE Myrtle Gardner
25. FUNERAL DIRECTOR Clyde E. Summers ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Coats

Certificate of Death

STATE OF IDAHO

State File No. 1524
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 72 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 East Liberty St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 907 East Liberty Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): AUGUSTUS
c. (Last): KISER

4. DATE OF DEATH (Month) (Day) (Year): April 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Pueblo, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Kiser — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Alice Dickenson — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leonard F. Kiser — ADDRESS: Osborn, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Prostatitis with hypertrophy
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Nov, 1952 *to* 4 Apr, 1953, *that I last saw the deceased alive on* 4 Apr, 1953, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 846 Robert M. Coats
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/6/53
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 27
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS

Dr. McGrath

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN: Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location): 622 W. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): FLIEGEL

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 16 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bloomsburg, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Holder
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred Christeson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension?
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-6, 1953, *to* 4-12-, 1953, *that I last saw the deceased alive on* 4-12, 1953, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. McGrath M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/15/53
24c. NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 4-15-1953
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1506
Local Reg. No. 26
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ## 531 West Court St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 531 West Court Street

3. NAME OF DECEASED (Type or Print)
a. (First): SADIE
b. (Middle): E.
c. (Last): RITZIUS

4. DATE OF DEATH (Month) (Day) (Year): April 26 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 19 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): North Manchester, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dont Know — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Eliza France — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Vespex Ritzius — ADDRESS: Weiser, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 421.4 Endocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: long time

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1946 to April 26 1953 that I last saw the deceased alive on _____, 19__, and that death occurred at 4:00P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fa. S. Schmitz M.D. 363
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/53 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/27/53
REGISTRAR'S SIGNATURE: Maurice Hawthorn
25. FUNERAL DIRECTOR: C. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Dr. Hancher

MAY 5 – 1953

Certificate of Death

STATE OF IDAHO

State File No. 507

Local Reg. No. 30

Reg. Dist. No. 320

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

c. LENGTH OF STAY (in this place): 20 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Washington

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

d. STREET ADDRESS (If rural, give location): 904 West First Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	T.	ROSS	April	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 1 1903	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector (State)	Sheep	Churchill, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ross	Hutchins Co. Tenn	Mary Darter	Hutchins Co. Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Nannie Ross	Weiser, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Embolus (EMBOLUS)	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute Cardiac Decompensation	14 days
DUE TO (c)	Chronic myocarditis and Coronary Insufficiency	Unknown
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4 Aug, 1952, *to* 26 Apr, 1953, *that I last saw the deceased alive on* 26 Apr, 1953, *and that death occurred at* 2:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyden Hancher M.D.	Weiser, Idaho.	4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/28/53	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/27/53	Marie Hawthorne	C. L. Jones	Weiser, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1598
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN: Cambridge
c. LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence in Cambridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) LOREN b. (Middle) G. c. (Last) PETERSON

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 10 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Mount Plesant Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Nels Peterson BIRTHPLACE: Resier, Norway

14. MOTHER'S MAIDEN NAME: Louisa Hadlock BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clifford E Pelton ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis: coronary disease- ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia. — 5 yrs.

420.1

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr. 17, 1953, *to* Apr. 18, 1953 *that I last saw the deceased alive on* Apr. 18, 1953, *and that death occurred at* 1:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Cambridge, Idaho

23c. DATE SIGNED: 4/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-20-53

24c. NAME OF CEMETERY OR CREMATORY: Salubria Cemetery

24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 4/20/53

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR: A. L. Jones ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 99
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
MAY 5 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) M. c. (Last) JACKSON

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-18-1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Blue Springs, Nebr.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Owen
BIRTHPLACE: Ontario Canada

14. MOTHER'S MAIDEN NAME: Rebecca Knox Kimbalk
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXX
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edna J. Williams
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma, Gallbladder

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25, 1953 *to* 4-25, 1953, *that I last saw the deceased alive on* 4-25, 1953 *and that death occurred at* 4: a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 4/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/27/53
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 2 - 1953 DIVISION OF VITAL STATISTICS

State File No. 1600
Local Reg. No. 25
Reg. Dist. No. 2 2 0

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Near Midvale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Hiway#95 Near Midvale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Rural Near Council, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) MILTON c. (Last) BABBIT

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 19 1930

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Weiser Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Babbit
BIRTHPLACE: Cromwell, Iowa

14. MOTHER'S MAIDEN NAME: Mabel Thorpe
BIRTHPLACE: Goodrich, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean Conflict

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Fred R Babbit
ADDRESS: Council, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject died in auto-truck collision. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) External examination only indicates subject
DUE TO (c) suffered fractured skull, brocken neck, extensive surface lacerations and

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* internal injuries of undetermined extent.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S.Hiway # 95

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural near Midvale, Wn. Co. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 26, 1953 7:20 A.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Auto-Truck Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. S. Jones Washington Co. Coroner

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 4/29/53

24a. BURIAL / CREMATION / REMOVAL (Specify): Burial

24b. DATE: 4/30/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/29/53

REGISTRAR'S SIGNATURE: Irene Hawthorne

25. FUNERAL DIRECTOR: C. S. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED MAY 2 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1001
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale (Hiwa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale (Rural Near)
d. STREET ADDRESS (If rural, give location): P.O. Box # 148

3. NAME OF DECEASED (Type or Print)
a. (First): GORDON
b. (Middle): ALFRED
c. (Last): WIDNER

4. DATE OF DEATH (Month) (Day) (Year): April 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Midvale Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred Elvin Widner — BIRTHPLACE: Midvale, Idaho
14. MOTHER'S MAIDEN NAME: Lillian Wicks — BIRTHPLACE: Midvale, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean Conflict
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Gordon A. Widner — ADDRESS: Midvale, Idah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Brain injury 31 — INTERVAL BETWEEN ONSET AND DEATH: 31hrs/.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Extensive depressed fracture both right and left parietal regions — 31hrs/

DUE TO (c): With fracture of vault. — 31hrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Shock and hemorrhage from meningeal vessels.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES [X] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highw ay
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Midvale Washington Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4----26--53-7A
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Automobile collision.

22. *I hereby certify that I attended the deceased from* 4-26-, 1953, *to* 4-27, 1953, *that I last saw the deceased alive on* 4-27, 1953, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/1/53
24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Idaho.

DATE REC'D BY LOCAL REG.: 4/28/53
REGISTRAR'S SIGNATURE: [signature] D.
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED

MAY 23 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1602
Local Reg. No. 176
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If not in this place): 2hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StLuke

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nyssa
d. STREET ADDRESS (If rural, give location): Nyssa Oregon

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): SUE
c. (Last): HALE

4. DATE OF DEATH (Month) (Day) (Year): 4-14-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4-1-1953
9. AGE (In years last birthday): If under 1 year: Months / Days 14; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nyssa Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Floyd L Hale — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Edna Ruth Russell — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Floyd L. Hale — ADDRESS: Nyssa Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease Intra Ventricular septal defect — INTERVAL BETWEEN ONSET AND DEATH: since birth.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Broncho-pneumonia — 3 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/14, 1953, *to* 4/14, 1953, *that I last saw the deceased alive on* 4/14, 1953, *and that death occurred at* 230P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 249 Robert S. McKean M.D.
23b. ADDRESS: 200 E. Bannock Boise
23c. DATE SIGNED: 5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Nyssa
24d. LOCATION (City, town, or county) (State): Nyssa Oregon

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers — Summers Funeral Home, Boise, I

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1603
Local Reg. No. 161
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2707 Heron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2707 Heron St. Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Louis; c. (Last) Bales

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1873

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Bales — BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mary Bales — ADDRESS: 2707 Heron Boise Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-6, 1952 *to* 5/2, 1953 *that I last saw the deceased alive on* April 1953, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusby MD

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Star

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 5-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 1 0 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1604
Local Reg. No. 83
Reg. Dist. No. 371

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1 (Hiway 44)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	WILSON	SAXTON	May 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	July 1, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Master Plumber 56	Plumbing	Paw Paw, Michigan	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hiram G. Saxton	New York	Dianthy Wilson	Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Richard Saxton	515 Holly St. Walla Walla, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug, 19 52, *to* May 2, 19 53, *that I last saw the deceased alive on* April 30, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
230 Carl D Rusty MD	Meridian	5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5 1953	Dry Creek	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-8-53	Myrtle Palmer	A. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1605
Local Reg. No. 174
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): ------
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 block of Wrm Spgs Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): Idaho City Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GILBERT	JAMES	McCREATH	May	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1/13/1898	55	3	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Oacoma, So. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gilbert James McCreath	Edinburgh, Ireland	Georgia Milnes	Peccatonica, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	4-20-01	[illegible] M. McCreath	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-3- , 1953, *to* 1-5 , 1953, *that I last saw the deceased alive on* 1-5 , 1953, *and that death occurred at* - m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. E. Munson M.D.	Boise Ida	5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/6/1953	Idaho City	Idaho City Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-15-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah
		Relyea Mortuary	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

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MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1606
Local Reg. No. 170
Reg. Dist. No. 370

BIRTH

1. PLACE OF DEATH
COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1405 State Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 506 S. 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) c. (Last) LEPPERT

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 1, 1867
9. AGE (In years last birthday) 86-4-1 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Zoo Keeper
10b. KIND OF BUSINESS OR INDUSTRY Julia Davis Park
11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lawrence Leppert BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-8933
17. INFORMANT'S OWN SIGNATURE Jacob H Leppert R 4 Boise ADDRESS Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — yrs
DUE TO (c) Myocardial Degeneration — Coronary sclerosis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2-27, 1953, *to* 5-2, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 8:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE H. L. Newcombe 283 (Degree or title) M.D.
23b. ADDRESS 572 N.16, Boise Idaho
23c. DATE SIGNED 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/5/53 10
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-13-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E Summers ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Kolbach

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1607
Local Reg. No. 81
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mtn. View Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Mtn: View Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Thomas
c. (Last) Finigan

4. DATE OF DEATH (Month) May (Day) 4th (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 25. 1893
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wool Grower 51
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Boise Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas Finigan BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Margaret O'Connor BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Mary Finigan Breshears ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

141X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of tongue
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

19a. DATE OF OPERATION 1950
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953, *to* May 4, 1953, *that I last saw the deceased alive on* May 4, 19__, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Kolbach MD (Degree or title) 210
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 6. 1953 02
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 5-7-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1608
Local Reg. No. 171
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1002 Pueblo

3. NAME OF DECEASED (Type or Print) a. (First) INEZ b. (Middle) VICTORIA c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 22, 1866
9. AGE (In years last birthday) 86-7-13 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Henry Pelton BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Victoria Durich BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Bella M Clark ADDRESS Boise Idaho 1002 Pueblo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 72 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2/28, 1947, *to* 5/5, 1953, *that I last saw the deceased alive on* 5/5, 1953, *and that death occurred at* 10:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 311 (Degree or title) 01
23b. ADDRESS Boise
23c. DATE SIGNED 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 7, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-13-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E Summers ADDRESS Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Black

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1609
Local Reg. No. 163
Reg. Dist. No. 370

BIRTH NO.

MAY 16 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 Ys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4311 Gage St.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Rozak

4. DATE OF DEATH (Month) (Day) (Year): May. 5. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 19th 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Employee.
10b. KIND OF BUSINESS OR INDUSTRY: M-K Construction
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Rozak — BIRTHPLACE: Yugoslavia
14. MOTHER'S MAIDEN NAME: Mary Miklavacic — BIRTHPLACE: Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-6781
17. INFORMANT'S OWN SIGNATURE: x Mrs Pearl Rozak — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Clex myocarditis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 1953, *to* 5-5, 1953, *that I last saw the deceased alive on* 5-5, 1953 *and that death occurred at* 6:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Bruneck MD 239
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9.1953 20
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Weick

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1610
Local Reg. No. 164
Reg. Dist. No. 370

BIRTH NO. 111-53-4967

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1508 N. 18th

3. NAME OF DECEASED (Type or Print)
a. (First): Marcy
b. (Middle): Joan
c. (Last): Hudelson

4. DATE OF DEATH (Month) (Day) (Year): May 7 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 5 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Ida.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Burke Hudelson — BIRTHPLACE: Boise, Ida.
14. MOTHER'S MAIDEN NAME: Suzanne Code — BIRTHPLACE: Boise, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Burke Hudelson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/5, 1953, *to* 5/7, 1953 *that I last saw the deceased alive on* 5/6, 1953, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Eleachmed 459
23b. ADDRESS: 218 N 18th Boise
23c. DATE SIGNED: 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hilll
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise, Ida.
Daniel V. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1611
Local Reg. No. 165
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1127 Michigan

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) FRANCES
c. (Last) NEWTON

4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 16, 1880
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Logan Carpenter BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Nan Pinkston BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE 1127 Michigan ADDRESS Frank Howerton Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Long Standing Cardiovascular disease & Bronchial Asthma.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept *19*50*, to* May 8*, 19*53*, that I last saw the deceased alive on* May 8*, 19*53*, and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Daniel Mott (Degree or title)
23b. ADDRESS Boise Ida
23c. DATE SIGNED 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-12-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1612
Local Reg. No. 177
Reg. Dist. No. 370

RECEIVED
MAY 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 112 N. 2nd St., Apt. 4

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): WALTER
c. (Last): GAY

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 28, 1880
9. AGE (In years last birthday): 72-6-10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hydro Electric Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Higganum, Connecticut
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter N. Gay — BIRTHPLACE: Connecticut
14. MOTHER'S MAIDEN NAME: Emma Moody — BIRTHPLACE: Connecticut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-0666
17. INFORMANT'S OWN SIGNATURE: Allan R. Gay — ADDRESS: 112 N 2nd St. (Apt 4) Boise, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction

ANTECEDENT CAUSES — DUE TO (b): Coronary athero-sclerosis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~[illegible]~~ Ventricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 65 hours app.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* May 8, 1953, *that I last saw the deceased alive on* May 8, 1953, *and that death occurred at* 11 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Cupford 076 md
23b. ADDRESS: 311 - Idaho St Boise Ida.
23c. DATE SIGNED: May 11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/12/53 09
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Memphis, Tennessee

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1613
Local Reg. No. 175
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1102 North 7th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruth	Ellen	Brodd	May 9-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	December 8-1903	49	5	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Central City, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A.E. Hadley	Not Known	Anna Hunt	Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-28-5675	Virgil Brodd	Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerular nephritis
DUE TO (c) Chronic Pyelonephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar, 1953, *to* May 9, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Clifford	md	311-Idaho St Boise Idaho	5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11-1953	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
5-25-53	Myrtle Palmer	Peckham-Dalton Chapels Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1614
Local Reg. No. 172
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1613 North 30th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	MAY	RILEY	May 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 17, 1890	62-4-22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Rocky Bar, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Barclay	Unknown	Nancy Jane Bailey-Wayne Co., W. Va.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. Alice Michael	221 So. Curtis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetis Mellitus

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* May 8, 1953, *that I last saw the deceased alive on* May 8, 1953, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Johnson M.D.	Boise, Ida	5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/12/53	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-13-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Birch

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MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1615
Local Reg. No. 86
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1601 N. 21st.

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Huffstutter

4. DATE OF DEATH (Month) (Day) (Year) May 9, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Sept. 15, 1861

9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Abington, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David L. Huffstutter
BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Martha E. Doty
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X [signature] ADDRESS Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4510

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1953, *to* May 9, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)

23b. ADDRESS Boise Ida

23c. DATE SIGNED May 12 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 12, 1953

24c. NAME OF CEMETERY OR CREMATORY Morris Hill

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG 5-13-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. David

RECEIVED
MAY 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1616
Local Reg. No. 89
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2408 Targee St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2408 Targee St

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Poppleton
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): May 10 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 14, 1917
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Bridge, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. J. Gunnell — BIRTHPLACE: Mandon, Utah
14. MOTHER'S MAIDEN NAME: Annie Poppleton — BIRTHPLACE: Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Vance T. Smith — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 200.1 (1) Bronchopneumonia. (2) Possible Intercranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lymphosarcoma — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* 5-10, 1953, *that I last saw the deceased alive on* 5-10, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David 086
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/12/53 01
24c. NAME OF CEMETERY OR CREMATORY: Malta
24d. LOCATION (City, town, or county) (State): Malta Idaho

DATE REC'D BY LOCAL REG.: 5-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
Relyea Mortuary — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1617
Local Reg. No. 173
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
d. STREET ADDRESS (If rural, give location) 1120 Pueblo

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) B c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 6, 1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hallevik, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ola Olson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Inga Jönson — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 332-05-1327 D
17. INFORMANT'S OWN SIGNATURE 3417 Nez Perce — ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C Uremia
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/7, 1953, *to* 5/10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 11:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Davies MD (Degree or title) 100
23b. ADDRESS Boise
23c. DATE SIGNED 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 13, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Oakwood
24d. LOCATION (City, town, or county) (State) Chicago, Illinois

DATE REC'D BY LOCAL REG. 5-13-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden McBratney-Alden — ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1618
Local Reg. No. 167
Reg. Dist. No. 370

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1600 Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 116½ So. 16th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene K
b. (Middle): Babe
c. (Last): Devlin

4. DATE OF DEATH (Month) (Day) (Year): May 11 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 11/21/26
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): upholsterer 92
10b. KIND OF BUSINESS OR INDUSTRY: automotive
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy Devlin — BIRTHPLACE: Guttenburg, Iowa
14. MOTHER'S MAIDEN NAME: G ladys Donovan — BIRTHPLACE: Little Rock, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World WarLL 9818
16. SOCIAL SECURITY NO.: 549341821
17. INFORMANT'S OWN SIGNATURE: Roy Devlin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): place of work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 11 53 8:10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Shot by employer

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A Relyea 470 Coroner
23b. ADDRESS: 318 N. Latah Boise, Idaho
23c. DATE SIGNED: 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/12/53 06
24c. NAME OF CEMETERY OR CREMATORY: Wilamette Memorial
24d. LOCATION (City, town, or county) (State): Albany, Oregon

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1619
Local Reg. No. 166
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~XX~~ Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1809 N. 8th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1809 N. 8th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gary	Lynn	Davis	May	11	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	4/21/50	3				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~XX~~
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hal K. Davis	Ogden, Utah	Betty Head	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Hal K. Davis ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	ditch-9th & Eastman	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
5	11	53	11:15 a.m.		Slipped and fell into open ditch

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell Relyea Coroner	318 N. Latah Boise, Idaho	5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5/12/53 2		Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-12-53	Myrtle Palmer	Russell Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1620
Local Reg. No. 174
Reg. Dist. No. 370

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 Lamp St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1600 Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	GLEN	SEARLES	5	11	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	3/14/1901	52	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Upholster 9s
10b. KIND OF BUSINESS OR INDUSTRY: Upholstering
11. BIRTHPLACE (State or foreign country): Cass County, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unkown
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): G unshot wound in right temple — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
suicide	street(1118 Lamp)	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
5	11	53	8:50 a.m.		Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell W. Relyea	Coroner	318 N. Latah Boise, Idaho	5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	5/13/53	no record	Tacoma	Lewis Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-20-53	Myrtle Palmer	Russell W. Relyea	318 N Latah

RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Gudmundsen
1st Nat'l Bank

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1621
Local Reg. No. 188
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idan Ha Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Jean(John)
b. (Middle): Baptiste
c. (Last): Barthel

4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Alsace Lorraine
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ludwig Barthel — BIRTHPLACE: Alsace Lorraine
14. MOTHER'S MAIDEN NAME: Marion Broznek — BIRTHPLACE: Alsace Lorraine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: + W. A. Johnston — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Glomerulo-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriolo-Sclerosis — 5.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Fracture rt. hip — 4 mo
Diabetes ulcers Sacrum hips — 6 wks

19a. DATE OF OPERATION: Nov 1952
19b. MAJOR FINDINGS OF OPERATION: Fracture intertrochanteric rt. hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) 11 (Day) 29 (Year) 52 (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 11-29, 192, *to* 5-16, 1953 *that I last saw the deceased alive on* 5-15, 1953, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 362 [signature] (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/20/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill (St. John's)
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 5-25-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] RELYEA MORTUARY — ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUN 5 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1622
Local Reg. No. 196
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1721 Laurel Street

3. NAME OF DECEASED (Type or Print): a. (First) MURIEL b. (Middle) B. c. (Last) SPOFFORD

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11, 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR Months: 7 — Days: 6 — IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Exeter, New Hampshire
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bartlett — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James R Spofford — ADDRESS: 4910 Bond Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1953, *to* May 17, 1953, *that I last saw the deceased alive on* May 17, 1953 *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin P. Peterson MD
23b. ADDRESS: 121 N. 4th Boise Idaho
23c. DATE SIGNED: May 22 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 16623
Local Reg. No. 1756
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dwight b. (Middle) LeRoy c. (Last) Harris

4. DATE OF DEATH: (Month) (Day) (Year): May 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 4, 1898

9. AGE (In years last birthday): 54 | IF UNDER 1 YEAR Months: 8 Days: 13 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger and Scaler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pea Ridge, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lafayette Harris — BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Minnie Hardy — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-0981

17. INFORMANT'S OWN SIGNATURE: Mary Harris — ADDRESS: New Meadows, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Lung abscesses — 2 mos

DUE TO (c) Septic Pulmonary infarction — 3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Broncho pleural fistula — 3 weeks

19a. DATE OF OPERATION: 2-6-53

19b. MAJOR FINDINGS OF OPERATION: Pancreatic fistula and Peritonitis. Common bile duct obstruction

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4, 1953 *to* May 17, 1953 *that I last saw the deceased alive on* May 17, 1953 *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: May 20 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 21, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
[signature]
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Hollingsworth

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1624
Local Reg. No. 77
Reg. Dist. No. 370

BIRTH NO.

MAY 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1714 N. 8th S,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1714 N. 8th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Claude	Lee	Bixler	5	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	5/2/75	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mail carrier 30	Post Office	Lewistown, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs C. L. Bixler	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. *I hereby certify that I attended the deceased from* 4-9, 1953, *to* 5-18, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
I. Hollingsworth MD	Boise Idaho	5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/20/53	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-21-53	Myrtle Palmer	Russell A Relyea	318 N. Latah
		Relyea Mortuary	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Beaman

Certificate of Death

STATE OF IDAHO

State File No. 1625
Local Reg. No. 94
Reg. Dist. No. 371

BIRTH NO.

MAY 28 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3342 Carr St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3342 Carr St.

3. NAME OF DECEASED (Type or Print): a. (First) Arnold b. (Middle) Wendell c. (Last) Miller

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/22/07

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F.A. Miller — BIRTHPLACE: St. George, Utah

14. MOTHER'S MAIDEN NAME: Bertha Flint — BIRTHPLACE: Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Robert Wallace — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Laceration of brain stem — INTERVAL BETWEEN ONSET AND DEATH: 1"-10" (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 0.22 gunshot wound of head
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3342 Carr St.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho

21d. TIME OF INJURY: (Month) 5 (Day) 18 (Year) 53 (Hour) 12:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: shot with a 22 calibre rifle (by wife)

22. *I hereby certify that I attended the deceased from* Autopsy Only, *19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. Coroner

23b. ADDRESS: 318 N. Latah Boise

23c. DATE SIGNED: 5/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/21/53

24c. NAME OF CEMETERY OR CREMATORY: St. Anthony

24d. LOCATION (City, town, or county) (State): St. Anthony Idaho

DATE REC'D BY LOCAL REG.: 5-25-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell McKelly Ex — **ADDRESS**: 318 N. Latah
Relyea Mortuary — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1626
Local Reg. No. 787
Reg. Dist. No. 370

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Eldorado
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aukum
d. STREET ADDRESS (If rural, give location): Omo Ranch

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) CLYDE c. (Last) WEBSTER

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1884

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR Months: 8 | Days: 20 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired ranchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Allen Vasthi Webster-New Orleans, La.

BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Martha Catherine Goodwin-Lexington,

BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alice M. Webster

ADDRESS: Aukum Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Influenza

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Angina Pectoris

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred Peterson Jr. MD

23b. ADDRESS: Eastman Bldg Boise

23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/21/53

24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-25-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers

ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1627
Local Reg. No. 186
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2112 Longmont

3. NAME OF DECEASED (Type or Print)
a. (First): NOEL
b. (Middle):
c. (Last): NADEAU

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1877
9. AGE (In years last birthday): 75-4-23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee 62
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Centerville, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard D Nadeau — ADDRESS: 2120 Leadville Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Tb Spine c̄ Paraplegia — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1953, *to* May 18, 1953, *that I last saw the deceased alive on* May 18, 1953, *and that death occurred at* 9:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinstein, M.D. 051
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Sumner — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1628
Local Reg. No. 175
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Lenton
c. (Last): Moran

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 25, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): — Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. Moran — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Mary Newell — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ida Moran — ADDRESS: Meridian Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiovascular arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: several mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C Renal + Cardiac Vasc. dis. — 1-2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bladder neck obst - Prostate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11-5, 1953, *to* 5-19-, 1953, *that I last saw the deceased alive on* 5-18, 1953, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Brown Md 040
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/21/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 5-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Meridian, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1629
Local Reg. No. 183
Reg. Dist. No. 370

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location): Gen Del.

3. NAME OF DECEASED (Type or Print)
a. (First): Warren
b. (Middle): Eugene
c. (Last): Cushman

4. DATE OF DEATH (Month) (Day) (Year): May 20. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 14 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming and Mining
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Snohomish Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willis Clair Cushman. 04 — BIRTHPLACE: Sears Mich.
14. MOTHER'S MAIDEN NAME: Bernice Dawson. — BIRTHPLACE: Fairfield Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-3024
17. INFORMANT'S OWN SIGNATURE: Bernice D. Turmes — ADDRESS: Bruneau Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

179X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Penis — INTERVAL BETWEEN ONSET AND DEATH: 24 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): With metastases — 24 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-6-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Penis with metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1952, *to* 5-20, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 1008 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Q W Wack MD 239
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23. 1953
24c. NAME OF CEMETERY OR CREMATORY: Bruneau
24d. LOCATION (City, town, or county) (State): Bruneau Idaho.

DATE REC'D BY LOCAL REG.: 5-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J T McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1953 STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1630
Local Reg. No. 182
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada DIVIS. LOCAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Last Chance Cafe, Garden City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Harold	Edwin	Yost	5	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	2/28/96	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fruit Rancher	Farming	Troy, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles L. Yost	Charleston W. Va.	Florence E. Sample	Cattlesburg, Ken.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	none	Estrith A. Yost	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural causes probably due to — INTERVAL BETWEEN ONSET AND DEATH: 420.0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterioslcerotic Heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes	Last Chance Cafe	Garden City	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
5	20	53	3:38 p.m.		-------

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell C. Relyea 470	Coroner	318 N. Latah, Boise, Idaho	5/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5/20/53	Fargo	Wilder Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-21-53	Myrtle Palmer	Russell C. Relyea Relyea Mortuary	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1631
Local Reg. No. 191
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1111 N. 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE; b. (Middle) W.; c. (Last) CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 9, 1880

9. AGE (In years last birthday): 73-0-12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Theodore Wallace
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Rhoda Ann Wattier
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Laurence E. Chapman
ADDRESS: Boise, Ida. 4319 Cassia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Heart Disease — ?

DUE TO (c): Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 4/22, 1953, *to* 5/21, 1953, *that I last saw the deceased alive on* 5/20, 1953, *and that death occurred at* 4:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible], M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 5/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Popma

RECEIVED JUN 5 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1632
Local Reg. No. 101
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): ~~Adm~~ 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2906 Vista Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315½ N. 14th

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): L. Hutson
c. (Last): Steward

4. DATE OF DEATH (Month) 5 (Day) 22 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9/6/86
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Aberdeen, Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Lowrie — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Annie Kemp — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x Robert L Hutson — ADDRESS: Oswego, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* May, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred M. Popma M.D. 312 (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/26/53 01
24c. NAME OF CEMETERY OR CREMATORY: Wendell
24d. LOCATION (City, town, or county): Wendell (State): Idaho

DATE REC'D BY LOCAL REG.: 6-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1633
Local Reg. No. 197
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1702 North 29th Street

3. NAME OF DECEASED (Type or Print)
a. (First) QUINCY
b. (Middle) JAMES
c. (Last) CALLENDER

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 9, 1892
9. AGE (In years last birthday) 61-0-13 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard at State Penitentiary
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gandy, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME O. N. Callender
BIRTHPLACE Defiance, Ohio
14. MOTHER'S MAIDEN NAME Margaret Rhodes
BIRTHPLACE Freemont, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE David Callender
ADDRESS Eagle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH -3 day?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity. — all of life

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Autopsy St Lukes Hosp.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE A M Chalouska (Degree or title) M D
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/26/53
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. 5-29-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E Summers
ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Parkinson

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1634
Local Reg. No. 189
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 45 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3.

3. NAME OF DECEASED (Type or Print): a. (First) Victoria; b. (Middle); c. (Last) Echevarria

4. DATE OF DEATH: (Month) May (Day) 22. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 17. 1878

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Vizcaya Spain

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Julio Echevarria ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Long.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Parkinson 305 (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1635
Local Reg. No. 202
Reg. Dist. No. 270

BIRTH NO.

JUN 10 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1610 North 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SALLIE
b. (Middle): MARTHA
c. (Last): DODD

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 24, 1870

9. AGE (In years last birthday): 82-4-29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Yazoo City, Mississippi

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin F. Plunkett
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John F. Dodd
Boise, Idaho
438 Thatcher

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Shrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio
DUE TO (c): Arterio sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1937, 19____, *to* 5-23-53 19____, *that I last saw the deceased alive on* 5-22-53, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Duncan M.D. 321

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May. 26. 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde B. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1636
Local Reg. No. 193
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1220 N. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): THOMAS
c. (Last): DALLAS

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1875
9. AGE (In years last birthday): 77-10-6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dillonvale, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jasper J. Dallas — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Moore — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert E. Dallas — ADDRESS: 307 Parsons Road Cheyenne Wyo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cardiac failure + pleural effusion 1 week.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* May 23, 1953, *that I last saw the deceased alive on* May 23, 1953, *and that death occurred at* 1:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roscoe C. Ward MH (Degree or title) 437
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Koelsch. 28721

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1637
Local Reg. No. 190
Reg. Dist. No. 370

BIRTH NO.

JUN 1 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 37
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2418 Woodlawn St

3. NAME OF DECEASED (Type or Print): a. (First) Herbert b. (Middle) Alexander c. (Last) Orchard

4. DATE OF DEATH (Month) (Day) (Year): May 24th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan. 19. 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: Davis Supply Co.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Alexander Orchard
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Ann Kelly
BIRTHPLACE: New York State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-0909

17. INFORMANT'S OWN SIGNATURE: X A H Orchard
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 32 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* May 24, 1953, *that I last saw the deceased alive on* May 24, 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 210 H A Koelsch (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 5-26-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 27 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1638
Local Reg. No. 203
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 421 W. Bannock Street

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): ALICE
c. (Last): HART

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 25, 1878
9. AGE (In years last birthday): 74-7-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James C. Hackney-DesMoines, Iowa — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Elizabeth Taylor — BIRTHPLACE: Astoria, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry C. Hart — ADDRESS: Boise Idaho 421 Bannock

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebellar Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cancer of Breast — 2 yrs.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 5-26, 1953, *that I last saw the deceased alive on* 5-25, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. David 086
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 28, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: to Portland, Oregon
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1639
Local Reg. No. 98
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2500 So. Pendelton Drive

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle); c. (Last) Long

4. DATE OF DEATH: (Month) (Day) (Year) May 27. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 17. 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Graceville Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donomick Royer — BIRTHPLACE: Penn:

14. MOTHER'S MAIDEN NAME: Rosa Goodheart — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 567-26-4195

17. INFORMANT'S OWN SIGNATURE: Florence Kirk — ADDRESS: 2500 So. Pendleton Dr. Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Metastes to lung — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Atherosclerosis -

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* May 27, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 4:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Munson (Degree or title) M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 1st '53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1640
Local Reg. No. 194
Reg. Dist. No. 370

RECEIVED JUN 5 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overland Hotel, 213 So. 9th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2219 - 2nd St

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) A c. (Last) Hoskins

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	10/27/81	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leopold Lovinger — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sadie Miller — BIRTHPLACE: Pittsburg, Penna

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Violet L. Corbett — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Natural caused — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
probably DUE TO (b) Coronary Occlusion
DUE TO (c) arteriosclerosis and senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Overland Hotel
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY: (Month) 5 (Day) 28 (Year) 53 (Hour) 2:30 a m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural causes

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/28/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Mausoleum
24d. LOCATION (City, town, or county): Portland (State): Oregon

DATE REC'D BY LOCAL REG.: 5-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
Relyea Mortuary — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1641
Local Reg. No. 204
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Mesa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand Junction
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Grace
c. (Last): Carson

4. DATE OF DEATH (Month) (Day) (Year): 5 29 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: May 5, 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waitress 49
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Grand Junction, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence Files — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Mildred Cook — BIRTHPLACE: Haviland, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: × [signature] — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

199 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Pancreas or Ovary.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 May, 1953, *to* 28 May, 1953, *that I last saw the deceased alive on* 28 May, 1953, *and that death occurred at* 8:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 100 [signature] L Daines MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/30/53 01
24c. NAME OF CEMETERY OR CREMATORY: Grand Junction
24d. LOCATION (City, town, or county) (State): Grand Junction, Colorado

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

JUN 5 - 1953

DIVISION OF VITAL STATISTICS

State File No. 1642
Local Reg. No. 198
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2901 Agate

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2901 Agate

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): E
c. (Last): RILEY

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lima, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Houston
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x E. M. Riley
ADDRESS: 2901 Agate, Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Barnes (Degree or title) MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: May 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery

24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: 6-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1643
Local Reg. No. 206
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Lane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eugene
d. STREET ADDRESS (If rural, give location): Apt. 506 Lane Tower Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): BRYANT
c. (Last): THUNEMANN

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 7, 1885
9. AGE (In years last birthday): 67-5-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albany, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hubbert Bryant — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Karl F. Thunemann — ADDRESS: Lane Tower. Eugene Ore

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

900.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Basilar Skull Fracture
Laceration of Brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 15 hr.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fell down stairs
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 / 30 / 53 8 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell down stairs

22. *I hereby certify that I attended the deceased from* 5/30/53, *to* 5/31, 1953, *that I last saw the deceased alive on* 5/31, 1953, *and that death occurred at* 1:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: 6/1/53 01 2
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Eugene, Oregon

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Ida.
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1644
Local Reg. No. 205
Reg. Dist. No. 370

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2001 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): EDITH
c. (Last): BRADLEY

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 3, 1882
9. AGE (In years last birthday): 71-4-28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dry Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Smith — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sarah Ann Crews — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles S Bradley — ADDRESS: 727 Mesa Vista, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia — 48 hrs
DUE TO (c): Leukemia acut — 2 mo ult

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1937, 19__, *to* 5-30-53, 19__, *that I last saw the deceased alive on* 5-30-53, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer M.D. 381
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/3/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1645
Local Reg. No. 199
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Star Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CAMMIE	E.	BREWER	5	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	1902	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stereotyper 25	Newspaper	Delta County, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no record		H C Barnhart	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Probably DUE TO (b) Cerebral Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes	Home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5	31	53	5:00 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Natural Causes.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Reavea	Coroner	318 No. Latah, Boise, Ida	6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	6/3/53	Watsonville	Watsonville	California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-3-53	Myrtle Palmer	Russell A Reavea	318 N. Latah
		REAVEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1646
Local Reg. No. 200
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1429 E. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): LEONA
b. (Middle): MARIE
c. (Last): BATE

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1926
9. AGE (In years last birthday): 27-4-16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian H. Reinbold — BIRTHPLACE: South Dakota
14. MOTHER'S MAIDEN NAME: Sarah E. Baney — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-22-4155
17. INFORMANT'S OWN SIGNATURE: Arnold L. Bate — ADDRESS: Boise Ida 1429 E. Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Left Breast with Osseous metastases — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Left Breast with axillary metastases — 17 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/1/52
19b. MAJOR FINDINGS OF OPERATION: Medullary Carcinoma of Left Breast with Axillary Metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 30, 1952, *to* May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 11:01 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R. Jones, M.D. 194
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1647
Local Reg. No. 80
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	E.	Nutt	May 3 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-2-1895	57	11	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Foreman	Construction	Joplin City, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Jackson Mutt	Missouri	Mary Bonnett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I	Unknown	Records, VA Hospital	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetic cerebral infarcts, multiple, (involving brain stem & basal Ganglia.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 2, *19* 53, *to* May 3, *19* 53, *that I last saw the deceased alive on* May 3, *19* 53, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	5-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 6. 1953	Salmon	Salmon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-6-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1648
Local Reg. No. 82
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry,
d. STREET ADDRESS (If rural, give location) Box 864

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Raymond	B.	White		May	4,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	1-24-94	59	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37		Tekamah, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Raymond B. White	Nebraska	Susan Bardwell	Salem, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	Unknown	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic bronchopneumonia, left — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic carcinoma, right lung — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis with myofibrosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* March 16, 1953, *to* May 4, 1953, *that I last saw the deceased alive on* May 4, 1953, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 7. 1953	Glenns Ferry Cemetery	Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5-7-53	Myrtle Palmer	Schreiber-McCann-Gibson, Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1649
Local Reg. No. 84
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 623 So. 13th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	E.	Cramer		May	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	8-11-92	60	8	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer o/b		Gentry Co. Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Cramer	Gentry Co., Mo.	Florinda Ferrell	Gentry Co., Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519 03 9405	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarct, left ventricle — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple pulmonary emboli

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* April 24, *19*53, *to* May 7, *19*53, *that I last saw the deceased alive on* May 7, *19*53, *and that death occurred at* 2:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M.D. Pathologist	VA Hospital, Boise, Idaho	5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11, 1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-11-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1650
Local Reg. No. 85
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 614 North 30th St., Boise, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jay		Simmons		May	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-2-71	81	7	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Aparist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Clair Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abraham M. Simmons — BIRTHPLACE Monroe, Okla.
14. MOTHER'S MAIDEN NAME Molly Elizabeth Jones — BIRTHPLACE Elizabeth, Ky.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE Records, VA Hospital, Boise, Idaho — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with congestive failure. — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4.20.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, *19* 53, *to* May 8, *19*53, *that I last saw the deceased alive on* May 8, *19* 53, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE C. P. STEVENSON, M. D. (Degree or title) Chief, Medical Services
23b. ADDRESS VA Hospital, Boise, Idaho
23c. DATE SIGNED 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 10. 1953
24c. NAME OF CEMETERY OR CREMATORY Roswell
24d. LOCATION (City, town, or county) Roswell (State) Idaho

DATE REC'D BY LOCAL REG. 5-13-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson.
ADDRESS Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1651
Local Reg. No. 90
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2416 Idaho Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANN	K	PARKIN	May 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Jan. 27, 1868	85-3-11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	England	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Elizabeth M. Maloney	2220 Madison

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Abdominal Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unclassified
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* April 11, 1953 *to* May 8, 1953, *that I last saw the deceased alive on* May 8, 1953, *and that death occurred at* May 8 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
130 Carl D Lusty MD	Meridian, Ida	5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/11/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-20-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. C. C. Johnson

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1652
Local Reg. No. 178
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence - Star, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Adath
c. (Last): Dorman

4. DATE OF DEATH (Month) (Day) (Year): May 10 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 13, ~~1953~~ 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Densmore, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen E. Holliday — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary E. Pratt — BIRTHPLACE: Leeds, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lee T. Dorman — ADDRESS: 2035 Hanson Blvd Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Coronary arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* May 10, 1953 *that I last saw the deceased alive on* May 8, 1953, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson (Degree or title): MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1653
Local Reg. No. 87
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho City
d. STREET ADDRESS (If rural, give location) General Delivery

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans-Admin. Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	E.	Berry	May	11,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	12-13-87	65	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Logging	Idaho City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Berry	England	Elizabeth Slates	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
Yes WW I	Unknown	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous intra pontine hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. D.O.A. Hospital, Died in Summer's Ambulance Enroute to hospital. I certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on May 11, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 14 1953	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5-13-53	Myrtle Palmer	Schreiber-McCann-Gibson---Boise

Daniel A. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1654
Local Reg. No. 88
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAY 23 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) H.; c. (Last) Gibbs

4. DATE OF DEATH: (Month) May; (Day) 14; (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-21-85

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: 1; Days: 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lago, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jonathan Gibbs
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Harper
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE: [signature]
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* May 14, 1953, *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 7:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 15. 1953
24c. NAME OF CEMETERY OR CREMATORY: Nampa
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

[signature] J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1655
Local Reg. No. 93
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 28 1953 STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) E. c. (Last) GREENE

4. DATE OF DEATH (Month) (Day) (Year): May. 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov.11, 1869

9. AGE (In years last birthday): 83-6-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olean, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Granville Greene
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha Morris
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Lou Tucker
ADDRESS: Eagle Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 1 mo
DUE TO (c) Senility — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-26 *, 19*53*, to* 5-17 *, 19*53*, that I last saw the deceased alive on* 5-16 *, 19*53*, and that death occurred at* 8:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/21/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-25-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
~~SUMMERS FUNERAL HOME~~

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1656
Local Reg. No. 180
Reg. Dist. No. 370

Certificate of Death

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lowell b. (Middle) Stanley c. (Last) Fortner

4. DATE OF DEATH (Month) (Day) (Year): May, 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10, 1889

9. AGE (In years last birthday): 63
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer o/

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manhattan, Kan.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. Fortner
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-14-4550

17. INFORMANT'S OWN SIGNATURE: Sarah Fortner
ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 or 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* ____, 1953, *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 1:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey L. Faith (Degree or title): M.D.

23b. ADDRESS: Meridian, Idaho

23c. DATE SIGNED: 5/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/23/53

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 5-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1657
Local Reg. No. 184
Reg. Dist. No. 370

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) J. b. (Middle) Sam c. (Last) Raynor

4. DATE OF DEATH (Month) (Day) (Year): May, 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Farmer 27

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrison, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Raynor BIRTHPLACE: Harrison Ark

14. MOTHER'S MAIDEN NAME: Sarah Pettit BIRTHPLACE: Atlanta, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-4273

17. INFORMANT'S OWN SIGNATURE: Nina McClure ADDRESS: Star, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 9, 1953 *to* May, 1953 *that I last saw the deceased alive on* May 15, 1953 *and that death occurred at* 5: A. M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson (Degree or title): M D

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Star

24d. LOCATION (City, town, or county) (State): Star Idaho.

DATE REC'D BY LOCAL REG.: 5-22-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B. L. Robison ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1658
Local Reg. No. 92
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 402 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	R.	Dancliff	May	21	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	10-3-94	58	7	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY: 06
11. BIRTHPLACE (State or foreign country): Manly, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Dancliff — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Adeline R. Mathews — BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE: Records, VA Hospital, Boise, Idaho — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchitis, Chronic
DUE TO (c) Pulmonary Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

502.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 4, 1951, *to* May 21, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: C. P. Stevenson M.D. 434 — C. P. STEVENSON, M. D. Chief, Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23.1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1659
Local Reg. No. 97
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 218 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	S.	Agee	May	21,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-27-98	55	2	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	farming	Irena, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arie A. Agee	Virginia	Sarah Jane Lee	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	Unknown	Records, VA Hospital, Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction & Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of tail of pancreas with metastases. — Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Oct. 13, 1952, *to* May 21, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 25 1953	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-22-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC[illegible] Certificate of Death

STATE OF IDAHO

State File No. 1660
Local Reg. No. 100
Reg. Dist. No. 371

BIRTH NO. JUN 5 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	N.	Powers	May	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-14-07	46	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19		Muldrow, Okla.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Powers	Unknown	Pearl Sparkman	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 6-24-24 to 6-23-25	Unk	[signature]	Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

342 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Abscesses — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of nasal cavity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 21, *19* 53, *to* May 23, *19* 53, *that I last saw the deceased alive on* May 23, *19* 53, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/25/53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-29-53	Myrtle Palmer	Cliffe E. Demmert SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORDED Certificate of Death

STATE OF IDAHO

State File No. 1661
Local Reg. No. 193
Reg. Dist. No. 370

BIRTH NO.

JUN 5 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William		Howry	May, 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	June 10, 1873	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37		Powersville, Mo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Howry	Ohio	Sarah Louderbough	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-8292	Alf Howry.	Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.0 Natural Causes, Probably Due — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Arteriosclerotic Heart Disease
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes	Home	Meridian Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5 24 53 11a m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	during Sleep

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Kelsey	Coroner	318 No Latah Boise Ida	5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/27/53	Meridian	Meridian, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-28-53	Myrtle Palmer	B.L. Robinson	Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1662
Local Reg. No. 95
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 614 Pearl St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARCELLUS	CULLEY	KEITH	5	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	12/1/1879	73	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bolliver, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R.W. Keith — BIRTHPLACE: Bolliver, Missouri
14. MOTHER'S MAIDEN NAME: Nancy Hayden — BIRTHPLACE: Bowling Green, Kent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Oscar W. Keith — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-22-53

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocardial Emboli — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 1953, *to* 5-24, 1953 *that I last saw the deceased alive on* 5-22, 1953, *and that death occurred at* 2:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian	6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/27/1953	Star	Star Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-27-53	Myrtle Palmer	Russell A. Relyea RELYEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1663
Local Reg. No. 96
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 205 E. Bannock St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	H.	Simpson	May	25	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	11-8-80	72	6	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Officer #1	Army	Knoxville, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Simpson	Indiana	Caroline Miller	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	None	Records, VA Hospital	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic fracture 4,5,6,7, & 8 ribs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 17, 1953, *to* May 25, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 28th 1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-27-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1664
Local Reg. No. 97
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.# 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt.# 3

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Evelyn
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mch.1,1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-School teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holton Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Schirmer — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Alice Garner — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph Bell — ADDRESS: Meridian, Ida. Rt.3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

160X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemangioendothelioma of nasal passage — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastases to liver

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1953, *to* 5/22, 1953, *that I last saw the deceased alive on* 5/22, 1953, *and that death occurred at* 11:40 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Robert C. Paterson 317 (Degree or title) MD
23b. ADDRESS: 220 N. Fruit, Boise, Ida.
23c. DATE SIGNED: 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 5-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B. W. Robison — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1665
Local Reg. No. 99
Reg. Dist. No. 371

BIRTH NO.

JUN 4 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 45 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Ted
b. (Middle):
c. (Last): Celaya

4. DATE OF DEATH: (Month) May (Day) 29. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ?

8. DATE OF BIRTH: Oct. 4. 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker,

10b. KIND OF BUSINESS OR INDUSTRY: M-Knudson Co.

11. BIRTHPLACE (State or foreign country): Liverpool England

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Ward Troxel
ADDRESS: 5709 Fairview Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4477

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro-atherosclerosis — unk

DUE TO (c) hypertensive vascular disease — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1, 1950, *to* May 29, 1953, *that I last saw the deceased alive on* May 27, 1953, *and that death occurred at* 7:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title): M.D.

23b. ADDRESS: Meridian

23c. DATE SIGNED: 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J N McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1666
Local Reg. No. 102
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Swift Lane, Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Swift Lane, Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): IRVING
c. (Last): LEONARD

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1892

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: State Highway Dept.

11. BIRTHPLACE (State or foreign country): Newark, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph A. Leonard
BIRTHPLACE: New Jersey

14. MOTHER'S MAIDEN NAME: Katharine M. Onderdonk
BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-30-0463

17. INFORMANT'S OWN SIGNATURE: x Mildred Leonard
ADDRESS: Rt. 2 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 7, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Davis (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1667
Local Reg. No. 138
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN: POCATELLO
LENGTH OF STAY (in this place): 16 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 478 FILMORE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 478 FILMORE

3. NAME OF DECEASED (Type or Print): a. (First) AUDREY b. (Middle) IRENE c. (Last) HANSON

4. DATE OF DEATH: (Month) MAY (Day) 2 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: APRIL 16 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 16; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***
10b. KIND OF BUSINESS OR INDUSTRY: ***
11. BIRTHPLACE (State or foreign country): POCATELLO, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RUSSELL HANSON — BIRTHPLACE: POCATELLO, IDA
14. MOTHER'S MAIDEN NAME: CHARLOTTE LYSTRIP — BIRTHPLACE: POCATELLO, IDA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: ****
17. INFORMANT'S OWN SIGNATURE: Russell Hanson — ADDRESS: RUSSELL HANSON, POCATELLO, IDA

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

924,0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suffocation when baby turned over in her crib.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 2, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY occur? Baby turned face down in her crib

22. *I hereby certify that I attended the deceased from* ---, 19___, *to* ---, 19___, *that I last saw the deceased alive on* ---, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Henderson (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: JUN 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: CONWAY GRANT
ADDRESS: HALL GRANT MORTUARY POCATELLO IDA

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1668
Local Reg. No. 119
Reg. Dist. No. 510

BIRTH NO.

MAY 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 720 N. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) George c. (Last) Kakokefolas

4. DATE OF DEATH (Month) (Day) (Year) May 4 1953

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 1 1897

9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Kakokefolas
BIRTHPLACE Greece

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 711-09-1442

17. INFORMANT'S OWN SIGNATURE Mrs Stella Kakokefolas
ADDRESS Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized peritonitis — 8 days
DUE TO (c) with abscess formation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 23 April 53

19b. MAJOR FINDINGS OF OPERATION Multiple pelvic abscess

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 April, 1953, to 4 May, 1953, that I last saw the deceased alive on 4 May, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE 324 Clark L. Parker (Degree or title) M.D.

23b. ADDRESS 111 N. Main Pocatello Idaho

23c. DATE SIGNED 6 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5-7-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. MAY 12 1953

REGISTRAR'S SIGNATURE Eva M. Wallis

25. FUNERAL DIRECTOR
ADDRESS Downard Funeral Home Pocatello Idaho
by John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1669
Local Reg. No. 126
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1250½ East Clark Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	CRAIG	JAY	TAYLOR		May	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	April 15, 1953	0	0	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
****** 07	*******	Pocatello, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jay D. Taylor	Coltman, Idaho	Laura Benson	Moreland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	****	none	Jay D. Taylor	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

763.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 15, 19 53, *to* May 6, 19 53, *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. E. Murell M.D.	Pocatello, Idaho	May 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 8, 1953	Moreland Cemetery	Moreland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1953	Eva M. Wallin per Darlene Archibald	Jones & Henderson	Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1670
Local Reg. No. 121
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1015 N. Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1015 N. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) CASS c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year) May 6, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 22, 1869

9. AGE (In years last birthday) 83
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY U. P. R. R.

11. BIRTHPLACE (State or foreign country) Cokato Minn

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Lee, BIRTHPLACE Jamestown N.Y.

14. MOTHER'S MAIDEN NAME Betsey Putnam Lee BIRTHPLACE N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Mrs Claribel Patt ADDRESS Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 8 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19—, to May 6, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 6:12 m., from the causes and on the date stated above.

23a. SIGNATURE R. Howard M.D. (Degree or title)

23b. ADDRESS Pocatello, Ida

23c. DATE SIGNED 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-9-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. MAY 16 1953

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Dowrard ADDRESS Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1671
Local Reg. No. 123
Reg. Dist. No. 510

BIRTH NO. 111-53-5159

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL): Pocatello
c. LENGTH OF STAY (in this place): four hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 726 West Halliday Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) ****; c. (Last) PIERCE

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 9, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 4, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13. FATHER'S NAME: Robert G. Pierce — BIRTHPLACE: Oklahoma City, Okla.

14. MOTHER'S MAIDEN NAME: Jeanne Faye Morgan — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Pierce — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

761.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 6 mos — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) Retained Placenta

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 19 53, *to* May 9, 19 53, *that I last saw the deceased alive on* May 9, 19 53, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 139 — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: May 11, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 11, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 21 1953 — REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald

25. FUNERAL DIRECTOR: James Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1672
Local Reg. No. 122
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 715 N. Cedar

3. NAME OF DECEASED (Type or Print): a. (First) INFANT b. (Middle) c. (Last) STOREY

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 8, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months: 0, Days: 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none or

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lee — BIRTHPLACE: Jamestown N.Y.

14. MOTHER'S MAIDEN NAME: Betsey Putnam Lee — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Wann Storey — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1953, *to* May 9, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Murrell 275

23b. ADDRESS: Pocatello Id.

23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-9-53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 16 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Byron B. Howard — ADDRESS: Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1673
Local Reg. No. 125
Reg. Dist. No. 510

RECEIVED
MAY 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): NO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1032 NO ARTHUR

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1032 NO ARTHUR

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	JOHN	WILLIAM	LORDS

4. DATE OF DEATH: (Month) MAY (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	FEBRUARY 17, 1884	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATER SOFTENER
10b. KIND OF BUSINESS OR INDUSTRY: U.P. RAILROAD
11. BIRTHPLACE (State or foreign country): PLEASANT GROVE, UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM THOMAS LORDS	ENGLAND	CHARLOTTE JANE LONG	ENGLAND

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: 712-07-9439
17. INFORMANT'S OWN SIGNATURE: + Edward J. Lords ADDRESS: POCATELLO, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of prostate
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
—	—	Pocatello	Bannock	Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1952 *to* May 10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C E Brown	M. D.	Pocatello Idaho	May 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAY 14 1953	McCAMMON	McCAMMON IDAHO

DATE REC'D BY LOCAL REG.: MAY 18 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant ADDRESS: CONWAY GRANT HALL GRANT MORTUARY POCATELLO, IDA

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1674
Local Reg. No. 139
Reg. Dist. No. 510

BIRTH NO.

JUN 11 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1050 North Eighth Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IRA	HENRY	HARRISON	May	11	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Widowed	March 3, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Laborer ob	General Labor	Marshall	Texas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Granville Harrison	Florence, Alabama	Annie Fisher	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	******		Jack Henderson	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 001X Tuberculosis, far advanced — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silicosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 29, *19* 53, *to* May 11, *19* 53, *that I last saw the deceased alive on* May 11, *19* 53, *and that death occurred at* 6:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Farrell Howard M.D.	Pocatello, Idaho	May 13, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 16, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 1953	Darlene Archibald	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1675
Local Reg. No. 132
Reg. Dist. No. 510

RECEIVED
MAY 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 138 Wayne Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 138 Wayne Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): WILLIAM
c. (Last): MORRIS

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 25, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker 70
10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad Co.
11. BIRTHPLACE (State or foreign country): Lincoln Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Rasmus Morris — BIRTHPLACE: Lincoln, Illinois
14. MOTHER'S MAIDEN NAME: Anna Tucker — BIRTHPLACE: Lincoln, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: 712-07-0556
17. INFORMANT'S OWN SIGNATURE: Clyde S. Morris — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* May 11, 1953, *that I last saw the deceased alive on* May 11, 1953, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 338 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 12, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: MAY 25 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1676
Local Reg. No. 149
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Grant
c. (Last): Long

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 2, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
91

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Cedar Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas B. Long
BIRTHPLACE: ✓

14. MOTHER'S MAIDEN NAME: Sally Pile
BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Gladys Vanderford
ADDRESS: Aberdeen Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-30-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May 11, 1953 *to* May 12, 1953 *that I last saw the deceased alive on* May 12, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
169

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: JUN 10 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco Ida
F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1677
Local Reg. No. 128
Reg. Dist. No. 5-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Naval Ordnance Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Naval Ordnance Plant

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	EDWIN	ELDREDGE	WARNER	May	12	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 15, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Quarterman
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Chassell Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter W. Warner — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Wilkinson — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War No. 1
16. SOCIAL SECURITY NO.: 519-09-8973
17. INFORMANT'S OWN SIGNATURE: Edna H. Warner — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-10, 19 53, *to* May 13, 19 53, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]		Pocatello, Idaho	May 13, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 14, 1953	Mount Moriah Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1953	Eva M. Watkins per Darlene Archibald	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 25 1953

DIVISION OF VITAL STATISTICS

State File No. 1678
Local Reg. No. 228
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Fort Hall
d. STREET ADDRESS (If rural, give location) Indian Reservation

3. NAME OF DECEASED (Type or Print) a. (First) Winona b. (Middle) c. (Last) Yupe
4. DATE OF DEATH (Month) (Day) (Year) May 12 1953

5. SEX F.
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH June 1 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 11 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY - -
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clarence Yupe BIRTHPLACE Fort Hall Idaho
14. MOTHER'S MAIDEN NAME Zanetta Warren BIRTHPLACE Fort Hall Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elvera Yupe ADDRESS Fort Hall Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Upper respiratory infection and diarrhea — 7 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1953, *to* May 12, 1953, *that I last saw the deceased alive on* May 11, 1953 *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Dean Hartwigsen (Degree or title) M.D
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED May 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE May 14 1953
24c. NAME OF CEMETERY OR CREMATORY Indian Reservation
24d. LOCATION (City, town, or county) Bingham County (State) Idaho

DATE REC'D BY LOCAL REG. MAY 21 1953
REGISTRAR'S SIGNATURE Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR Downard Funeral Home ADDRESS Pocatello Idaho
By John P. Thornman

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

MAY 25 1953

DIVISION OF VITAL STATISTICS

State File No. 1679
Local Reg. No. 190
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
d. STREET ADDRESS (If rural, give location): Indian Reservation

3. NAME OF DECEASED (Type or Print): a. (First) Richard; b. (Middle); c. (Last) Evening

4. DATE OF DEATH: (Month) (Day) (Year) May 15 1953

5. SEX: M

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 14, 1924

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Fort Hall Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charley Evening
BIRTHPLACE: Lemhi, Idaho

14. MOTHER'S MAIDEN NAME: Susan Hope
BIRTHPLACE: Lemhi, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Emma Banalsee
ADDRESS: Fort Hall, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe angina pectoris and coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac contusion — 16 hrs.

DUE TO (c) Blow on chest in auto accident — 16 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft. Hall Res. Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 14 1953 8:30pm.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto - train collision

22. *I hereby certify that I attended the deceased from* May 14, 1953, *to* May 15, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 12:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Dean Hartvigsen, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 20-53

24c. NAME OF CEMETERY OR CREMATORY: Indian Reservation

24d. LOCATION (City, town, or county) (State): Bingham County Idaho

DATE REC'D BY LOCAL REG.: MAY 21 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald

25. FUNERAL DIRECTOR: Downard Funeral Home Pocatello Ida.
ADDRESS: by John P. Gorman

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1680
Local Reg. No. 131
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 636 N. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Richardson c. (Last) Hopper

4. DATE OF DEATH (Month) (Day) (Year): May 16 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 1, 1906

9. AGE (In years last birthday): 46
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): foreman-clerk 27

10b. KIND OF BUSINESS OR INDUSTRY: U.P.RR

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel E. Hopper
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Martha Crump
BIRTHPLACE: N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 712-05-6125

17. INFORMANT'S OWN SIGNATURE: Mrs. Harry Hopper
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH 162X

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible diabetic coma — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic cancer of pancreas — 2 mo.

DUE TO (c) Primary cancer of lung — 3½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May 15, 1953, *to* May 16, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Dean Hartvigsen, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5-19-53

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 21 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Idahl
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1681
Local Reg. No. 133
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY IN THIS CITY OR TOWN: 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 728 N. Main apt. #2

3. NAME OF DECEASED (Type or Print): a. (First) EDNA b. (Middle) MILDRED c. (Last) CLEONE

4. DATE OF DEATH (Month) (Day) (Year): May, 17, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec., 16, 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Lenore, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jeremiah Jones
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Margaret Canfield
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 544-07-0455

17. INFORMANT'S OWN SIGNATURE: Thomas J. Cleone
ADDRESS: Pocatello Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 51X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aortic Rupture — 2 days

DUE TO (c) Medio-necrosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15 *1953, to* 5-17, *1953, that I last saw the deceased alive on* 5-17, *1953, and that death occurred at* 2:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 640 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 23 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR: Byron B. Dowrard
ADDRESS: Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1682
Local Reg. No. 134
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 1 - 1953 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY IN THIS PLACE: 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 102 Rosewood ave.

3. NAME OF DECEASED (Type or Print): a. (First) JENNY b. (Middle) c. (Last) WIKER

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	married	March 5, 1889	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hans Hansen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: X Chas H Wiker — ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1953, *to* 5-20, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Call M.D.
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 28 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR: Byron B. Dunard — ADDRESS: Pocatello Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1683
Local Reg. No. 137
Reg. Dist. No. 510

BIRTH NO.

JUN 1 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 845 South Fourth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MAHLON
b. (Middle): I.
c. (Last): MEEKER

4. DATE OF DEATH (Month) (Day) (Year): May 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Toledo Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mahlon I. Meeker — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Pauline Dunning — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Agnes M. Jacoby — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): gastro enteric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myo cardit — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephritis — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1953, *to* May 20, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 9:28 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray MD 326 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 22, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1953 04
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Mausoleum
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: MAY 29 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin per Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 1684
Local Reg. No. 135
Reg. Dist. No. 516
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 20 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 957 East Pine

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Edmund	Wengreen	May 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	May 7, 1921	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer and Phosphorous
10b. KIND OF BUSINESS OR INDUSTRY: Loader, West Vaco
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Carl Arthur Wengreen
BIRTHPLACE: Sandy, Utah
14. MOTHER'S MAIDEN NAME: Elva Rosella Brown
BIRTHPLACE: Murray, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Oct 5, 1943 Jan. 10, 1946
16. SOCIAL SECURITY NO.: 530-10-2699
17. INFORMANT'S OWN SIGNATURE: Mrs. Helen L. Wengreen
ADDRESS: Pocatello,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURNS, SECOND and THIRD DEGREE, FACE, ARMS & HANDS, TRUNK and LEGS.
INTERVAL BETWEEN ONSET AND DEATH: 20 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	CHEM. PLANT	POWER IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
MAY 20 '53 11:15 A	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	BREAK OCCURRED IN PHOS. LINE — PATIENT SPRAYED PHOSPHORUS - IGNITING CLOTHING. ETC.

22. *I hereby certify that I attended the deceased from* 20 MAY, 1953, *to* 21 MAY, 1953, *that I last saw the deceased alive on* 21 MAY, 1953, *and that death occurred at* 9:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Pocatello, Idaho	21 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 25, 1953	Maountain View	Pocatello, Idaho Bannock Cty

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1953	Eva M. Wallin per Darlene Archibald	Colin M. Edward	Wall-Grant Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1685
Local Reg. No. 136
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY IN (this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 219 E. Sutter

3. NAME OF DECEASED (Type or Print) a. (First) Leona b. (Middle) Gertrude c. (Last) Bacon

4. DATE OF DEATH (Month) (Day) (Year) May 23 1953

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 25 1905

9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Trinidad, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Scott Harvey BIRTHPLACE Mich.

14. MOTHER'S MAIDEN NAME Nettie Daniels BIRTHPLACE Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT'S OWN SIGNATURE Richard C. Harvey ADDRESS Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

560.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) following Repair

DUE TO (c) of Ventral Hernia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-20-53

19b. MAJOR FINDINGS OF OPERATION Large Ventral Hernia

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20-, 1953, *to* 5-23-, 1953, *that I last saw the deceased alive on* 5-23-, 1953 *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 139

23b. ADDRESS Pocatello Idg

23c. DATE SIGNED 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5-26-53 01

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. MAY 28 1953

REGISTRAR'S SIGNATURE Eva M. Wallin per Darlene Archibald

25. FUNERAL DIRECTOR ADDRESS Howard Funeral Home Pocatello Ida.
by John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 1686
Local Reg. No. 140
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 1014 East Lewis

3. NAME OF DECEASED (Type or Print): a. (First) Jacquilene b. (Middle) Williamson c. (Last) Schwintz

4. DATE OF DEATH: (Month) (Day) (Year): May 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29, 1933
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Fredonia, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Arnold Williamson — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Emmell Meade — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Ralph R. Schwintz — ADDRESS: Pocatello,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

670X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Internal hemorrhage,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature separation of placenta
DUE TO (c) Pregnancy 8th month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 hours,

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/24/53, 19 only, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/25/53
24c. NAME OF CEMETERY OR CREMATORY: Augusta Cemetery
24d. LOCATION (City, town, or county) (State): Augusta, Kansas

DATE REC'D BY LOCAL REG.: JUN 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR / ADDRESS: Conway Grant / Hall-Grant Mortuary Poc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1687
Local Reg. No. 141
Reg. Dist. No. 510

BIRTH NO. 111-55-3211 JUN 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

DURATION OF STAY (in this place): 1½ hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parent: Ray L. West - Pocatello,

d. STREET ADDRESS (If rural, give location): 1415½ No. Harrison

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ANNE c. (Last) WEST

4. DATE OF DEATH: (Month) (Day) (Year) May 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 24, 1953

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 1 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 02

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Ray LeRoy West — BIRTHPLACE: Pocatello, Idaho

14. MOTHER'S MAIDEN NAME: Mary Stanger — BIRTHPLACE: American Falls, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Ray L. West — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1953, *to* May 24, 1953, *that I last saw the deceased alive on* May 24, 19___, *and that death occurred at* 3 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 254 R.R. Merrill M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Colin M. Edwards Hall-Grant Mortuary — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1688
Local Reg. No. 142
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 557 West Whitman Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 557 West Whitman Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DOROTHY	LOUISE	PETERSEN	May	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	November 28, 1897	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Guthrie Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marvin B. Cherry — BIRTHPLACE: No data
14. MOTHER'S MAIDEN NAME: Effie Smith — BIRTHPLACE: No data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: C. R. Petersen — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 416 X Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Ht Disease — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 194 3, 19___, *to* May 27, 19 53, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 12:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 169 R. P. Howard M.D. — 23b. ADDRESS: Pocatello, Idaho — 23c. DATE SIGNED: May 29, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 01 May 29, 1953 — 24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery — 24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953 — REGISTRAR'S SIGNATURE: Darlene Archbald — 25. FUNERAL DIRECTOR: Jones Mortuary — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 1089
Local Reg. No. 143
Reg. Dist. No. 510

BIRTH NO.

VITAL

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mathews Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 245 W. Carson

3. NAME OF DECEASED (Type or Print): a. (First) EMILY b. (Middle) ARBON c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) May 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 12, 1866

9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR Months: 10 | Days: 17 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Arbon — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Nicholas — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S OWN SIGNATURE: Mayme Baker — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953, *and that death occurred at* 6:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: F.M. Ray (Degree or title): M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-1-53

24c. NAME OF CEMETERY OR CREMATORY: Almo

24d. LOCATION (City, town, or county) (State): Almo, Cassia Co. Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Colin M. Edwards — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS JUN 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 1690
Local Reg. No. 145
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): ****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 343 East Bonneville Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 343 East Bonneville Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERT	R.	DRAPER	May	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Not Known	July 22, 1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	common	Rocky Comfort, Missouri	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lafe Draper	no data	Elizabeth Dabbs	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	***	517-28-4786	Personal records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found dead on the floor in kitchen

DUE TO (c) of his apartment

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ****** *, 19____, to* ****** *, 19____, that I last saw the deceased alive on* ******* *, 19____, and that death occurred at* time not known *causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
470 Jas. Henderson Bannock County Coroner	Pocatello, Idaho	June 2, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 3, 1953	Mountain View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 1953	Darlene Archibald	Jas. Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1691
Local Reg. No. 144
Reg. Dist. No. 516

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 448 W. Custer

3. NAME OF DECEASED (Type or Print)
a. (First): Annon
b. (Middle): C.
c. (Last): Cripe

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1953

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 11, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Goshen, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A. L. Frahm — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-50, 19__, *to* 5-30, 1953, *that I last saw the deceased alive on* 5-29, 1953, *and that death occurred at* 6:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, 276 MD (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 2, 1953 15
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home, Pocatello Ida.
G. J. P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1692
Local Reg. No. 146
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1134 South Fifth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): REBECCA
c. (Last): STODDARD LARSON

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec., 2, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Henry Stoddard — BIRTHPLACE: East Bountiful, Utah
14. MOTHER'S MAIDEN NAME: Hannah Elizabeth Bowman — BIRTHPLACE: Salt Lake County Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Melvin J. Armstrong — ADDRESS: 1134 So. 5th, Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pneumonia — 5 days
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Debility & Malnutrition — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26, 1953, *to* 5/29, 1953, *that I last saw the deceased alive on* 5/29, 1953, *and that death occurred at* 2:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W. Wuerster M.D. (Degree or title) 457
23b. ADDRESS: 101 N Main Pocatello Idaho
23c. DATE SIGNED: June 2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1693
Local Reg. No. 127
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route One South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route One South

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) PERCY c. (Last) SAY

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 10, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): North Platte, Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George William Say
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Ann Marshalsay
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward P. Say
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease — INTERVAL BETWEEN ONSET AND DEATH: Few Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c) (Heart attack June 1952)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* May 6, 1953, *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* 2:15 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: 327 [signature] (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 8, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: MAY 18 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1694
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (If in place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomington Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thelma b. (Middle) Bateman c. (Last) Sunderson

4. DATE OF DEATH (Month) (Day) (Year) Apr. 12, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 11 1922.
9. AGE (In years last birthday) 30 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otis H. Bateman BIRTHPLACE Bloomington Ida
14. MOTHER'S MAIDEN NAME Maude Thornock BIRTHPLACE Bloomington Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ardia M. Sunderson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock. 670X — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Child birth Complication
DUE TO (c) Pab Placenta Previa Since pregnancy 5 1/2 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953, *to* Apr 13, 1953, *that I last saw the deceased alive on* Apr 13, 1953 *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE 33+ Spencer H Rich (Degree or title) MD
23b. ADDRESS Paris Idaho
23c. DATE SIGNED Apr 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 15 1953 01
24c. NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
24d. LOCATION (City, town, or county) (State) Bloomington Idaho

DATE REC'D BY LOCAL REG. 5/30/53
REGISTRAR'S SIGNATURE H Kreig
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-3925

Certificate of Death

RECEIVED
JUN 2 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1695
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
LENGTH OF STAY (in this place) 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomington Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Colleen b. (Middle) [illegible] c. (Last) Gunderson

4. DATE OF DEATH (Month) (Day) (Year) Apr 13 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Apr 12 1953

9. AGE (If years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 40 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Not if retired) None (Infant.)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Orden Gunderson BIRTHPLACE St Charles Ida

14. MOTHER'S MAIDEN NAME Thelma Bateman BIRTHPLACE Bloomington Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Orden Gunderson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 776x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature 5½ months gestation. — INTERVAL BETWEEN ONSET AND DEATH: Apr 12-1953 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 12, 1953 *to* Apr 13, 1953, *that I last saw the deceased alive on* Apr 13, 1953, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 334 Spencer Rick (Degree or title) MD

23b. ADDRESS Paris Idaho

23c. DATE SIGNED Apr 28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr 15 1953

24c. NAME OF CEMETERY OR CREMATORY Bloomington Cemetery

24d. LOCATION (City, town, or county) Bloomington (State) Idaho

DATE REC'D BY LOCAL REGISTRAR 2/30/53

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-[illegible]556

Certificate of Death

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1696
Local Reg. No. 57
Reg. Dist. No. 5

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Monica	Lynn	Armstrong	Mar 30 '53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Never Married	Mar 30 1953				8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02		Montpelier Idaho	U

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Don Armstrong	Leadville Colorado	Charlotte Bachtrieb	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Don W. Armstrong	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 30, 1953, *to* March 30, 1953, *that I last saw the deceased alive on* March 30, 1953, *and that death occurred at* about 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert R. Burgoyne M.D.	Montpelier Idaho	April 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 31 1953	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-30-53	W. Stucki	Lee Matthews	Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1697
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 830 Jackson St.

3. NAME OF DECEASED (Type or Print) a. (First) Margaretha b. (Middle) R. c. (Last) Egli

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 27, 1882.
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bern Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John J. Rosen BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Margaretha Stegman BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Albert L. Egli ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

156X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 3 yrs ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of liver ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1948 *to* May 8, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 1:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE N. Nolting 223 (Degree or title) MD
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED May 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 5/30/53
REGISTRAR'S SIGNATURE N. Nolting
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1698
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle)
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) May 16 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH
9. AGE (In years last birthday) 66
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Able Johnson
BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Christine Bergreen
BIRTHPLACE St Charles Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Orson F. Bergreen
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*50*, to* May 16 *, 19*53*, that I last saw the deceased alive on* May 14 *, 19*53*, and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE N. Nolting 223 (Degree or title) MD
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 5/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 16 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 5/30/53
REGISTRAR'S SIGNATURE N. Nolting
25. FUNERAL DIRECTOR Nile Matthews
ADDRESS Montpelier Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1699
Local Reg. No. 55
Reg. Dist. No. 55

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ute Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Angie b. (Middle) Cross c. (Last) Arnold

4. DATE OF DEATH (Month) (Day) (Year) May 26, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 5 1865
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) London England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Cross BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Avis Walker BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NA (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Lester G. Armatage ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1-2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1953, *to* May 26, 1953, *that I last saw the deceased alive on* May 25, 1953 *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 542 R. H. Burdoyne (Degree or title) M.D.
23b. ADDRESS Montpelier, Ida
23c. DATE SIGNED May 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 24, '53 01
24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery
24d. LOCATION (City, town, or county) (State) Ogden Utah

DATE REC'D BY LOCAL REG. 1 30 53
REGISTRAR'S SIGNATURE N. N. Kreig
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1700
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) George
c. (Last) Bagley

4. DATE OF DEATH (Month) (Day) (Year) May 26 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 27 1910
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dependent Child 91
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Bagley — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Isabelle Young — BIRTHPLACE Montpelier Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE L. P. Gaertner — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1953, *to* 5-26, 1953, *that I last saw the deceased alive on* 5-26, 1953, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE 471 L. P. Gaertner (Degree or title) M.D.
23b. ADDRESS Montpelier
23c. DATE SIGNED 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 06 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 6/2/53
REGISTRAR'S SIGNATURE N. Nolan
25. FUNERAL DIRECTOR Vile Matthews — ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 1701
Local Reg. No.
Reg. Dist. No. 553

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY Rich
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laketown
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Barker c. (Last) Weston

4. DATE OF DEATH (Month) (Day) (Year) May 28 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 19 1881
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newton Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Barker BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Susan Dermot BIRTHPLACE England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Milton B. Weston ADDRESS Blackfoot Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension (Known) — 2 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 28, 1953, *that I last saw the deceased alive on* May 28, 1953, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich M.D. (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Laketown Cemetery
24d. LOCATION (City, town, or county) Laketown Utah (State)

DATE REC'D BY LOCAL REG. 6/2/53
REGISTRAR'S SIGNATURE N Nolting
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1702
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Ida.
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Freda	Hein	Sorgatz	May 28 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov 25, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Mackay Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Hein	Unknown	Sarah Ann	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No				Montpelier

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1948, to May 28, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M W King	MD	Montpelier Ida	5-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 1 1953	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/1/53	M W King	Nibley Mathews	Montpelier Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-4803

State File No. 1703
Local Reg. No.
Reg. Dist. No. 5 2

Certificate of Death

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avid Idaho
c. LENGTH OF STAY (If outside corporate limits)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Arson
b. (Middle) William
c. (Last) Hymas

4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 10 1878
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 54
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hyde Park, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hymas BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sarah C. Evans BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Jack D. Hymas ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio-renal disease — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1952, *to* 4-28, 1953, *that I last saw the deceased alive on* 4-24, 1953, *and that death occurred at* 11 a *m., from the causes and on the date stated above.*

23a. SIGNATURE 471 F. P. Gaertner (Degree or title)
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1953
24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
24d. LOCATION (City, town, or county) (State) Liberty Idaho

DATE REC'D BY LOCAL REG. 5/30/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Wile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1704
Local Reg. No. 20
Reg. Dist. No. 130

BIRTH NO.

MAY 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 404 12th Street.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Alma; c. (Last) Yenor

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-3-1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Island Pond, Vermont

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Goulette — BIRTHPLACE: not known

14. MOTHER'S MAIDEN NAME: not known — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: St. Maries, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1949, *to* May 5, 1953, *that I last saw the deceased alive on* May 5, 1953, *and that death occurred at* 10:34 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jergen A. Rapp M.D. — **23b. ADDRESS**: St. Maries, Idaho — **23c. DATE SIGNED**: 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 8 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 5-18-53

REGISTRAR'S SIGNATURE: Esper S. Brehmer

25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-43021

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

State File No. 1705
Local Reg. No. 21
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4 miles east of St. Maries
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (On St. Joe Road) 4 miles east of St. Maries

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Silver Bow
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butte
d. STREET ADDRESS (If rural, give location): 240 East Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Grant
b. (Middle): unknown
c. (Last): Fogerlund

4. DATE OF DEATH (Month) (Day) (Year): May 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): not known
8. DATE OF BIRTH: November 23, 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
11. BIRTHPLACE (State or foreign country): No Information
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: No Information
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 331X
16. SOCIAL SECURITY NO.: 517-05-0118
17. INFORMANT'S OWN SIGNATURE — ADDRESS: J. M. Armstrong, St. Joe N.F., St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured artery - left
DUE TO (c): ventricle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.A., *19___, to* —, *19___, that I last saw the deceased alive on* —, *19___, and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp, Coroner M.D. 346
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Livingston
24d. LOCATION (City, town, or county) (State): Livingston Montana

DATE REC'D BY LOCAL REG.: 5-18-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR — ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1706
Local Reg. No. 22
Reg. Dist. No. 1-3a

BIRTH NO.

MAY 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

LENGTH OF (in this place): 43 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Benewah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maurice	Milo	Cullen	May 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 22, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of the Peace

10b. KIND OF BUSINESS OR INDUSTRY: - --

11. BIRTHPLACE (State or foreign country): Euclaire, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no information

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no information

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Maurice Roosa

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, left leg — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Embolism, left femoral artery — 3 wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* May 16, 1953, *that I last saw the deceased alive on* May 16, 1953, *and that death occurred at* 5:19 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp 346	M.D.	St. Maries, Idaho	5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-21-53	Woodlawn	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 18, 1953	Esper L. Brebner	Gerald E. Browning	St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1707
Local Reg. No. 23
Reg. Dist. No. 130

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found Dead at Tensed, Idaho. In Box Car #18576 (Milwaukee)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Identity Unknown

4. DATE OF DEATH: (Month) May (Day) about 15th? (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): about 60
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 05

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: UNKNOWN

13. FATHER'S NAME: Unknown
BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Gerald E. Browning ADDRESS: St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I ~~attended the~~ deceased ~~from~~* May 25, 1953, *to* —, 19—, *~~that I last saw the deceased alive on~~* —, 19—, *and that death occurred ~~at~~ about* May 15, 1953 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Pearle E. Carlin, Justice of Peace acting Coroner

23b. ADDRESS: 243-11th, St Maries, Ida

23c. DATE SIGNED: 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: June 2, 53

REGISTRAR'S SIGNATURE: Esper G. Brabner

25. FUNERAL DIRECTOR: Gerald E. Browning ADDRESS: St. Maries, Idaho

Gerald E. Browning

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1708
Local Reg. No. 24
Reg. Dist. No. 13c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print): a. (First) Iva b. (Middle) Howard c. (Last) Hardenburg

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No data
BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: Louise Johnson
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: I. V. Hardenburg
ADDRESS: St. Maries Idaho R. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Thrombosis — 1 month

DUE TO (c) Gen. Arteriosclerosis — ? 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952 *to* 21 May, 1953, *that I last saw the deceased alive on* 21 May, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 623 J. M. Sullivan M.D.
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 2 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24th 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: June 2, 53
REGISTRAR'S SIGNATURE: Rupert G. Brehmer
25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St Maries Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1709
Local Reg. No. 25
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1 mile west St. Maries
LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. west St. Maries,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Rose b. (Middle) Mary c. (Last) Fuchs

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: January 29, 1936

9. AGE (In years last birthday): 17 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): High School Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert Fuchs
BIRTHPLACE: --

14. MOTHER'S MAIDEN NAME: No information
BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Gilbert P Fuchs ADDRESS: St. Maries

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

821.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fracture Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: 1day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Internal Abdominal Injuries — 1 day

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Maries, Benewah co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 22, 1953 - 4:30pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Motorcycle Accident

22. *I hereby certify that I ~~attended~~ the deceased ~~from~~* May 22, 1953, *to* ____, 19__, *~~that I last saw the deceased alive on~~* D.O.A, 19__, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Pearle E. Carson, Justice of Peace, acting Coroner
23b. ADDRESS: 243-12th - St Maries Ida
23c. DATE SIGNED: 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: June 2, 1953
REGISTRAR'S SIGNATURE: Casper E. Brebner
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1710
Local Reg. No. 82
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EDGAR
b. (Middle): TAYLOR
c. (Last): SHELMAN

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 10, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic- Well Drilling
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Auburn, Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Armous Leroy Shelman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lucy Ann Seaff — BIRTHPLACE: Darlington, Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harry T. Day, Jr. — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Pneumothorax left shock — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic Fracture 6th Rib left Sternoclavicular Separation — 16 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Asthmatic & Cardiac Case — years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pingree, Bingham Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May, 6, 1953 5:50P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto forced from highway by approaching auto.

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 7, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 7:43 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A E Miller (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-53
24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Bingham Idaho.

DATE REC'D BY LOCAL REG.: May 9-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

State File No. 1711
Local Reg. No. 84
Reg. Dist. No. 6 and

BIRTH NO.

MAY 21 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #3 Blackfoot
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) James c. (Last) Walters

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 11, 1893

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 4 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): West Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Walters
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Emily Ann Bateman
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Marvin J. Walters
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac enlargement, Mitral insufficiency
DUE TO (c) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding peptic ulcer

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 June, 1952, *to* 16 May, 1953, *that I last saw the deceased alive on* 16 May, 1953, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter D Hoge (Degree or title) MD

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 16 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.

24d. LOCATION (City, town, or county) (State): Bingham Co. Idaho

DATE REC'D BY LOCAL REG.: May 18 1953

REGISTRAR'S SIGNATURE: Mrs Calvin E. Latimer

25. FUNERAL DIRECTOR: Howard Peckham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1712
Local Reg. No. 90
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Elks Lodge Building.

3. NAME OF DECEASED (Type or Print)
a. (First): WILEY
b. (Middle): MARION
c. (Last): ROBINSON

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 6, 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: A.E.C. Plant
11. BIRTHPLACE (State or foreign country): Kimberley. Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. M. Robinson — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Florence Parks — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Information by Vern B. McCullach — ADDRESS: Burley, Idaho. Jes.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17, 1953, *to* May 17, 1953, *that I last saw the deceased alive on* May 17, 1953, *and that death occurred at* 7:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-18-53
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho.

DATE REC'D BY LOCAL REG.: May 18 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Vern B. McCullach — ADDRESS: Burley Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1713
Local Reg. No. 94
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 528 East Idaho Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 121 N. Meridian

3. NAME OF DECEASED (Type or Print): a. (First) Clyde; b. (Middle) Sidney; c. (Last) Earl

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 8, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 73

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Des Moine, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Earl — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Margaret — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-10-7853

17. INFORMANT'S OWN SIGNATURE: Belle Anderson — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Incident to age

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* did not attend, *mev* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: May 25, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-27-1953

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 27-1953

REGISTRAR'S SIGNATURE: Mrs Walter E. Fatrie

25. FUNERAL DIRECTOR — ADDRESS: Howard Peckham Blackfoot

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1714
Local Reg. No. 97
Reg. Dist. No. 600

BIRTH NO. 111-53-5279

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 211 So. Shilling Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Sandra
b. (Middle): Elizabeth
c. (Last): Pingel

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 27, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Henry Pingel
BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: Rachel Elizabeth Fackrell
BIRTHPLACE: Blackfoot, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Joseph H. Pingel
ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 769.5 Prematurity 7½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremic Eclampsia of mother necessitating
DUE TO (c) Caesarean section

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, *19*53, *to* May 27, *19*53, *that I last saw the deceased alive on* May 27, *19*53, *and that death occurred at* 1:44 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: May-29-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1.15
Local Reg. No. 79 1715
Reg. Dist. No. 601

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAY 11 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Leonard
c. (Last): Peterslie

4. DATE OF DEATH (Month) (Day) (Year): May 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 19, 1925
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Oil Products
11. BIRTHPLACE (State or foreign country): Sentinel Bute N. Dakota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otto Peterslie — BIRTHPLACE: Wis.,
14. MOTHER'S MAIDEN NAME: Bertina Olsen — BIRTHPLACE: Minn.,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 11
16. SOCIAL SECURITY NO.: 501-22-6629
17. INFORMANT'S OWN SIGNATURE: Alvin Peterslie — ADDRESS: Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

810X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Internal injuries
DUE TO (c): Train & truck Accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Firth Idaho Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 1 1953 12:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Train Struck Truck. On Crossing

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Trolin Coroner
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-3-53
24c. NAME OF CEMETERY OR CREMATORY: Sentinel Bute Cem
24d. LOCATION (City, town, or county) (State): Sentinel Butte N. Dakota

DATE REC'D BY LOCAL REG.: 5-2-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Floyd M Nalder — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1716
Local Reg. No. 78
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2yr, 1mo, 12da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle):
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 3 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: MARCH 6 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: WILLIAM H. BURT — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: SARAH CROUPER — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

304X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sanition — INTERVAL BETWEEN ONSET AND DEATH: 3 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Psychosis, Senile — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured Hip — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 16, 1951, *to* MAY 3, 1953, *that I last saw the deceased alive on* MAY 3, 1953, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles Sprague, M.D.
23b. ADDRESS: State Hosp. S. Blackfoot
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/May-53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: May 5 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR — ADDRESS: Reynolds Funeral Home By: Kenneth R. Ballantyne Twin Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1717
Local Reg. No. 180
Reg. Dist. No. 601

Certificate of Death

BIRTH NO. 111-53-5282 RECEIVED STATE OF IDAHO

MAY 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eaton Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Baby
b. (Middle)
c. (Last) Richards

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 5-1-53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 36 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---------- 02
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (State or foreign country) Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elmo K. Richards BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Melva Lamb BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE R#1 ADDRESS Shelley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Elmo K Richards

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) a Premature birth

DUE TO (c) 62 mos.

INTERVAL BETWEEN ONSET AND DEATH 3 days.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1- *, 19*53*, to* 5-3- *, 19*53*, that I last saw the deceased alive on* May 3, *, 19*53*, and that death occurred at* 12:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 404 (Degree or title)
23b. ADDRESS Shelley Ida
23c. DATE SIGNED 5-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-4-53
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cem
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 5-4-1953
REGISTRAR'S SIGNATURE Mrs Chalar E. Patrick
25. FUNERAL DIRECTOR Lloyd M Nalder ADDRESS Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 15 1953

Certificate of Death

STATE OF IDAHO

State File No. 1718
Local Reg. No. 87
Reg. Dist. No. 601

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 9M. 17 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPTIAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ORSON b. (Middle) JAMES c. (Last) ALFORD

4. DATE OF DEATH: (Month) MAY (Day) 7 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 1887

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER ok

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OGDEN, UTAH

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JOHN ALFORD
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: MARY JANE DRAKE
BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W Lamont
ADDRESS: RECORDS STATE HOSPTIAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 304 Transition — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis Senile — 2 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JULY 18, 19 52, *to* MAY 7, 19 53, *that I last saw the deceased alive on* MAY 7, 19 53 *and that death occurred at* 10:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.

23b. ADDRESS: State Hosp. S. Blackfoot

23c. DATE SIGNED: 5-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-14-53

24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South Cem.

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: May 14 1953

REGISTRAR'S SIGNATURE: Mrs Evalin E. Partington

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1719
Local Reg. No. 81
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 1,

3. NAME OF DECEASED (Type or Print)
a. (First): ELI
b. (Middle): TONIS
c. (Last): KELLER

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Mantua, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Morgan Keller, BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna Patricia Larsen, BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl O Keller ADDRESS: Rt. 1 Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 161X Aspiration of Mucous Plug — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Tracheotomy tube due to removal of Vocal Cord — 8 months
DUE TO (c) Ca of Vocal Cords — 1½ years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: Sept. 1953
19b. MAJOR FINDINGS OF OPERATION: Ca of Vocal Cords.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* May 7, 1953, *that I last saw the deceased alive on* April 15, 1953, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. C. Miller M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-53
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery,
24d. LOCATION (City, town, or county) (State): Moreland, Bingham Idaho

DATE REC'D BY LOCAL REG.: May-9-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1720
Local Reg. No. 53
Reg. Dist. No. 601

BIRTH NO.

STATE OF IDAHO

RECEIVED MAY 15 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. South of Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Blackfoot
d. STREET ADDRESS (If rural, give location): 3 mi. South of Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First): Sam
b. (Middle):
c. (Last): Weiser

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1953

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: About 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: on Farm
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Kogop — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Hudson Trant. — ADDRESS: Blackfoot, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

611X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Euremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatitis — years

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend *to* Deceased, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard Packham (Degree or title) Funeral Director
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-53
24c. NAME OF CEMETERY OR CREMATORY: Gibson Mission Cemetery
24d. LOCATION (City, town, or county) (State): Gibson, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May-11-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1721
Local Reg. No. 84
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 13yr, 1mo, 7da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle):
c. (Last): TALBOT

4. DATE OF DEATH (Month) (Day) (Year): MAY 8 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed ~~UNKNOWN~~
8. DATE OF BIRTH: MARCH 24, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN - Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LINCOLN, NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James Cracraft — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ella Leonard — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Arteriosclerotic — 15 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 4, 1950, *to* MAY 8, 1953, *that I last saw the deceased alive on* MAY 8, 1953, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 5-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 9, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: May 9 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1722
Local Reg. No. 83
Reg. Dist. No. 601

BIRTH NO.

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY RURAL

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUIS	J.	BIRCH	MAY	9	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	MARRIED	FEBRUARY 11 1887	66	2	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: c4
11. BIRTHPLACE (State or foreign country): ST. ANTHONY, IDAHO
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: WILLIAM BIRCH — BIRTHPLACE: COALVILLE, UTAH
14. MOTHER'S MAIDEN NAME: ELIZABETH WHITE — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: (illegible) — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs.
DUE TO (c) Previous "Stroke" since 1946 — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY 2, 19 53, *to* MAY 9, 19 53, *that I last saw the deceased alive on* MAY 9, 19 53, *and that death occurred at* 12:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Hoagsen M. D.	State Hosp. So. Blackfoot	5-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	May 13, 53	Stanford	St. Anthony, R Fst #2, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 14 1953	Mrs Charles E. Valerie	M. L. Hansen	St Anthony Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED MAY 15 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1723
Local Reg. No. 86
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.W. (Blackfoot Sugar Co.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rio Grande City
d. STREET ADDRESS (If rural, give location): Route #1 Box 120

3. NAME OF DECEASED (Type or Print)
a. (First): Maria
b. (Middle): Bazan
c. (Last): Gonzalez

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1953

5. SEX: Female
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Own home & farm
11. BIRTHPLACE (State or foreign country): La Casita Ranch, Starr Co. Tex
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victoriano Bazan — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Petra Barrera — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 454-34-7573
17. INFORMANT'S OWN SIGNATURE: Romulo Rodriguez — ADDRESS: Rt. #1 Rio Grande

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23, 1953, *to* May 11, 1953, *that I last saw the deceased alive on* May 11, 1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Packer (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: La Puerta Cemetery
24d. LOCATION (City, town, or county) (State): Starr County, Texas

DATE REC'D BY LOCAL REG.: May-12-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patine
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1724
Local Reg. No. 100
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BINGHAM
b. CITY OR TOWN Shelley
LENGTH OF STAY (in this place) 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Laura	Ann	Peck	May	16	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 13, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) American Fork Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Smith Rowley	England	Lydia Young Morse	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-30-0717
17. INFORMANT'S OWN SIGNATURE Mae Grant Butler ADDRESS Shelley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rectal Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3-52, 19___, *to* 5-10-53, 19___, *that I last saw the deceased alive on* 5-10-53, 19___, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Neal L. Smith (Degree or title) M.D.
23b. ADDRESS Shelley Ida
23c. DATE SIGNED 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-20-1953
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG. 5-20-1953
REGISTRAR'S SIGNATURE Myrtle E. Talbot
25. FUNERAL DIRECTOR ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1725
Local Reg. No. 88
Reg. Dist. No. 601

BIRTH NO.

RECEIVED MAY 21 1953 OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 7 mo 23 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 656 West Lewis

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Olsen
c. (Last): Witty

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 22, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 7, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apartment Owner 74
10b. KIND OF BUSINESS OR INDUSTRY: Landlord
11. BIRTHPLACE (State or foreign country): Albert Lea, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jens Peter Olsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Maren Nielson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Records - State Hosp. So. Blackfoot — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

974X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): hanging

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 16, 1953 5:55a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: hanging by silk stocking

22. *I hereby certify that I attended the deceased from* Did not attend *to* Deceased- *, 19___, that I last saw the deceased* did not see her aliv *alive on _____, 19___, and that death occurred at* 5:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A Trolin — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: May 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Bannock Cty, Idaho

DATE REC'D BY LOCAL REG.: May 18-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1726
Local Reg. No. 93
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (If in place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Road, So. Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Bannock Road, South of Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): George
c. (Last): Bannock

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: about 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Ross Fork Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Billy George — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Wetuotse — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Monroe Bannock — ADDRESS: Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Debility — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (No apparent cause except that patient refused to eat and just wanted to die)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

794X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 30, 1953 *to* May 2, 1953, *that I last saw the deceased alive on* May 2, 1953, *and that death occurred at* 6:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller 255 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-53
24c. NAME OF CEMETERY OR CREMATORY: Gibson Mission Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: May 22 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1927
Local Reg. No. 92
Reg. Dist. No. 607

BIRTH NO.

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN: BLACKFOOT
c. LENGTH OF STAY in this place: 41 Yr. 22D
d. FULL NAME OF HOSPITAL OR INSTITUTION: STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CUSTER
c. CITY OR TOWN: CHALLIS,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAM		ATKINSON	MAY	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	W.	WIDOWED	APRIL 20, 1877	76	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN — BIRTHPLACE: NOT KNOWN
14. MOTHER'S MAIDEN NAME: NOT KNOWN — BIRTHPLACE: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Hamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Organic — 10 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* MAR. 28, 19 49, *to* MAY. 20, 1953, *that I last saw the deceased alive on* May 20, 19 53, *and that death occurred at* 6:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague M.D.	State Hosp. So. Blackfoot	5. 21. 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-26-53	State Hosp. So. Cem.	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 26 1953	Mrs. Cealia E. Tanner	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1728
Local Reg. No. 91
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7yrs, 6mo11da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOMEDALE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): HENRY
c. (Last): DUTCHER

4. DATE OF DEATH (Month) (Day) (Year): MAY 20 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 28, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 10, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: OREN DUTCHER — BIRTHPLACE: NEW YORK
14. MOTHER'S MAIDEN NAME: CLARA LINDS — BIRTHPLACE: KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: U. Lamonte — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334x Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Organic — 20 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 9, 1945, *to* MAY 20, 1953, *that I last saw the deceased alive on* MAY 20, 1953 *and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: May-26-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Amended June 5, 1953

Certificate of Death

STATE OF IDAHO

State File No. 1729
Local Reg. No. 93
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clifton	Ellsworth	Simons	May 26 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June 22, 1869	83	11	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		Garnet, Kansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Simons,	Pennsylvania	Elizabeth Cook	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	None	L B Richardson	Declo Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Septicemia	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Palmar abscess	4 days
II. OTHER SIsignificant CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Senile	10 Yrs.

692.3

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 14, 1953, *to* May 26, 1953, *that I last saw the deceased alive on* May 26, 1953, *and that death occurred at* 5:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Sprague, M.D. 414	State Hosp. So. Blackfoot	5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-26-53	Declo Cemetery	Declo, Cassia Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 26 1953	Mrs Valeria E. Patmore	Vern B. McCulloch	Burley Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

5-29-53

We have been unable to get any information for the certificate, until his relatives came in this morning from California, so we can not bury him until Monday.

[redacted]

Thank you

Leen

Original Copy Filed—
This is Corrected &
Completed Copy—

RECEIVED Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 95
Reg. Dist. No. 601

BIRTH NO.

MAY 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: BINGHAM

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT

c. LENGTH OF STAY (in this place): 12 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: CASSIA

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DECLO

d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLIFF		SIMONS	MAY 26 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	WIDOWER	UNKNOWN	83 ABOUT				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: W Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Septicemia	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Palmar abscess	4 days
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Senile	10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 14, 19 53, *to* MAY 26, 19 53, *that I last saw the deceased alive on* MAY 26, 19 53, *and that death occurred at* 5:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague, M.D.	State Hosp. So. Blackfoot	5.26.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5-26-53	Declo Cemetery	Burley, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 26-1953.	Mrs Walter E. Patmore	Vern B. McCulloch	Burley, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1530
Local Reg. No. 96
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 25D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1003-14th AVE SO.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): BURTON REEVES SR.

4. DATE OF DEATH (Month) (Day) (Year): MAY 28 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 20, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE & INSURANCE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SANDYVILLE, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRANK REEVES — BIRTHPLACE: DOWINGTON, OHIO
14. MOTHER'S MAIDEN NAME: LUCINDA IRVIN — BIRTHPLACE: DOWINGTON, OHIO

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 570.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ileus — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Inanition — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 4 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* APRIL 9, 1953, *to* MAY 28, 1953, *that I last saw the deceased alive on* May 27, 1953, *and that death occurred at* 5:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 28-1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: May 28-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls,

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1731
Local Reg. No. 98
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, Groveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Firth
d. STREET ADDRESS (If rural, give location): ½ mi. North of Firth, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Kirk
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 24, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher 54
10b. KIND OF BUSINESS OR INDUSTRY: On Ranch
11. BIRTHPLACE (State or foreign country): Colorado Springs, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus Williams — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Laura Colcord — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-18-6780
17. INFORMANT'S OWN SIGNATURE: Mrs. Perry Brewington — ADDRESS: Firth

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Glioblastoma multiforme — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia

19a. DATE OF OPERATION: 26 Feb. 53
19b. MAJOR FINDINGS OF OPERATION: Glioblastoma multiforme
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Mar, 1953, *to* 28 May, 1953, *that I last saw the deceased alive on* 11 May, 1953, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge 179 — (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 1-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 4 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 99
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 29yr, 5m, 13d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): B.
c. (Last): MANKEY

4. DATE OF DEATH (Month) (Day) (Year): MAY 30 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: NOV. 20, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DELMONT WISCONSIN
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Kamont RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Gallbladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG. 6, 19 24 *to* MAY 30, 19 53, *that I last saw the deceased alive on* MAY 30, 19 53, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Hoagen M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Mausoleum & Crematory
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: June 1-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Dr W.O.P. SAVIER

State File No. 1733
Local Reg. No. 17
Reg Dist. No. 410

BIRTH NO.

1 PLACE OF DEATH
a. COUNTY: Ketchum, Blaine Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3 NAME OF DECEASED (Type or Print)
a. (First): Lina ~~Kubler~~
b. (Middle): Kubler
c. (Last): Ardon

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): John G. Ardon

8. DATE OF BIRTH: May 19, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 11 Days 11
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman-Housewife

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Zurich, Switzerland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: KUBLER,
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: LOUISE
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No, No.

16. SOCIAL SECURITY NO: 547-32-2445

17. INFORMANT'S OWN SIGNATURE: John G. Ardon
ADDRESS: Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HEPATIC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 6 WKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARCINOMATOSIS — 2 Yrs
DUE TO (c): CANCER OF BREAST — 5 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4.18, 1953, *to* 4.30, 1953, *that I last saw the deceased alive on* 4.30, 1953, *and that death occurred at* 6:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence Dale Saviers, M.D.
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: May 7 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3rd 53
24c. NAME OF CEMETERY OR CREMATORY: Hailey Masonic Plot
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: May 15-1953
REGISTRAR'S SIGNATURE: Robert H. Wright per Ray McGoldrick Dep. Reg.
25. FUNERAL DIRECTOR:
ADDRESS: Hailey, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 734
Local Reg. No. 19
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) Smith c. (Last) Brooks

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 12 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 4 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel-Theatre owner & Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus S. Brooks
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Selma
BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bill Brooks
ADDRESS: Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) Hypertension — Several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

321X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Nov, 19[illegible] *to* May 10, 19 53, *that I last saw the deceased alive on* May 10, 19 53, *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 26 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-53
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: June 2-1953
REGISTRAR'S SIGNATURE: Robert H. Wright per ecBr.
25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1735
Local Reg. No. 18
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY in this place 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) William c. (Last) Titus
4. DATE OF DEATH (Month) (Day) (Year) 5 - 19 - 53
5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SARAH BELLE
8. DATE OF BIRTH 4-20-1886
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months — Days 29 IF UNDER 24 HRS. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner - Logger - Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denver Colo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clint Titus
BIRTHPLACE Wis
14. MOTHER'S MAIDEN NAME Rachel Brinkerkoph
BIRTHPLACE unknown
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sarah Belle Titus
ADDRESS Ketchum

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2417 Congestive Heart failure Typ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 19 52, to 4/20, 19 53, *that I last saw the deceased alive on* 4/20, 19 53, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE, M.D. (Degree or title) Orin R Monty M.D.
23b. ADDRESS Sun Valley Idaho
23c. DATE SIGNED 5/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 5-22-53
24c. NAME OF CEMETERY OR CREMATORY Ketchum
24d. LOCATION (City, town, or county) Ketchum (State) Idaho

DATE REC'D BY LOCAL REG. May 24-53
REGISTRAR'S SIGNATURE Robert H. Wright - per letter.
25. FUNERAL DIRECTOR Ray McGoldrick
ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 - 1953

NON-RESIDENT Certificate of Death

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

State File No. 1736
Local Reg. No. 21
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Oregon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 2141 N-W Davis Street

3. NAME OF DECEASED (Type or Print): a. (First) Huntington; b. (Middle); c. (Last) Malarkey

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, ~~WIDOWED~~, DIVORCED (Specify): Kathleen

8. DATE OF BIRTH: Dec., 1 1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 5 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Lumber Mfg.

10b. KIND OF BUSINESS OR INDUSTRY: Plywood, Etc.

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James A. Malarkey
BIRTHPLACE: Portland Ore.

14. MOTHER'S MAIDEN NAME: Fannie E. Holman
BIRTHPLACE: Portland, Ore.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: –

17. INFORMANT'S OWN SIGNATURE: Everett B. Taylor
ADDRESS: Sun Valley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

146X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Nasopharynx
INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Sept, 1952, to May, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 10:25 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John R. Monty MD

23b. ADDRESS: Sun Valley Ida

23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-29-53

24c. NAME OF CEMETERY OR CREMATORY: Portland

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: June 3-1953

REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W. Ray McGoldrick

25. FUNERAL DIRECTOR: Ray McGoldrick
ADDRESS: Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 1737
Local Reg. No. 28
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 1889
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) TILLIE b. (Middle) W. c. (Last) KITTSMILLER

4. DATE OF DEATH (Month) (Day) (Year) 5-27-53

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) THOMAS E.
8. DATE OF BIRTH 1-27-1883
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 4 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY Public schools
11. BIRTHPLACE (State or foreign country) Galena Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Walker BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Ann Gavin BIRTHPLACE England

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Clara Kitzmiller ADDRESS Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH Several Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b) Hypertension Heart Disease — Several years
DUE TO (c) Hypertension — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952 *to* May 27, 1953 *that I last saw the deceased alive on* May 27, 1953 *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title) M.D.
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 2 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 5-29-53
24c. NAME OF CEMETERY OR CREMATORY Hailey I.O.O.F.
24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. June 3-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per [signature]
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3738
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
c. LENGTH OF STAY (in this place): - - - - -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles north of Horseshoe Bend

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Box 175

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	RICHARD	PETERSON, Jr.	May 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	January 7, 1925	28	4	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker 13	Trucking	New Plymouth, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Peterson	Iowa	Lilly Stuve	Harrison, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	- - - - - -	Mrs. Beatrice Peterson	New Plymouth, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries with severe hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) into lungs, multiple fractures of lower jaw
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - -	- - - - -	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hiway 15 - 3 miles	north of Horseshoe Bend, Boise County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 27, 1953 10:30pm	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Hit river bridge in car

22. *I hereby certify that I attended the deceased from* May 27 *, 1953, that I last saw the deceased alive on* [illegible] *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

made inquiry on and found that death occurred at

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Acting Coroner	Horseshoe Bend, Idaho	May 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-burial	May 27, 1953	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 1 - 1953	Mrs. E.S. Robison	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1739
Local Reg. No. 47
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1st Lutheran Church

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	ANDREW	OLSON SR.	May	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 20, 1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill superintendent	Lumber mill	Minneapolis, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Olson	Trondheim Norway	Anna Falmo	Trondheim Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-2044	Thomas C. Olson	Rt.#2 Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Insufficiency Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March *19* 52, *to* May 17, *19* 53, *that I last saw the deceased alive on* May 17, *19* 53, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
595 Harry H. Iverson, MD	Sandpoint Idaho	5/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/23/53 13	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 27 - 1953	Merlene Oates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1740
Local Reg. No. 48
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 South Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 324 South Boyer

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH b. (Middle) MARIAH c. (Last) MORRELL

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 18, 1860

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hingham, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Seigrist
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J. K. Morrell
ADDRESS: Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arterio Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1943, *to* May 21, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 9.03 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler MD (Degree or title)

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: May 23 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/25/53 01

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: May 27, 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1741
Local Reg. No. 49
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1011 N. Ruth

3. NAME OF DECEASED (Type or Print)
a. (First): ROSALIA
b. (Middle): PAULINE
c. (Last): SCHEUCH

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Horace, North Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Peterson — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harry J Scheuch — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Feb 53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas with Metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Feb, 1953, *to* May 27, 1953, *that I last saw the deceased alive on* May 27, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J P Munson MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 28 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: May 29 1953
REGISTRAR'S SIGNATURE: Merlene Oates
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1742
Local Reg. No. 50
Reg. Dist. No. 110

Certificate of Death

RECEIVED JUN 1 - 1953 VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 719 Cedar Street
LENGTH OF STAY (in this place): 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 719 Cedar St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GEORGE	HENRY	CRITCHELL	May	27,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Aug. 7, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): log scaler
10b. KIND OF BUSINESS OR INDUSTRY: lumber mill
11. BIRTHPLACE (State or foreign country): Rochester, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Henry Critchell	Scotland	Edith Gray	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	318-05-2653	Kenneth L Critchell	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic carcinoma — 1 1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1, 1935, *to* May 27, 1953, *that I last saw the deceased alive on* May 26, 1953, *and that death occurred at* 3 25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Tyler MD	Sandpoint Idaho	5-28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/29/53	Lakeview Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 29 1953	Merlene Dates	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1743
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ mi. North Highway 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route #1 2½ mi. North Highway 95

3. NAME OF DECEASED (Type or Print)
a. (First): LUTHER
b. (Middle): ARLINGTON
c. (Last): VANCE

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fox fur farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Fox farming
11. BIRTHPLACE (State or foreign country): Palmyra, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Jasper Vance — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Phoebe Wylie — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Myra V. Trendt — ADDRESS: Rolling Bay WN

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular Disease Renal — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 470 — (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: May 29, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/3/53 05
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 6/9/53
REGISTRAR'S SIGNATURE: Grace Ralph.
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 44
Local Reg. No. 51
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 718 North Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 718 North Boyer

3. NAME OF DECEASED (Type or Print): a. (First) HILDA b. (Middle) MARIE c. (Last) HAGERMAN

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 3 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Oslo, Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Torres Boye
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Cecil Tibbetts
ADDRESS: Sandpoint, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4222

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Left Ventricular Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 30, 1953, *to* May 30, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Munson 659
(Degree or title): MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/4/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1953

REGISTRAR'S SIGNATURE: Merlene Oates

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1745
Local Reg. No. 101
Reg. Dist. No. 110

Certificate of Death

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): County Farm

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle):
c. (Last): CARLSON

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 74 ? IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arterio Sclerosis — 5 yr
DUE TO (c) Hemiplegia — 3½ mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral Arterio Sclerosis — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 19, 1953, *to* May 31, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 W F Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: June 4 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 6/11/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 1746
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. no. of Kootenai store

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1012 Hickory

3. NAME OF DECEASED (Type or Print): a. (First) KARIN b. (Middle) MAGDALENA c. (Last) HOLTON

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 11, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Savar, Savarberg, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nils Bergstrom
BIRTHPLACE: Savar, Sweden

14. MOTHER'S MAIDEN NAME: Christina Carolina Beckstrom
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Don La Moreaux
ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 22 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* May 27, 1953, *that I last saw the deceased alive on* May 24, 1953, *and that death occurred at* 3:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 6/8/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1747
Local Reg. No. 106
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 554 L.Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 554 L.Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hugh	Caldwell	Martin	April	16,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 26, 1877	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Evanston, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh C. Martin	Scotland	Jane Watterson	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fuller Martin — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral Hemorrhage	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 4-16-, 19 53 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hatch MD	Idaho Falls	4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/20/53	Shelton Cemetery	Ririe, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 27-53	Anna Rudger	Jack A. Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

McGill

Certificate of Death

STATE OF IDAHO

State File No. 1748
Local Reg. No. 103
Reg. Dist. No. 616

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Henry c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) April - 17, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 15 - 1879
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 0 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jameston Colorado
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Williams BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Laura Emanuel BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Walter E. Williams ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 16 X Collapse of Right lung. — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abscess right lung — months
DUE TO (c) Carcinoma of Right lung — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/16/53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Right lung.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/13, 1953, *to* 4/17, 1953, *that I last saw the deceased alive on* 4/16, 1953, *and that death occurred at* 1:00 Am, *from the causes and on the date stated above.*

23a. SIGNATURE Vanly Singel, Mod. (Degree or title)
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - 1
24b. DATE April 21-1953
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. May 19-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

State File No. 749
Local Reg. No. 88
Reg. Dist. No. 610

BIRTH NO.

JUN 1 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) c. (Last) Lungman

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 26, 18 73

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winston Co., Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: E. R. Lawrence BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME: Mary Ann Ratiff BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clifford A. Lungman ADDRESS: Logan, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 170X Cancer Ca of Breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-20, 1952, *to* 4-27, 1953, *that I last saw the deceased alive on* 4-27, 1953, *and that death occurred at* 12-35P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch (Degree or title) MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 5/1/53

24c. NAME OF CEMETERY OR CREMATORY: Richmond Cemetery

24d. LOCATION (City, town, or county) (State): Richmond, Utah

DATE REC'D BY LOCAL REG.: April 30-1953

REGISTRAR'S SIGNATURE: Emma Bridgen

25. FUNERAL DIRECTOR: Jack A. Wood ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 750
Local Reg. No. 94 1750
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 428 5th Street

3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) LAWRENCE c. (Last) McMURRY

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH October 4, 1871

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert M. Lawrence
BIRTHPLACE No record

14. MOTHER'S MAIDEN NAME Margaret Murlin
BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Henry L. McMurry
ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2, 1952 *to* 5-5, 1953, *that I last saw the deceased alive on* May 5, 1953, *and that death occurred at* 1:55A. m., *from the causes and on the date stated above.*

23a. SIGNATURE John C. McMullin (Degree or title) M. D.

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE May 6, 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Westwood (State) New Jersey

DATE REC'D BY LOCAL REG. May 6-1953

REGISTRAR'S SIGNATURE Irma Briggs

25. FUNERAL DIRECTOR Orland LeBeck
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1751
Local Reg. No. 102
Reg. Dist. No. 610

BIRTH NO.

STATE OF IDAHO

MAY 25 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN Idaho Falls (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (at this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY
c. CITY OR TOWN Declo (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thelma	Davis	Perry	May 7 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	June 18, 1915	37	10	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H. R. Davis		Ethel Thomas	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Kenneth Perry	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic glomerular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	No	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-5, 1953, *to* 5-7, 1953, *that I last saw the deceased alive on* 5-7, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Bates	Box 226 Idaho Falls, Ida	5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 7-1953	Malad City Cemetery	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 18-1953	Anna Bridges	Geo A. Williams	Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1752
Local Reg. No. 104
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (If not in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 259 W. 16th

3. NAME OF DECEASED (Type or Print)
a. (First) Nora
b. (Middle) Mooso
c. (Last) Hjort

4. DATE OF DEATH (Month) (Day) (Year) May 7 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 5 - 1885
9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months 5 Days 2
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Farmington, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Water M. Mooso
BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Mary E. Smith
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Spencer Hjort
ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with abdominal about 2 yrs.
DUE TO (c) Carcinomatosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/11/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon with metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* May 7, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 48 *m., from the causes and on the date stated above.*

23a. SIGNATURE Dandy Angel (Degree or title) M.D.
23b. ADDRESS 383 F St. Idaho Falls
23c. DATE SIGNED 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/11/53
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. May 19 - 1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams
ADDRESS Idaho Falls Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1753
Local Reg. No. 100
Reg. Dist. No. 610

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 150 South Clark Street

3. NAME OF DECEASED (Type or Print)
a. (First): SUSANNAH
b. (Middle): KATHRYN
c. (Last): HAYES

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 12, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Morgan, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Black. BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Amelia Heiner. BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Richard W Hayes — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 10 yrs.
DUE TO (c): Hypertension + Dropsy — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 10 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1953, *to* May 8, 1953, *that I last saw the deceased alive on* May 8, 1953, *and that death occurred at* 3:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-53
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: May 18-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: A. W. Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1754
Local Reg. No. 109
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palisades
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) c. (Last) Chroninger

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jackson, Minnoesta

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Erick Thompson — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Sarah Jorhl — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Frank Chroninger — ADDRESS: Palisades, Ida ho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

***MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Contusion Left eye — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Palisades Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 2, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Blow on head

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 9, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 2-50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/12/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 27-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Ida

Jack A. Wood

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 755
Local Reg. No. 99
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 W 1 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 517 N. Johnson

3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) F. c. (Last) GREEN

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept 28, 1878

9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Police

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stephen Green | BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown | BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Hail Green | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

195X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal gland tumor

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with metastases to liver

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. duodenal ulcer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 1953 *to* 5/11/53, 19___, *that I last saw the deceased alive on* 5/11/53, 19___, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John S. McMillan M.D.

23b. ADDRESS 355 E St. Idaho Falls

23c. DATE SIGNED 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE May 12-1953

24c. NAME OF CEMETERY OR CREMATORY Mountain View Cem

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. May 15-1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Howard Funeral Home by John R. Howard

ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1756
Local Reg. No. 110
Reg. Dist. No. 610

BIRTH NO. 111-53-5574

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) STEVEN b. (Middle) GLEN c. (Last) RUDD

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 13, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wendell Rudd, BIRTHPLACE: Parker, Idaho

14. MOTHER'S MAIDEN NAME: Veronna Shosted, BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl J. Rudd ADDRESS: Parker, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

76210

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Davis (Degree or title): MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 16 May 53

24c. NAME OF CEMETERY OR CREMATORY: Parker

24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: June 3-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: M. D. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 119
Local Reg. No. 119
Reg. Dist. No. 610

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Jane c. (Last) Starkey Simmons

4. DATE OF DEATH (Month) (Day) (Year) May 28 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb 1 1864

9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months 3 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Drointon, Staffordshire, Eng.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Francis Starkey | BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Jane Mathews | BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Dora E. Rasmussen | ADDRESS Ucon Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* May 3, 1953 *to* May 28, 1953, *that I last saw the deceased alive on* May 28, 1953, *and that death occurred at* 4:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 421 Leon Hall M.D.

23b. ADDRESS Rigby Idaho

23c. DATE SIGNED 6/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 1 1953

24c. NAME OF CEMETERY OR CREMATORY Ucon Cemetery

24d. LOCATION (City, town, or county) (State) Ucon, Idaho

DATE REC'D BY LOCAL REG. June 16-53

REGISTRAR'S SIGNATURE Lena Bridges

25. FUNERAL DIRECTOR Leo A. Williams | ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

20-11

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1758
Local Reg. No. 131
Reg. Dist. No. 610

BIRTH NO. 7

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lillie	Hill	Miller	May 29 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married -	March 1 - 1886	67		28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife -		Lewisville, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hill	?	Mary Clifford	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Lola Hampton	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stroke
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A R Faull M D		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal -	June 3 - 1953	Goshen Cemetery	Shelley - Idaho K-2

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
June 16 - 53	Lena Rudger	Leo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1359
Local Reg. No. 113
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony (Rural)
d. STREET ADDRESS (If rural, give location) RFD#1

3. NAME OF DECEASED (Type or Print) a. (First) NORMA b. (Middle) JEAN c. (Last) PETERSON

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953

5. SEX FeMale
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 14, 1951
9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Schools
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Chester Peterson BIRTHPLACE St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME Cleova Loveland BIRTHPLACE Rexburg, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Chester L Peterson ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia 592X
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Glomerulonephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 1953, to May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 3:52A m., *from the causes and on the date stated above.*

23a. SIGNATURE John L. McMillin (Degree or title) M.D.
23b. ADDRESS 355 F Street.
23c. DATE SIGNED 6/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4 June 53
24c. NAME OF CEMETERY OR CREMATORY Wilford
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. June 5-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR M. L. Hansen ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 50
Local Reg. No. 101
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garfield Rural
c. LENGTH OF STAY (in this place): 9 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garfield
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) MICHEAL b. (Middle) RAY c. (Last) DERMER

4. DATE OF DEATH: (Month) (Day) (Year) May 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 31, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 9 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (State or foreign country): Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John William Dermer. BIRTHPLACE: Centerville, Pa.

14. MOTHER'S MAIDEN NAME: Anna Catherine Shaffer. BIRTHPLACE: Bedford, Pa.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: John Dermer ADDRESS: #1 Rigby, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown Causes, either strangulation on milk or in blanket

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Few minutes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rigby, Rt 1, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 11, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Unknown Found dead on arrival.

22. *I hereby certify that I attended the deceased from* none, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall. (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-14-53

24c. NAME OF CEMETERY OR CREMATORY: Ucon

24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: May 18-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Bruce A. Schmell ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1751
Local Reg. No. 110
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Ritchie c. (Last) Stanger

4. DATE OF DEATH: (Month) (Day) (Year) May 17, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 1, 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Weber, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James R Ritchie
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Hannah B Bright
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. C. J. Robinson
ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 442X Chronic myocarditis & endocarditis
INTERVAL BETWEEN ONSET AND DEATH: Indef.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile nephritis & arteriosclerosis
Indef.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility (93)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 19, 52 *to* May 17, 53, *that I last saw the deceased alive on* May 16, 53, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John O. Mellor MD

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: May 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/21/53

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: May 27-1953

REGISTRAR'S SIGNATURE: Anne Rudges

25. FUNERAL DIRECTOR: Jack A Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural
LENGTH OF STAY (in this place) one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Preston Schultz ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moravia
d. STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) a. (First) Keith b. (Middle) Laverne c. (Last) Shirts
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH June 28, 1936
9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Wapato Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Floyd Shirts BIRTHPLACE Wayne County Neb.
14. MOTHER'S MAIDEN NAME Vivian Barns BIRTHPLACE Limon Colorado
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Floyd Shirts ADDRESS Moravia Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: at once

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm
21c. (CITY, TOWN, OR TOWNSHIP) District one (COUNTY) Boundary (STATE) Idaho
21d. TIME OF INJURY (Month) May (Day) 6 (Year) 1953 (Hour) 11 pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? fell asleap at work. Tractor ran into slough.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE E. V. Whitney (Degree or title) Coroner
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED May 8, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE May 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Boundary County Idaho
DATE REC'D BY LOCAL REG. 5-11-53
REGISTRAR'S SIGNATURE C. M. Bonner
25. FUNERAL DIRECTOR E. V. Whitney ADDRESS Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

MAY 15 1953

STATE OF IDAHO

State File No. 1703
Local Reg. No. 15-53
Reg. Dist. No. 100

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Collins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kathryn
b. (Middle): Myrtle
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): May 7 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 16, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hain — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ted Slater — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured Hip — 5/21/52

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 21, 1952, *to* May 7, 1953, *that I last saw the deceased alive on* May 1, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Bowell — (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May, 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 5-11-53
REGISTRAR'S SIGNATURE: R. M. Bowell
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
Certificate of Death
JUN 1 - 1953
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16 - 53
Reg. Dist. No. 100

BIRTH NO. 111-53-5438

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): IIhrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: infant
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Lora; b. (Middle) Ellen; c. (Last) White

4. DATE OF DEATH: (Month) May (Day) I6 (Year) I953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: May I5,I953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours II Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Douglas White
BIRTHPLACE: Troy Montana

14. MOTHER'S MAIDEN NAME: Betty Lou Lensinger
BIRTHPLACE: Missoula Mont.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE: Douglas White
ADDRESS: Troy Montana

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 776 X 26 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Labor

DUE TO (c) Twin Pregnancy

INTERVAL BETWEEN ONSET AND DEATH: 11 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1953, *to* May 16, 1953, *that I last saw the deceased alive on* May 15, 1953 *and that death occurred at* 8 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Bowell (Degree or title) M.D.

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 5-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 5-30-53

REGISTRAR'S SIGNATURE: R. M. Bowell

25. FUNERAL DIRECTOR: E. H. Hibbs
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...65
Local Reg. No. 17-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Copeland
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Son Paul Curless

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Copeland
d. STREET ADDRESS (If rural, give location): I mile N.E. of Copeland Cemete

3. NAME OF DECEASED (Type or Print)
a. (First): Alva
b. (Middle): Hall
c. (Last): Curless

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 10, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Mercer County Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Curless — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Delia Garrison — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Paul Curless — ADDRESS: Copeland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 42211 Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1951, *to* May 26, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray Bowell — (Degree or title): M. D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Copeland Cemetery
24d. LOCATION (City, town, or county) (State): Copeland Township Idaho

DATE REC'D BY LOCAL REG.: 5/30/53
REGISTRAR'S SIGNATURE: Ray Bowell
25. FUNERAL DIRECTOR: E. H. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JUN 5 - 1953

Certificate of Death

State File No. ...
Local Reg. No. ...
Reg. Dist. No. ...

BIRTH NO. DIVISION OF VITAL STATE OF IDAHO

STATISTICS

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Arco
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) c. (Last) Crum

4. DATE OF DEATH (Month) (Day) (Year): May 28 - 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 24-1908
9. AGE (In years last birthday): 44 | IF UNDER 1 YEAR Months: 9 Days: 4 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): oil distributer
10b. KIND OF BUSINESS OR INDUSTRY: gas station
11. BIRTHPLACE (State or foreign country): Lakeside - Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. a

13. FATHER'S NAME: Charles Crum 36 BIRTHPLACE: ✓
14. MOTHER'S MAIDEN NAME: Mary BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): marine corps W. W. II 822,0
16. SOCIAL SECURITY NO.: 493-14-2615
17. INFORMANT'S OWN SIGNATURE: Chris Crum ADDRESS: Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apparently dosed at wheel of truck while driving & suddenly awaking, trying to bring truck back on highway causing it to turn over & burn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Midway Between Arco & Howe Butte Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/28/53 m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. Marvel Coroner Butte County
23b. ADDRESS: Arco P.O. 37 Idaho
23c. DATE SIGNED: 5/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: May 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Joplin - Mo.
24d. LOCATION (City, town, or county) (State): Joplin - Missouri

DATE REC'D BY LOCAL REG.: May 30-53
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. FUNERAL DIRECTOR: Betty J. Marvel ADDRESS: Arco.

Federal Security Agency
United States Public Health Service

Form DPH-48021 Body Embalmed 5/27/53 By W. S. Marvel at Arco #8332 5/27/53

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1507
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Camas
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | 5. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Macon Flat Range

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Lincoln
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Saturnino b. (Middle) Gogenola c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) May - 15 - 53

5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb - 11 - 1892 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 3 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY Sheep
11. BIRTHPLACE (State or foreign country) Amoroto Spain
12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME ? BIRTHPLACE Gogenola Spain
14. MOTHER'S MAIDEN NAME Marie BIRTHPLACE ? Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sig. by phone - Myrtle C. Burdett ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Body burns
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) clothing caught fire in camp wagon due
DUE TO (c) to stove explosion.

INTERVAL BETWEEN ONSET AND DEATH: about one half hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grazing land
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12 Mi East Fairfield Camas, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 15 1953 9 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Camp wagon & clothing caught fire

22. I hereby certify that I attended the deceased from 15 May, 1953, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at about 9 30 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mario J Kerns MD, Coroner
23b. ADDRESS Fairfield, Idaho
23c. DATE SIGNED 18 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May - 18 - 53
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) (State) Shoshone Idaho

DATE REC'D BY LOCAL REG. May 19 1953
REGISTRAR'S SIGNATURE John S. Edwards
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1768
Local Reg. No. 75
Reg. Dist. No. 360

Certificate of Death

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1 (Central Cove)

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Peter
c. (Last): Wiedman

4. DATE OF DEATH (Month) (Day) (Year): May 2-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: February 15, 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 2, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit Grower 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tipton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: John Adam Wiedman, Bavaria, Germany
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Catherine Roeser, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Klaas De Geus — ADDRESS: Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 6 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 1953, *to* May 2, 1953 *that I last saw the deceased alive on* May 2, 1953 *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 259 M Montgomery M5
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 5-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6-1953 08
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5/11/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: C V Peckham, Peckham-Daken Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1769
Local Reg. No. 76
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Georgia	Alice	Walker	May 3-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	August 13, 1879	73	8	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Detroit, Dickerson Co., Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Harriet Jones, — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mabel Schultz — ADDRESS: Caldwell Rt.6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

290.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pernicious Anemia — 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1953, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Caldwell Ida	5/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 7-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5/11/53	Agnes M Denman	Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
MAY 22 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1770
Local Reg. No. 77
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 12yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1120 albany

3. NAME OF DECEASED (Type or Print): a. (First) Vern b. (Middle) Wayne c. (Last) Wangsgard

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 24, 1939

9. AGE (In years last Birthday): 14
IF UNDER 1 YEAR Months: 2 Days: 15
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wangsgard
BIRTHPLACE: Afton, Wyoming

14. MOTHER'S MAIDEN NAME: Verna Stone
BIRTHPLACE: Newton, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John E Wangsgard. ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19__, *to* 5-9, 1953, *that I last saw the deceased alive on* 5-7, 1953, *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W J Hubler (Degree or title) MD

23b. ADDRESS: 221 E Logan St. Caldwell Ida

23c. DATE SIGNED: 5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/13/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Near Boise, Idaho

DATE REC'D BY LOCAL REG.: 5/12/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Caldwell Idaho

Lucy M. Flahiff

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 360

Certificate of Death
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Park Rest Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia Adeline b. (Middle) c. (Last) Hansen
4. DATE OF DEATH (Month) (Day) (Year) May 9- 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 1-1879
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wellsville, Cach Valley, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Meredieth Ames BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Margaret Booth BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Floyd G Hansen ADDRESS Wilder, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma of uterine cervix — INTERVAL BETWEEN ONSET AND DEATH 2+ years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* May 9, 1953 *that I last saw the deceased alive on* May 2, 1953 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE W R Hubler (Degree or title) MD
23b. ADDRESS 221 East Logan St Caldwell Idaho
23c. DATE SIGNED 5-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 12-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 5/28/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dalgan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

State File No. 1953
Local Reg. No. 81
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
JUN 1 - 1953
STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell DIVISION OF VITAL
c. LENGTH OF STAY (In this place) 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 209 Dearborn St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Coy	Lafayette	Collins	May 18-1953

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 28-1899	53	9	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Chief, Caldwell Fire Dept.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crawford, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE: Robert M. Collins, Grayson Co., Virginia
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Ellen Jennings, Grayson Co., Virginia

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-38-5722
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs. C. Collins, Caldwell

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot wound to
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) left Chest from Winchester
DUE TO (c) Rifle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Internal bleeding

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Caldwell, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18, 1953 9:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pulling gun from car towards him and discharged bullet deflecting from car

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F Alsip Jr Coroner	Nampa Idaho	5/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG. 6/27/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 83
Local Reg. No. 84
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Chapel

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #6

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Blanche c. (Last) Case
4. DATE OF DEATH (Month) (Day) (Year) May 19, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 5-1884
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 0 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pleasant Hill, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August F. Leck BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Ida Georganna Norcutt, BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Christian Case ADDRESS Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199 X Carcinomatosis of abdomen. type unknown
INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953, *to* May 19, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE John W Patterson (Degree or title) MD
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 22-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 5-28-53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Bakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 15 1953 VITAL STATISTICS

State File No. 17
Local Reg. No. 86
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Park Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hubert	Mortimer	Prevo	May 20-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 16, 1878	75	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired school teacher & farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Madaryville, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew W. Prevo — BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Mary Jane — BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs H. M. Prevo — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular disease — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none	none	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1940, *to* 20 May, 1953, *that I last saw the deceased alive on* 20 May, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. D. Simpson	M.D.	Caldwell	27 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 23-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG. 6/4/53
REGISTRAR'S SIGNATURE agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 89
Local Reg. No. 360
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #5

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn b. (Middle) Colton c. (Last) Butcher

4. DATE OF DEATH: (Month) (Day) (Year) May 21-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 16, 1905

9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR Months: 2 Days | IF UNDER 24 HRS. Hours | Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Concord, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer C. Keefer, BIRTHPLACE: Reeseville, Wisconsin

14. MOTHER'S MAIDEN NAME: Jennie Colton, BIRTHPLACE: Reeseville, Wisconsin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE: [signature], ADDRESS: Caldwell Rt. 5

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 30, 1953, *to* May 21, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 6:08 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. K. Hubler (Degree or title) M.D.

23b. ADDRESS: 221 East Logan St Caldwell Idaho

23c. DATE SIGNED: May 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG. 5/28/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Pakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]16
Local Reg. No. 88
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1523 Dearborn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1523 Cleve.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Gilbert c. (Last) Conley

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: Sept 3, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 8 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rio, Ill.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Michael T. Conley
BIRTHPLACE: Henderson, Ill.

14. MOTHER'S MAIDEN NAME: Margaret E. Mc Murtry
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT'S OWN SIGNATURE: Kathryn A Conley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 222 Lewis E Lewis MD

23b. ADDRESS: 220 E Logan

23c. DATE SIGNED: 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-27-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6/8/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham - Dakan Chapel
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

State File No. 5
Local Reg. No. 115
Reg. Dist. No. 36-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1123 Rosenlaf Ave

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) c. (Last) LARSEN

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1870

9. AGE (In years last birthday): 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lars Rasmussen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mette Marie BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Christine Larson ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer prostate & Metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: one year ago Prostatectomy

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 53, 19__, *to* 4-12, 1953, *that I last saw the deceased alive on* 4-12, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H P Behm MD (Degree or title)

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county): Nampa, Idaho

DATE REC'D BY LOCAL REG.: May 29, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F Alsip, Jr. ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1778
Local Reg. No. 127
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 616 17th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 616 17th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): SANFORD
b. (Middle): WOODSON
c. (Last): BRUMBACK

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 3, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wright Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Brumback — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Michalg M Brumback — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria Selvaxis — yes -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9-20, 1950, *to* 4-20, 1953, *that I last saw the deceased alive on* 4-20, 1953 *and that death occurred at* 3:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E Wesche (Degree or title): MD
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/23/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021 Wesche

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1779
Local Reg. No. 112
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 904 Fairview

3. NAME OF DECEASED (Type or Print)
a. (First) AITA
b. (Middle) MAY
c. (Last) ROGERS

4. DATE OF DEATH (Month) April (Day) 23, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 25, 1876
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) El Dorado, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Blair Stone — BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Barbra Teter — BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 26 9903
17. INFORMANT'S OWN SIGNATURE M W Rogers — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic C.V. Disease — yrs.
DUE TO (c) Ano

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pancreatitis, Acute

422.1

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1952 *to* 4-23, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 1:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E Wrecke M.D. (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 25, 53
24c. NAME OF CEMETERY OR CREMATORY Kohleralwn Cemetery
24d. LOCATION (City, town, or county) Nampa, (State) Idaho

DATE REC'D BY LOCAL REG. May 23, 1953
REGISTRAR'S SIGNATURE Mrs. [illegible]
25. FUNERAL DIRECTOR [illegible] — ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Alsip Funeral Chapel

State File No. 1780
Local Reg. No. 126
Reg. Dist. No. 362

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 2216 3rd St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): VICTOR
b. (Middle): CLAYTON
c. (Last): PERRY

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 27, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Erie, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nor Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: B. C. Shively — ADDRESS: Bremerton, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosc. C V Disease — yrs
DUE TO (c): Senility — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12-, 1947, *to* 4-25, 1953, *that I last saw the deceased alive on* 4-24, 1953, *and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wetsche M.D. (Degree or title) 442
23b. ADDRESS: Nampa, Ida.
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Ida.
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021 Wesche

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1781
Local Reg. No. 124
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1123-13th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) PAULENA b. (Middle) F. c. (Last) HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 13, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Branawick — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Dorothy Halcer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Carl Hoffman — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1952, *to* April 25, 1953, *that I last saw the deceased alive on* April 10, 1953, *and that death occurred at* ——— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 443 Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-1-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/53
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021
Wesche

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 116
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 212 19th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) MAY c. (Last) FREEMAN

4. DATE OF DEATH: (Month) (Day) (Year): April 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	May 14, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Manson, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record		No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Fern Freeman	Nampa, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Occlusion — 11 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr 13, 1953, *to* Apr. 25, 1953, *that I last saw the deceased alive on* Apr. 25, 1953, *and that death occurred at* 1:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. D. Kachne	M. D.	Nampa, Idaho	5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/27/53	Cloverdale	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 29, 1953	Mrs. Jane Stuck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2703
Local Reg. No. 125
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): CORDELIA
b. (Middle):
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widwoed
8. DATE OF BIRTH: June 17, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canton, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Mary E. Courtney — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fractured rt hip. — 4 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3-, 1949, *to* 4-28-, 1953 *that I last saw the deceased alive on* 4-27, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Stretch M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/30/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Canton, Illinois

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1784
Local Reg. No. 107
Reg. Dist. No. 362

BIRTH NO.

MAY 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 9th. Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) c. (Last) Durnil

4. DATE OF DEATH: (Month) (Day) (Year): May 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 23, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 0, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vichy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Clark — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary Beeler — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Wesley L. Durnil — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4/23/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Rt. hip.
DUE TO (c) fall.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped and fell

22. *I hereby certify that I attended the deceased from* 11/22, 1952, *to* 4-23, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 8:00 A' m., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday M.D. (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 14, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1.85
Local Reg. No. 111 1785
Reg. Dist. No. 362

Certificate of Death

RECEIVED MAY 19 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 23 - 22nd Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 23 - 22nd Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLEY
b. (Middle): WESLEY
c. (Last): McGINNIS

4. DATE OF DEATH (Month) (Day) (Year): May 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isac Mc Ginnis — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Isa McGinnis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 422.1 Arteriosclerotic C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility — 1 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-15, 1948, *to* 5-7-, 1953, *that I last saw the deceased alive on* 5-5-, 1953 *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Sherche MD 442
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 11, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county) (State): Melba Idaho

DATE REC'D BY LOCAL REG.: May 16, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 114
Reg. Dist. No. 362

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1204 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1204 13th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) H
c. (Last) McCANDLESS

4. DATE OF DEATH (Month) (Day) (Year) May 12, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 20, 1871

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Poultryman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hancock Co., Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John McCandless
BIRTHPLACE Zanesville, Ohio

14. MOTHER'S MAIDEN NAME Martha Marshall
BIRTHPLACE Mansfield, Oh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE ✓ Earl M. McCandless
ADDRESS

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* May 12, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. C. Mangum Jr. MD

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 14, 1953

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.

24d. LOCATION (City, town, or county) Nampa, (State) Idaho

DATE REC'D BY LOCAL REG. May 25, 1953

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR John F. Alsip Jr. Alsip Funeral Chapel
ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 113
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reynolds Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 524 11th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): EILEEN
c. (Last): THOMPSON

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 5, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lauritz Glasou
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Karen Marie Hansen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edith Hunsaker
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertensive Heart Disease
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1953 *to* May 12, 1953, *that I last saw the deceased alive on* 5-12, 1953, *and that death occurred at* 9:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: May 19, 53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: May 23, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-6862

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 120
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 139 Davis

3. NAME OF DECEASED (Type or Print)
a. (First): JULIE
b. (Middle): ANNE
c. (Last): KROMMENHOEK

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 16, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Krommenhoek
BIRTHPLACE: Sioux City, Ia.
14. MOTHER'S MAIDEN NAME: Karla Harris
BIRTHPLACE: Sugar City, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John H. Krommenhoek
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 3rd Trimester Toxemia (of mother's)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 11:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph [illegible] MD
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 5, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2539
Local Reg. No. 118
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 323 7th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): D.
c. (Last): HOBERT

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 17, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Polk Co., Nebr.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John J. Clark — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Emma S. Hawn — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J. Hobert — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rectum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
~~DUE TO (c)~~ Cholecystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-17, 1953, *to* 5-20, 1953, *that I last saw the deceased alive on* 5-19, 1953, *and that death occurred at* 5:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum MD 241
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 22, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: May 29, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steel
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 90
Local Reg. No. 117
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 2 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1815 3rd. St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1815 3rd St. No.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) W.
c. (Last) BLACK

4. DATE OF DEATH (Month) May (Day) 20, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 2, 1882
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pet. Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Diamond, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Levi G. Black — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Mary Collins — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499 09 8486
17. INFORMANT'S OWN SIGNATURE Mrs Bertha Scott — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Silicosis of Lungs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1, 1953, *to* 5-20, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 5 50 p *m., from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 23, 53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa, (State) Idaho

DATE REC'D BY LOCAL REG. May 29, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr. — ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1791
Local Reg. No. 122
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 Locust St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 323 Locust Street

3. NAME OF DECEASED (Type or Print)
a. (First): Wallace
b. (Middle): L
c. (Last): Hancock

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: U.P.RY.
11. BIRTHPLACE (State or foreign country): Ammon, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Hancock — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah M Levitt — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 519-07-4611
17. INFORMANT'S OWN SIGNATURE: X Violet Mae Hancock — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fatal intrathoracic hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): 0.22 gunshot wound of chest with laceration of aorta
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 10 minutes (?)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ☒ HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 21, 1953 9P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot by 22 Remington Rifle

22. *I hereby certify that I attended the deceased from* Autopsy only *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:20P.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Seeman MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 22 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: June 7, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: John F Alsip Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1792
Local Reg. No. 138
Reg. Dist. No. 362

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1812 5th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): N.
c. (Last): BURTON

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Febr. 10, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Nampa & Meridian
11. BIRTHPLACE (State or foreign country): Salem, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mark Burton — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Minnie Bailey — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mark Burton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial Asthma - Severe

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Congestion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: c

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* 5-22, 1953, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum 241 MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/53
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: June 17 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1538
Local Reg. No. 130
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reynolds Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 520 Holly Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ada	F	Schultz	May 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb 18, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	At Home	Gettysburg Penn	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos W Funt	Germany	Mary Jane Ogden	No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lois Jane Vail	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4437

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Upper respiratory infection — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) complicated by cardiac decompensation;

DUE TO (c) hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* May 24, 1953, *that I last saw the deceased alive on* 5-24, 1953, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J R Mangum 2nd MD	Nampa Idaho	6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/28/53	Kohler Lawn Cemetery	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 11, 1953	Mrs. Jane Steed	John F Alsip Jr	Nampa, Idaho. Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1794
Local Reg. No. 123
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt 4 Owyhe Rooms

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 24 13 th ave South

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Laumb

4. DATE OF DEATH (Month) (Day) (Year): Found Dead 5/28/53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: August 26, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Montivideo Minn
12. CITIZEN OF WHAT COUNTRY?: U,S.A

13. FATHER'S NAME: Gustav Laumb — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Guri Rear — BIRTHPLACE: Wiscomsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-0412
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Laceration of brain and diffuse
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): subarachnoid hemorrhage —
DUE TO (c): Contact 0,22 gunshot wound of head.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Nampa — (COUNTY): Canyon — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 1953 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Last seen May 27, 1953 found dead.

22. *I hereby certify that I attended the deceased from* Autopsy only, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beemanno 045
23b. ADDRESS: Boise
23c. DATE SIGNED: 29 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1 1953 01
24c. NAME OF CEMETERY OR CREMATORY: KOhlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 7, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1795
Local Reg. No. 121
Reg. Dist. No. 36-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1811-4th Street South

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) SELWYN c. (Last) MAGEE

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 7, 1879

9. AGE (In years last birthday) 73-5-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U.P.R.R. Baggage Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cass County, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Noah J. Magee
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Margaret Esther Prindle
BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 513-07-0146

17. INFORMANT'S OWN SIGNATURE Mrs Marie C. Magee ADDRESS Nampa Idaho 1811-4th St. South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum & Metastasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of Scrotum.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* May 28, 1953, *that I last saw the deceased alive on* 5-28, 1953, *and that death occurred at* 1:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum M.D. (Degree or title)

23b. ADDRESS Nampa, Idaho

23c. DATE SIGNED 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/1/53

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. June 5, 1953

REGISTRAR'S SIGNATURE Mrs Jane Stark

25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1796
Local Reg. No. 128
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1709 7th St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Long Beach
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): J.
c. (Last): PLUMB

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 12, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jamestown, Colo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J.A. Joy — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Candace Mosher — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Eileen McKee — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Angina Pectoris

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocarditis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/29, 1953, *to* 5/29, 1953, *that I last saw the deceased alive on* 5/29, 1953 *and that death occurred at* 3 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 022
23b. ADDRESS: Nampa Id.
23c. DATE SIGNED: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/2/53 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 133
Reg. Dist. No. 362

RECEIVED
JUN 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 712-11th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): S
c. (Last): Hamilton

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 1. 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: AT Home
11. BIRTHPLACE (State or foreign country): Cadiz Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Craig Hamilton — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Mc Fadden — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Nome
17. INFORMANT'S OWN SIGNATURE: Ethel H. Gilbert — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis. — 1 year.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20, 1953, *to* 5/29, 1953, *that I last saw the deceased alive on* 5/29, 1953, *and that death occurred at* 4:05 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C.B. Ross (Degree or title): Mrs.
23b. ADDRESS: Nampa Idaho.
23c. DATE SIGNED: 6/5/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa Idaho
Alsip Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1798
Local Reg. No. 129
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): May 30 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 31 1868
9. AGE (In years last birthday): 85 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Springfield Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William G Wilkinson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 28, 1953, *to* May 30, 1953, *that I last saw the deceased alive on* May 28, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mt. Home, Idaho

D. A. L'Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JUN 22 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1799
Local Reg. No. 139
Reg. Dist. No. 3621

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 207 13th Ave. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELIZABETH	VIANNA	HUGHES	May 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Nov. 9, 1866	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dent Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mitchell	No Record	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Cunningham — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Pelvis — 60 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 10:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. O. Koehne	M. D.	Nampa, Ida	June 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/3/53	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 17, 1953	Mrs. Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-42021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3800
Local Reg. No. 132
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 916 7-th Ave North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carrie	A.	Robert	May 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug, 4, 1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	At Home	Mt. Carroll, Ill	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Renner	Corrol County Ill	Elizabeth Renner	Carrol County Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Vesta V. Kiel	1406 [illegible] Rd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: c

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation
~~DUE TO (c)~~ Mild Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, Chronic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 6:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Mangum MD	Nampa Idaho	6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/2/53	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 11, 1953	Josephine Steed	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1801
Local Reg. No. 109
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba - Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1 Melba

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba - Rural
d. STREET ADDRESS (If rural, give location): Rt # 1 Melba

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	WILLIAM	MOULTON	May 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 22, 1895	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gann Valley, So. Dak.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stillman B. Moulton	Pentwater, Mich.	Emma A. Miller	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs E. W. Moulton ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

345X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 22 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Kidney & Bladder Lithiasis — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ken E. Mangum MD	246	Nampa	5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	May 8, 1953	Kohlerlawn Cemetery	Nampa,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 15, 1953	Mrs. Jane Stuck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 18 1953

DIVISION OF VITAL STATISTICS

State File No. 5112
Local Reg. No. 108
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVELYN		MARTINEAU	May 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	June 27, 1916	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Montpelier, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willis J. Turner	Sedalia, Mo.	Martha Zunbrunen	Montpelier, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lee Martineau	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

20211

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphoblastoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1953	- Biopsy confirmation of above diagnosis.	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 5/7, 1953, *that I last saw the deceased alive on* 5/7, 1953, *and that death occurred at* 1:03p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W B Foss	Nampa Idaho	5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 12, 1953	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 15, 1953	Mrs. Jane Steck	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1903
Local Reg. No. 78
Reg. Dist. No. 361

BIRTH NO.

MAY 22 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma (Apple Valley)
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Rufus	Roberts	May	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	September 19, 1877	75	7	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Greeley, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Roberts	Michigan	Ann Elizabeth Watson	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Frederick H Roberts	Kimberly, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 2, 1953, *to* May 7, 1953, *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B.A. Danford, M.D.	Nyssa, Oregon	5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 9-1953	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/20/53	Agnes M Denman	E.V. Peckham	Peckham-Bakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1804
Local Reg. No. 110
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt # 2 Hg. 30

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Rt # 2 State School

3. NAME OF DECEASED (Type or Print) a. (First) FARLEY b. (Middle) c. (Last) TURNER

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 15, 1879
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape Gardner
10b. KIND OF BUSINESS OR INDUSTRY State School
11. BIRTHPLACE (State or foreign country) Bennettsville, So. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 544 07 3445
17. INFORMANT'S OWN SIGNATURE Lovenia Turner ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right disseminated bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-renal disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy, 19 only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS Boise
23c. DATE SIGNED 12 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 14, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery Boise
24d. LOCATION (City, town, or county) (State) Idaho

DATE REC'D BY LOCAL REG. May 16, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stark
25. FUNERAL DIRECTOR John F Alsip Jr
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1191805
Local Reg. No. 365
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAX	GEORGE	LEHN	May 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 23, 1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Slinger, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Lehn — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Katherine Gehl — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bertha Lehn — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis & Coronary Sclerosis

~~DUE TO (c)~~ Cerebral Hemorrhage 1 yr ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
361 Rosalyn MD	Nampa	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	may 23, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 5, 1953	Mrs Jane Steck	John F Alsip Jr	Nampa, Ida.
		Alsip Funeral Chapel	

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1806
Local Reg. No. 79
Reg. Dist. No. 961

BIRTH NO.

MAY 26 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell (Rural)
c. LENGTH OF STAY (in this place): 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Ellis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arnett
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Amy
c. (Last): Tracey Cooley

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 28, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Warner, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Acy Augustus Tracey
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown Jelly
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): 000-

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Alice Jackard
ADDRESS: R.R.3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer, uterus — 6 mos.
DUE TO (c) Primary site stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1952, *to* May 20, 1953, *that I last saw the deceased alive on* May 1, 1953, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl Warner M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: May 21 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: May 23-53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Merville D. Davis
ADDRESS: Davis-Warrick Funeral Home
Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1587
Local Reg. No. 80
Reg. Dist. No. 961

BIRTH NO.

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wilder Labor Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) c. (Last) Medellin

4. DATE OF DEATH (Month) (Day) (Year) May 20-1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH April 17-1953

9. AGE (In years last birthday) — IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Laramie, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Salvador Medellin, BIRTHPLACE Bollinger, Texas

14. MOTHER'S MAIDEN NAME Juanita Guerra, BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Infant

17. INFORMANT'S OWN SIGNATURE + Salvador Medellin ADDRESS Nampa

18. CAUSE OF DEATH 493X

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 19 53, to May 20, 19 53, that I ~~last saw~~ did not see the deceased *alive on* May 20, 19 53, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS Homedale Idaho

23c. DATE SIGNED May 21 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 21-1953

24c. NAME OF CEMETERY OR CREMATORY Mount Calvary

24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. 5/25/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dalcan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED STATE OF IDAHO

JUN 1 - 1953

DIVISION OF VITAL STATISTICS

State File No. 5808
Local Reg. No. 84
Reg. Dist. No. 36-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
LENGTH OF STAY (In this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Murl b. (Middle) Robert c. (Last) Kellar
4. DATE OF DEATH (Month) (Day) (Year) May 24-1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 27-1880
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 3 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Blairsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Blair Kellar BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Mary Martha Fisher, BIRTHPLACE Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Agnes B. Kellar ADDRESS Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1953, *to* May 24, 1953, *that I last saw the deceased alive on* May 24, 1953, *and that death occurred at* 5:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Homedale Idaho
23c. DATE SIGNED 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 28-1953
24c. NAME OF CEMETERY OR CREMATORY Wilder
24d. LOCATION (City, town, or county) Wilder, Idaho (State)

DATE REC'D BY LOCAL REG. 5/28/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Pakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 1809
Local Reg. No. 131
Reg. Dist. No. 363

BIRTH NO.

JUN 13 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowmont
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bowmont Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowmont
d. STREET ADDRESS (If rural, give location) Bowmont

3. NAME OF DECEASED (Type or Print) a. (First) Noah b. (Middle) Oakley c. (Last) Sanderson

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov 24, 1884

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Maetta Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Simon Sanderson
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 448-03-2822

17. INFORMANT'S OWN SIGNATURE Mrs Lee Sanderson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 52, to May 28, 53, *that I last saw the deceased alive on* about May 15, 53, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry C. Wesche M.D

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 3, 1953

24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery

24d. LOCATION (City, town, or county) (State) Kuna Ada Idaho

DATE REC'D BY LOCAL REG. June 14, 1953

REGISTRAR'S SIGNATURE Mrs Jane Steed

25. FUNERAL DIRECTOR John F Alsip, Jr.

ADDRESS Nampa Idaho.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 1210
Local Reg. No. 14
Reg. Dist. No. 520-521

BIRTH NO. 111-53-5536

RECEIVED MAY 29 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH a. COUNTY: Caribou		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho	b. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs	e. LENGTH OF STAY (in this place): 1 hr. 42 min.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital		d. STREET ADDRESS (If rural, give location):	

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle):	c. (Last): Carpenter	4. DATE OF DEATH	(Month): May	(Day): 11 (Year): 1953
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: May 11, 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours 1 / Min. 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Bruce Lee Carpenter	BIRTHPLACE: Soda Springs, Idaho		14. MOTHER'S MAIDEN NAME: Carolyn Lloyd	BIRTHPLACE: Soda Springs, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Bruce L. Carpenter	ADDRESS: Soda Springs		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature — INTERVAL BETWEEN ONSET AND DEATH: 1hr 42 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 11 May, 1953, *to* 11 May, 1953, *that I last saw the deceased alive on* 11 May, 1953, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence Light Jr. M.D.	23b. ADDRESS: Soda Springs, Idaho	23c. DATE SIGNED: 29 May 53	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: May 12, 1953	24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery	24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho
DATE REC'D BY LOCAL REG.: 5-12-53	REGISTRAR'S SIGNATURE: Betty McDurton	25. FUNERAL DIRECTOR: O. D. Putman	ADDRESS: Soda

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 1811
Local Reg. No. 13
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-53-5535

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 15 hrs. 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jim
b. (Middle):
c. (Last): Carpenter

4. DATE OF DEATH (Month) (Day) (Year): May 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 11, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 15 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Bruce Lee Carpenter — BIRTHPLACE: Soda Springs, Ida.
14. MOTHER'S MAIDEN NAME: Carolyn Lloyd — BIRTHPLACE: Soda Springs, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bruce L. Carpenter — ADDRESS: Soda Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature — INTERVAL BETWEEN ONSET AND DEATH: 15½ hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 May, 1953, *to* 11 May, 1953, *that I last saw the deceased alive on* 11 May, 1953, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tigert Jr. 429 MD
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 19 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-53
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: O. D. Whitman — ADDRESS: Soda Spgs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1812
Local Reg. No. 15
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 29 1953 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lars	Frederick	Christensen	May	20,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 13, 1881	72	2	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lago, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars Christensen	Hjorring, Denmark	Mary Elizabeth Harris	Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 528-14-0706
17. INFORMANT'S OWN SIGNATURE: Carol G Christensen ADDRESS: 13 x 68 Bancroft Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction - ileus — INTERVAL BETWEEN ONSET AND DEATH: Five days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myelogenous leukemia — Three years

DUE TO (c) Carcinoma of the prostate — Three years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1953, *to* 20 May, 1953, *that I last saw the deceased alive on* 20 May, 1953, *and that death occurred at* 1:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean O Benedict M.D	Bancroft, Idaho	5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/23/53	Bancroft	Bancroft, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-25-53	Betty Mae Sexton	Colin M. Edward	Hall-Grant Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1813
Local Reg. No. 16
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): O.
c. (Last): Swain

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gunnison, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Maria Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Marion R. Swain — ADDRESS: Soda Spgs Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

421.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952, *to* May 27, 1953, *that I last saw the deceased alive on* May 27, 1953 *and that death occurred at* 10:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert 427
23b. ADDRESS: Soda Springs Ida
23c. DATE SIGNED: 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 30, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: O. D. Whitman — ADDRESS: Soda Spgs. Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1814
Local Reg. No. 145
Reg. Dist. No. 470

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Rice
c. (Last): Congleton

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Glenwood, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. W. Congleton — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Lucy Ann Otis — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eunice H. Congleton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastric hemorrhage — 1 wk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypostatic Pneumonia — 48 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Kelly MD 204 (Degree or title)
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. Smith Payne — ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1815
Local Reg. No. 142
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): H.
c. (Last): Schodde

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 7, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months - Days 25 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman 51
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Schodde, ------ BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Minnie Schodde -- -- -- BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Tom Schodde — ADDRESS: Heyburn Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E. Dean M.D. (Degree or title) 089
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: 5-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1953 02
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: May 14 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1816
Local Reg. No. 141
Reg. Dist. No. 4 40

BIRTH NO.

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 48 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): NE of Burley townsite

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Orson
c. (Last): Sleight

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 3, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Paris, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Sleight, ------ BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Wixom, BIRTHPLACE: Cottonwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-12-5989
17. INFORMANT'S OWN SIGNATURE: Mrs L. J. Rasmussen — ADDRESS: Rt. 3 Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 20, 1953, *to* May 4, 1953, *that I last saw the deceased alive on* May 4, 1953, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 204 Kelly M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 5-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: May 14 1953
REGISTRAR'S SIGNATURE: B. F. Nilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

DIVISION OF VITAL STATISTICS

MAY 29 1953

Certificate of Death

STATE OF IDAHO

Davis

State File No. 1817
Local Reg. No. 147
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) Joaquina b. (Middle) Jerome c. (Last) Avelar

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 5. 1891

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home making

11. BIRTHPLACE (State or foreign country) Santa Cruz Flores Azores

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Jerome Armas. BIRTHPLACE Azores.

14. MOTHER'S MAIDEN NAME Maria J. Ramos. BIRTHPLACE Azores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Joe J. Avelar ADDRESS Paul, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

433.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify, that I attended the deceased from* April 22, 1953 *to* May 5, 1953 *that I last saw the deceased alive on* May 5, 1953 *, and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE John W. Davis (Degree or title) M.D.

23b. ADDRESS Burley Idaho

23c. DATE SIGNED 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 8 1953

24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery

24d. LOCATION (City, town, or county) Paul (State) Idaho

DATE REC'D BY LOCAL REG. May 23 1953

REGISTRAR'S SIGNATURE B. H. Nelson

25. FUNERAL DIRECTOR Rodney K. Goodman ADDRESS Rupert, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1818
Local Reg. No. 143
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1400 Conant Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1400 Conant Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) J. c. (Last) McGonigal

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 22, 1892	61	-	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Banker 35	Banking	Leadville, Colorado	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George J. McGonigal,	Scotland	Emma Moom,	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	518-07-3933	Mrs. Leo J. McDougal	Same

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 yr.
DUE TO (c) Diabetes mellitus — 2 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. 1950, *to* May 14, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. E. Deem 089 M.D.	Burley Idaho	5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-16-53 22	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 15, 1953.	C. A. Wilson	Vern B. McCulloch	Burley-Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1819
Local Reg. No. 144
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 6½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 628 West 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Otto
b. (Middle): Herman
c. (Last): Mauritz

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Forestry
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles M. Mauritz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna ---------- — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frank Mauritz — ADDRESS: Alameda, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Insufficiency. — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgery — Drainage G. Bladder — 36 hours
DUE TO (c) Cholelithiasis & Acute Cholycystitis — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: May 14, 1953
19b. MAJOR FINDINGS OF OPERATION: Acute cholycystitis and cholylithiasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* May 16, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James R. Bricker (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: May 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/19/53
24c. NAME OF CEMETERY OR CREMATORY: Caldwell Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR: J. Garth Sayne — ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1820
Local Reg. No. 146
Reg. Dist. No. 470

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COttage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1719 Occidental Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Marc
b. (Middle): Lyle
c. (Last): Biggs

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 27, 1951
9. AGE (In years last birthday): 2
IF UNDER 1 YEAR: Months - Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME / BIRTHPLACE: Lyle Melvin Biggs, McCammon, Idaho
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Glenda Burgess, Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Lyle M. Biggs 1719 Occidental

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 539.1 Rohexis, esophagus, cause undetermined — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fatty infiltration of liver — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15, 1951, *to* 5-17, 1953, *that I last saw the deceased alive on* 5-7, 1953, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Ernest MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: May 19, 1953
REGISTRAR'S SIGNATURE: B. Wilson
25. FUNERAL DIRECTOR / ADDRESS: [illegible] Burley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1821
Local Reg. No. 148
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho,
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley.
d. STREET ADDRESS (If rural, give location): 1042, Yale.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Robert W. Pendergrass,

4. DATE OF DEATH (Month) (Day) (Year): May, 22, 1953

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: July, 9, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 13 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, of
10b. KIND OF BUSINESS OR INDUSTRY: Retired,
11. BIRTHPLACE (State or foreign country): Birmingham, Alabama.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: R R Pendergrass, BIRTHPLACE: Alabama,
14. MOTHER'S MAIDEN NAME: Sarah AnnSimons BIRTHPLACE: Alabama,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: — — ADDRESS: —

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro-intestinal hemorrhage — 1 day.

19a. DATE OF OPERATION: Dec 7, 1951
19b. MAJOR FINDINGS OF OPERATION: Hard mass head Pancreas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1951, *to* May 22, 1953, *that I last saw the deceased alive on* May 22, 1953 *and that death occurred at* 3 00 *pm., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 215 (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: May 27 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery
24d. LOCATION (City, town, or county) (State): R. F. D. Oakley, Idah

DATE REC'D BY LOCAL REG.: May 28 1953
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: J. Garth Payne ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1822
Local Reg. No. 151
Reg. Dist. No. 470

RECEIVED JUN 5 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): Route 1 -

3. NAME OF DECEASED (Type or Print): a. (First) Marcus; b. (Middle) Riley; c. (Last) Bell

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 27, 1873

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher 61

10b. KIND OF BUSINESS OR INDUSTRY: Preaching

11. BIRTHPLACE (State or foreign country): ----- Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas H. Bell — BIRTHPLACE: ------, Kentucky

14. MOTHER'S MAIDEN NAME: No Data — BIRTHPLACE: No Data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vern B. McCulloch, Coroner Ca. County — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurism of Aorta. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1953, *to* May 30, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Bucher MD — **23b. ADDRESS**: Burley, Idaho — **23c. DATE SIGNED**: June 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 6-3-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Springdale Cemetery — **24d. LOCATION** (City, town, or county) (State): Peoria, Peoria Co. Ill.

DATE REC'D BY LOCAL REG.: June 3 1953 — **REGISTRAR'S SIGNATURE**: D.F. Nelson

25. FUNERAL DIRECTOR: Vern B. McCulloch — **ADDRESS**: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1823
Local Reg. No. 150
Reg. Dist. No. 470

Certificate of Death

RECEIVED JUN 5 - 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1350 Miller Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1350 Miller Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Ernest
c. (Last): Wheelan

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Washington, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas McMannis Wheelan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs R E Wheelan — ADDRESS: Burley Ida 1350 Miller

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia from Carcinoma of Stomach & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4-46, 19__, *to* 5-30-53, 19__, *that I last saw the deceased alive on* 5-30-53, 19__, *and that death occurred at* 930 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 423 4 MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-2-53 03
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: June 2 1953
REGISTRAR'S SIGNATURE: B R Wilson
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUN 1 – 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3824
Local Reg. No. 660
Reg. Dist. No. 660

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Dubois
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Hickerson	Hughey	May 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Never Married	Jan. 11, 1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Agriculture	Ocoee, Florida	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hughey	Orlando, Florida	Ludie Anderson	Powder Springs, Ga.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	725-01-8777	Phyllis Laird	Dubois Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* abt 1:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O A Rasmussen Coroner	Dubois, Idaho	5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-28-53	Dubois Cemetery	Dubois Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-28-53	John Rasmussen	Allen & Beck	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1825
Local Reg. No. 34
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Car-State Highway # 11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) N.; c. (Last) Richmond

4. DATE OF DEATH: (Month) (Day) (Year): 5-7-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-5-1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Woods-work

11. BIRTHPLACE (State or foreign country): Dunn Co. Wis.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Holly Richmond
BIRTHPLACE: Wis.

14. MOTHER'S MAIDEN NAME: Margaret Reed
BIRTHPLACE: Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 292185814

17. INFORMANT'S OWN SIGNATURE: X Walter Richmond
ADDRESS: Superior Wis.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

42011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis.
INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--; *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 4:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Danbury cemetery
24d. LOCATION (City, town, or county) (State): Danbury Wis.

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Elinor E Danley
25. FUNERAL DIRECTOR: M. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 1826
Local Reg. No. 35
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino Rt. 6
LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Rt. 6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Claude	H.	Humphreys	5-17-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	2-19-1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Hardin Co. Iowa	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John D. Humphreys	Ind.	Hannah Moore	Iowa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Lucille Sharp	Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3-28-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-30, 1953, *to* 5-17, 1953, *that I last saw the deceased alive on* 5-6-, 1953, *and that death occurred at* 12:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
304 W.B. Pappenhagen	M.D	Orofino Idaho	5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-19-1953	Bangor Cemetery	Bangor Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-19-53	Vernon E. Dailey	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1827
Local Reg. No. 36
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 39 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke, I.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Covy c. (Last) Covy

4. DATE OF DEATH (Month) May (Day) 23 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 6, 1886

9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 11 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Galicia Austria

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME G. Sacco | BIRTHPLACE Galicia

14. MOTHER'S MAIDEN NAME Elisabetta Covi Patz | BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1951, *to* 5-23-, 1953, *that I last saw the deceased alive on* 5-22-, 1953, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE G. V. Espe 563 (Degree or title) MD

23b. ADDRESS State Hospital, North

23c. DATE SIGNED 5/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-25-53

24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery

24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 5-25-53

REGISTRAR'S SIGNATURE Vernon E. Dailey

25. FUNERAL DIRECTOR W. E. Gifford | ADDRESS Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1228
Local Reg. No. 37
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital, north

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Isaac
b. (Middle)
c. (Last) Englebee

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH unknown

9. AGE (In years last birthday) 75-80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberjack 08

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME Jacob Englebee — BIRTHPLACE ?

14. MOTHER'S MAIDEN NAME Fanna. S, Dove — BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-51, 19____, *to* 5-24-, 19 53, *that I last saw the deceased alive on* 5/23, 19 53, *and that death occurred at* 7:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 563 (Degree or title) MD

23b. ADDRESS State Hospital North

23c. DATE SIGNED 5-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-25-53

24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery

24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 5-25-53

REGISTRAR'S SIGNATURE Vernon E Dooley

25. FUNERAL DIRECTOR W. E. Gilbert — ADDRESS Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1229
Local Reg. No. 38
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charlie b. (Middle) c. (Last) Moon

4. DATE OF DEATH (Month) (Day) (Year): 5-25-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): 74-75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 519094823

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* 5-25-, 1953, *and that death occurred at* 7:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert
(Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-28-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 5-27-53
REGISTRAR'S SIGNATURE: Vernon E. Fowler
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1830
Local Reg. No. 670
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Victor c. (Last) Shinderling

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 4-1900

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Sheepherder

11. BIRTHPLACE (State or foreign country): Milford - Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: T. L. Shinderling — BIRTHPLACE: Racine - Wis

14. MOTHER'S MAIDEN NAME: Victoria Woodhead — BIRTHPLACE: St. George - Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓

(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ace. Shinderling — ADDRESS: Mackay - Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

322.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Alcoholism, acute — 4 days.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* May 6, 1953, *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. T. Reuter (Degree or title): MD

23b. ADDRESS: Challis Ida

23c. DATE SIGNED: 5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 9-1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb

24d. LOCATION (City, town, or county) (State): Mackay - Idaho

DATE REC'D BY LOCAL REG.: May 12 1953

REGISTRAR'S SIGNATURE: Edna McKinney

25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco Idaho

F.D. # 19

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No. 67
Reg. Dist. No. 68W

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ miles No. of Challis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Beverly Jean Fisher

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Aug. 2, 1951	1	9	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bend, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Paul S. Fisher — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Mildred C. Yeager — BIRTHPLACE: Plenty Wood, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Paul S. Fisher — ADDRESS: Challis, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 929.0 Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ranch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4½ mis. No. of Challis, Custer, Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18, 1953 10A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Child fell into irrigation ditch while playing.

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X Will Centaurus, Custer Co. Coroner
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-53
24c. NAME OF CEMETERY OR CREMATORY: Challis
24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: May 26 53
REGISTRAR'S SIGNATURE: Edna M. Kenny
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Challis, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1532
Local Reg. No. 13
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joan
b. (Middle): Elizabeth
c. (Last): Green

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 18, 1877
9. AGE (In years last birthday): 75 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montepelier Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Laker Lashbrook — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Johnson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George R Hall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* April, 1953, *that I last saw the deceased alive on* April 29, 1953, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone W Koelsch 225 M. D.
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: May 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 6, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: May 7, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS:
D R L Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1833
Local Reg. No. 14
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Henry c. (Last) Allen.

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 3, 1949
9. AGE (In years last birthday): 4 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry LeRoy Allen — BIRTHPLACE: Emmett, Idaho
14. MOTHER'S MAIDEN NAME: Barbara Jean Farlow — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Henry L. Allen — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 24-72 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute peritonitis
DUE TO (c) Ruptured appendix

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

55011

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beeman (045) — **23b. ADDRESS**: Boise — **23c. DATE SIGNED**: 11 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: May 12, 1953
REGISTRAR'S SIGNATURE: A F Anderson
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mtn. Home, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

D A L Herrisson

53-5620

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1134
Local Reg. No. 15
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place) 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USAF HOSP, MT. HOME AFB, IDA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MT. HOME AIR FORCE BASE, IDAHO
d. STREET ADDRESS (If rural, give location) QUARTERS 19D

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) KELLEY

4. DATE OF DEATH (Month) MAY (Day) 26 (Year) 53

5. SEX F
6. COLOR OR RACE CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MAR 25, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA
10b. KIND OF BUSINESS OR INDUSTRY NA
11. BIRTHPLACE (State or foreign country) MT. HOME AFB, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME EARL PRESTON KELLEY, MD., BIRTHPLACE CLEAR SPRING
14. MOTHER'S MAIDEN NAME JOANNE ROSE KELLEY, BIRTHPLACE MONT., GREAT FALLS

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. NA
17. INFORMANT'S OWN SIGNATURE Earl P. Kelley ADDRESS EARL P. KELLEY, MT. HOME AFB, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ATELECTASIA — INTERVAL BETWEEN ONSET AND DEATH 8 Hrs.19 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PREMATURITY, RESPIRATORY FAILURE — 8 Hrs.19 Min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PREMATURITY (30 WEEKS)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 May, 1953, *to* 26 May, 1953, *that I last saw the deceased alive on* 26 May 53, 19___, *and that death occurred at* 3:07 A*m., from the causes and on the date stated above.*

23a. SIGNATURE John M. Bubolo (Degree or title) M. D.
23b. ADDRESS MT. HOME AIR FORCE BASE, IDAHO
23c. DATE SIGNED 26 MAY 53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 27th 53
NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW
24d. LOCATION (City, town, or county) MOUNTAIN HOME (State) IDA.

DATE REC'D BY LOCAL REG. May 27, 1953
REGISTRAR'S SIGNATURE A.F. Anderson
25. FUNERAL DIRECTOR BEY MORTUARY ADDRESS MOUNTAIN HOME

D.A. L. Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of **Baby Girl Kelley**

now lying buried in **Mountain View** Cemetery, in the City or Town of **Mountain Home**

County of **Elmore** State of Idaho, who died on the **26** day of **May**, **953**, Aged ____ years ____ months

____ days, the cause of death being **Prematurity** and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Bubalo attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by **Railway** private or railway conveyance

to **Highland** Cemetery in the City or Town of **Great Falls** County of ____

State of **Montana** to take effect upon the approval by the local board of health of the City, Town, or County of **Elmore** it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this **3rd** day of **July**, A.D. 19**68**.

Permit issued to:
Smith Mortuary
Box 388
Mountain Home, Idaho 83647

W. W. Benson
by _____
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

_____
Health Officer

FORM BH 56-019

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 16
Reg. Dist. No. 380

BIRTH NO. 111-53-5613

JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT. HOME AFB, IDA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location): PHA HOUSING 197

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): STEVEN
c. (Last): CABANA

4. DATE OF DEATH (Month) MAY (Day) 28 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 18 MAY 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 10 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA
10b. KIND OF BUSINESS OR INDUSTRY: NA
11. BIRTHPLACE (State or foreign country): MT. HOME AFB, IDAHO
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LOUIS G. CABANA — BIRTHPLACE: SACRAMENTO, CALIF.
14. MOTHER'S MAIDEN NAME: NORMA L. COLBERT — BIRTHPLACE: BALTIMORE, MD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NA
17. INFORMANT'S OWN SIGNATURE: Louis G. Cabana — ADDRESS: MT. HOME AFB, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

340.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MENINGITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 29 MAY 53
19b. MAJOR FINDINGS OF OPERATION: PURULENT EXUDATE OVER CERBRAL MENINGES
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 May 53, 19___, *to* 28 May, 1953, *that I last saw the deceased alive on* 28 May, 1953, *and that death occurred at* 5:30 P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W Payne Capt., USAF (MC)
23b. ADDRESS: MT. HOME AFB, IDAHO
23c. DATE SIGNED: 29 MAY 53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 29- 53
NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): VALAEJO (State): CALIF

DATE REC'D BY LOCAL REG.: May 29, 1953
REGISTRAR'S SIGNATURE: H. F. Anderson
25. FUNERAL DIRECTOR: BEY MORTUARY — ADDRESS: MOUNTAIN HOME

D. A. L. Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 380

BIRTH NO.

JUN 6 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT. HOME AFB, IDA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location): 5TH BOMB SQ.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HUGH	WALLACE	HEUER		MAY	30	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	CAUCASIAN	NEVER MARRIED	13 MAR 1930	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF (AIRMAN) 4/	USAF	OCALA, FLORIDA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN P. HEUER	MINNESOTA	UNKNOWN	ARLINGTON, MINN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	OCT 50 to DATE	UNKNOWN		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8225,4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONCUSSION OF BRAIN AND CEREBRAL EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 10 HOURS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: SUBARACHNOID HEMORRHAGE, LACERATION OF SPLEEN, LEFT KIDNEY — 10 HOURS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	HIGHWAY	MOUNTAIN HOME	ELMORE	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
MAY	30	53	1 A.m.		AUTOMOBILE ACCIDENT

22. *I hereby certify that I attended the deceased from* 30 MAY, 1953, *to* 30 MAY, 1953, *that I last saw the deceased alive on* 30 MAY, 1953, *and that death occurred at* 10:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald T. Knight Capt USAF(MC) M.D. (Degree or title)	MT. HOME AIR FORCE BASE, IDAHO	30 MAY 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	31 May 53	Glenhaven Cemetery	Los Angeles, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 30, 1953	H. H. Andrus	Russell [illegible]	318 N. Latah

RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2837
Local Reg. No. 19
Reg. Dist. No. 5

BIRTH NO.

RECEIVED JUN 3 - 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Preston
c. LENGTH OF STAY (In this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 39 South 1st West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 39 South 1st West

3. NAME OF DECEASED (Type or Print)
a. (First): JULITTE
b. (Middle): CHASE
c. (Last): SPIERS

4. DATE OF DEATH: (Month) (Day) (Year): May 17, 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Farr West, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Dudley Chase
BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Samantha Chrisman
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: H. P. Spiers
ADDRESS: 39 So. 1st W. Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 27, 1953, *to* May 17, 1953, *that I last saw the deceased alive on* May 17, 1953, *and that death occurred at* 6:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Laurel G Daines Jr. M.D.
(Degree or title)

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: May 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-21-53

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 5-21-53

REGISTRAR'S SIGNATURE: Effie W. Brenner

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1238
Local Reg. No. 20
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JUN 3 - 1953 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 126 N. 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 126 N. 1st East

3. NAME OF DECEASED (Type or Print) a. (First) Bollette b. (Middle) Pedersen c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 19, 1868

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Urskog, Norway

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peder Pedersen BIRTHPLACE Urskog, Norway

14. MOTHER'S MAIDEN NAME Olea Christensen BIRTHPLACE Urskog, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ella Wilde ADDRESS Salt Lake City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 - 14, 1953, *to* 5 - 18, 1953, *that I last saw the deceased alive on* 5 - 14, 1953, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler (Degree or title) MD

23b. ADDRESS Preston Ida

23c. DATE SIGNED 5 - 19 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 20, 1953

24c. NAME OF CEMETERY OR CREMATORY Preston

24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. 5-20-1953

REGISTRAR'S SIGNATURE Effie W. Brewer

25. FUNERAL DIRECTOR Thurman Webb ADDRESS Preston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 3 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1839
Local Reg. No. 21
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Duncan
c. (Last) McCauley

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 16, 1878
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY Idaho State Road
11. BIRTHPLACE (State or foreign country) Orangeville, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James W. McCauley — BIRTHPLACE Orangeville, Ind.
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Duncan — BIRTHPLACE Stampers Creek Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-7697
17. INFORMANT'S OWN SIGNATURE Wm. D. Setty — ADDRESS Pocatello, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pyelonephritis, Hydronephrosis — 8 months

DUE TO (c) Benign prostatic Hypertrophy — 3 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23, 1953, *to* 5-25-, 1953, *that I last saw the deceased alive on* 5-25-, 1953, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Smith 396 — (Degree or title) M.D.
23b. ADDRESS Preston, Idaho
23c. DATE SIGNED 5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 28, 1953
24c. NAME OF CEMETERY OR CREMATORY Oxford
24d. LOCATION (City, town, or county) (State) Oxford, Idaho

DATE REC'D BY LOCAL REG. 5-28, 1953
REGISTRAR'S SIGNATURE Eggie W. Brower
25. FUNERAL DIRECTOR [illegible] — ADDRESS Preston, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

JUN 3 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1240

Local Reg. No. 22

Reg. Dist. No. 1-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South 9th West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): South 9th West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alinda	Swensen	Hansen	May 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 11, 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	Own Home	Lago, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nels Swensen	Denmark	Marie Olsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Ida Stutzer	Ogden, Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 1½ yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/6, 1951, *to* 5/27, 1953, *that I last saw the deceased alive on* 5/26, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo R. Hawkes 158	M.D.	Preston Idaho	5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1953	Preston	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-29-1953	Effie W. Brower	E. Morrison White	Preston, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED NON-RESIDENT
Certificate of Death
JUN 22 1953 STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 540

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Worth
d. STREET ADDRESS (If rural, give location): 554 South Summit St.

3. NAME OF DECEASED (Type or Print)
a. (First): Maxwell
b. (Middle):
c. (Last): Perkins

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 1 - 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airplane Transport Pilot
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): McKinney, Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maxwell Frederick Perkins Sr. — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Mrs. Maxwell Perkins Lois Sovall — BIRTHPLACE: Tyler, Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 1-451-05-6790
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] Luther J. Hood, M.D. 402 (Degree or title)
23b. ADDRESS: Utah Gen. Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 5-4-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): McKinney, Texas

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1842
Local Reg. No. 23
Reg. Dist. No. 540

BIRTH NO.

JUN 3 - 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Antonio
d. STREET ADDRESS (If rural, give location): 1825 North Hackberry Street

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): M.
c. (Last): Davis

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stewardess ob
10b. KIND OF BUSINESS OR INDUSTRY: Air Lines
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jud Davis — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Ruby A. Davis — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jud Jos. Davis — ADDRESS: San Antonio Texas 1825 North Hackberry

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Beaver Junction, Franklin, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): January 7, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Airplane Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Ford, M.D. 402 (Degree or title)
23b. ADDRESS: Utah Gen. Depot — Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Shipped 3
24b. DATE: May 14-1953 31
24c. NAME OF CEMETERY OR CREMATORY: San Antonio Texas
24d. LOCATION (City, town, or county) (State): San Antonio, Texas

DATE REC'D BY LOCAL REG.: May 14, 1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: W. Lynch Hall Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 1643
Local Reg. No. 14
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUN 3 - 1953 OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION: None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 3650 South Walcott

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence		Crawford	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	October 18, 1924	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot 6b
10b. KIND OF BUSINESS OR INDUSTRY: Airplane
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence F. Crawford	Illinois	Louise Emmen	U. S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Second World War	350-12-0009	Lawrence F. Crawford	734 E 93 St. Chicago Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

866X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident		Beaver Junction, Franklin, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan 7, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Airplane Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walton G. Hood, M.D.	402	Utah Gen. Depot Ogden, Utah	4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
shipped	May 16 1953	Chicago Illinois	Chicago

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 20 1953	Effie W. Brower	W. P. & H. Hall Larkin and Sons	Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1844
Local Reg. No. 18
Reg. Dist. No. 540

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
c. LENGTH OF STAY (In this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
d. STREET ADDRESS (If rural, give location): Weston

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): ALONZO
c. (Last): WHITNEY Jr.

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 14, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Millville, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel A. Whitney — BIRTHPLACE: Ohio.
14. MOTHER'S MAIDEN NAME: Fanny Wall — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Edna Hulse Whitney — ADDRESS: Weston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal obstruction

4-20,1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 8, 1953, *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* 11:20A, *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Skabelund, MD (Degree or title) 085
23b. ADDRESS: Lewiston, Utah
23c. DATE SIGNED: 5/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-53
24c. NAME OF CEMETERY OR CREMATORY: Weston
24d. LOCATION (City, town, or county) (State): Weston, Idaho.

DATE REC'D BY LOCAL REG.: 5-9-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 18
Reg. Dist. No. 650

BIRTH NO.

MAY 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 57 West 4th South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St, Anthony
d. STREET ADDRESS (If rural, give location): 57 W 4th South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ESTHER	JEMINA	WARE LARSEN	May 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 20. 1875	78	0	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manti, Sanpete County, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Ware — BIRTHPLACE: Lenham Kent, England
14. MOTHER'S MAIDEN NAME: Caroline A. Sorensen — BIRTHPLACE: Randers, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: La mar Larsen — ADDRESS: Shelley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 422.0 Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 14 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* April 30, 1953, *that I last saw the deceased alive on* April 30, 1953, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. F. 378 Soule MD
23b. ADDRESS: St. Anthony
23c. DATE SIGNED: 2 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5 May 53
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City RFD, Idaho

DATE REC'D BY LOCAL REG.: 7 May 53
REGISTRAR'S SIGNATURE: Mrs. Hansen
25. FUNERAL DIRECTOR: Mrs. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1846
Local Reg. No. ~~65~~ 20
Reg. Dist. No. 650

Certificate of Death

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (if this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): ANTHONY
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 14, 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 8, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gerald Smith — BIRTHPLACE: Gooding, Idaho
14. MOTHER'S MAIDEN NAME: Elizabeth Abbott — BIRTHPLACE: Fairfield, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elizabeth A. Smith — ADDRESS: St. Anthony

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

237X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Brain tumor — Congenital (?)
DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cont. slight hemorrhages brain — 6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953 *to* 10 May, 1953, *that I last saw the deceased alive on* 15 April, 1953, *and that death occurred at* 12:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 213 (Degree or title)
23b. ADDRESS: Santa - Idaho.
23c. DATE SIGNED: 13 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 14 May 53
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1847
Local Reg. No. 31
Reg. Dist. No. 650

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 East 4 N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 118 East 4 N

3. NAME OF DECEASED (Type or Print): a. (First) AMOS b. (Middle) LISLE c. (Last) WELKER

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov., 27, 1886	66	5	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Interior Decorator 89	Self Employed	Rock Springs, Wyoming	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilburn Welker		Hannah Jane Soulsby	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Emma M. Welker	St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	161X Carcinoma of larynx	2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Peptic ulcer	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1952 *to* 13 May 1953, *that I last saw the deceased alive on* 10 May 1953, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]		Ashton - Idaho.	15 May 53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	18 May 53	Wilford	St. Anthony RFD#1, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
14 May 53	Mark Hansen	Mark Hansen	St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUN 12 1953

Certificate of Death

STATE OF IDAHO

State File No. 1818
Local Reg. No. 28
Reg. Dist. No. 650

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont DIVI[illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) LeROY c. (Last) BARRETT

4. DATE OF DEATH: (Month) (Day) (Year) May 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Feb., 18, 1878	75	2	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ob	Mining	Provo, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathan A. Barrett	Ohio	Eliza Chesley	Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Flora Davenport	Parker, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(b) ARTERIOSCLEROTIC VASCULAR DISEASE	years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO	(a) cerebral vascular accident - prob. embolism	minutes
DUE TO	(c) auricular fibrillation, cachexia, asthenia	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	450.0	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 7, 1953, *to* May 15, 1953, *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. F. Fischer M.D.	St. Anthony	5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	20 May 53	Provo	Provo, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
26 May 53	M.L. Hansen	M.L. Hansen	St Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED MAY 27 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1 C 19
Local Reg. No. 2229
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 West 6th South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AARON		MUNK	May 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 19, 1873	79	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Service Station	Logan, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Jens Munk	Denmark	Kirsten Larsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ruby Munk	St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153X Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — 8 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1949, 19__, *to* 17 May, 1953, *that I last saw the deceased alive on* 14 May, 1953, *and that death occurred at* 2 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. 213	Ashton - Idaho.	22 May 53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	21 May 53	Teton	Sugar City RFD, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
22 May 53	W. L. Hansen	Mel Hansen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1850
Local Reg. No. 24
Reg. Dist. No. 650

RECEIVED MAY 27 1953 DIVISION OF STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Anthony.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Anthony Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho.
b. COUNTY ~~MXXXXXXX~~ Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Drummond.
d. STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	William.	Rodgers.	May 19th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	*******	May 28th 1951	1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY: ***
11. BIRTHPLACE (State or foreign country): Ashton Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Rodgers. BIRTHPLACE: Farnum.
14. MOTHER'S MAIDEN NAME: Marva. Rommel. BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: **
17. INFORMANT'S OWN SIGNATURE: William H. Rodgers ADDRESS: Drummond Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 872.0 Poisoning, Acute, Sodium Salicylate — INTERVAL BETWEEN ONSET AND DEATH: 5½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac arrest —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Grandfather's home
21c. (CITY, TOWN, OR TOWNSHIP) St. Anthony (COUNTY) Fremont (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 19, 1953 - 12 noon
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Ingestion of grandfather's "Arthritis" remedy

22. I hereby certify that I attended the deceased from 4:15 PM V-19-53 19___, to 6:52 PM V-19-53 19___, that I last saw the deceased alive on V-19-53 19___, and that death occurred at 6:52 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lalene R. Rhees 221	M.D.	St. Anthony, Idaho	5/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 22th 1953	Pineview	Ashton Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 23, 1953	M. L. Hansen	Lund Riser	Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED JUN 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No. 29
Reg. Dist. No. 650

BIRTH NO. 111-53-5656

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): YAMASAKI

4. DATE OF DEATH: (Month) (Day) (Year): May 31, 1953

5. SEX: Male

6. COLOR OR RACE: Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 31. 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 10 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hiromi Yamasaki — BIRTHPLACE: Rexburg, Idaho

14. MOTHER'S MAIDEN NAME: Yoshiko Kasai — BIRTHPLACE: Tokyo, Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Hiromi Yamasaki — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 31, 1953, *to* _____, 19____, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 10:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orval F. Cline, M.D.

23b. ADDRESS: Rexburg, Idaho.

23c. DATE SIGNED: 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 1, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Ida

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 3 June 53

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St Anthony, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 18 1953

DIVISION OF VITAL STATISTICS

State File No. 1852
Local Reg. No. 19
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton.(Rural)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton (Rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred.	Robert.	Hill	May. 10th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	May.7th. 1920	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Egin Idaho.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lucius. Elmer Hill.	Utah	Amphia. Kinder.	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes. W.W.2	518-18-1207	Archie E. Hill	Ashton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture.Chrushed Chest

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Highway #191.	Ashton.(Rural) Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May.10th 1953 9.45 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Overturned Car.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
390 M. L. Hansen	St Anthony. Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May.13th 1953.	Pineview	Ashton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12 May 53	M. L. Hansen	Lewis Lee	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 27 1953 DIVISION OF VITAL STATISTICS

State File No. 853
Local Reg. No. 23
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (Rural)
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 191.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gerald. b. (Middle) Lee. c. (Last) Merrick

4. DATE OF DEATH: (Month) May. (Day) 18th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 6th 1938.

9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Blackfoot. Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Charles Merrick, BIRTHPLACE: Farnum, Idaho.

14. MOTHER'S MAIDEN NAME: Dora Peterson. BIRTHPLACE: Minot. N.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: *****

17. INFORMANT'S OWN SIGNATURE: Chas. L Merrick ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Highway 191.

21c. (CITY, TOWN, OR TOWNSHIP) Ashton (COUNTY) Fremont. (STATE) Idaho.

21d. TIME OF INJURY: (Month) May. (Day) 18th (Year) 1953 (Hour) 5:45 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Tractor Overturned.

22. I hereby certify that I attended the deceased from May 18, 1953, to ——, 19—, that I last saw the deceased alive on May 18, 1953, and that death occurred at 5:45 P m., from the causes and on the date stated above.

23a. SIGNATURE: Spencer Parkinson (138) (Degree or title): M.D. 23b. ADDRESS: Ashton Idaho 23c. DATE SIGNED: May 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail 24b. DATE: May. 21st 1953, 3 24c. NAME OF CEMETERY OR CREMATORY: Pineview 24d. LOCATION (City, town, or county): shton (State): Idaho

DATE REC'D BY LOCAL REG.: May 23-53 REGISTRAR'S SIGNATURE: M K Hansen

25. FUNERAL DIRECTOR: Lewis Riser ADDRESS: Ashton Idaho,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1854
Local Reg. No. 25
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 35years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Howard	James.	Hollingsworth	May. 26th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 18th 1881	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Druggist. 46	Drugstore Owner.	Cheyenne. Wyo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hollingsworth	dk	Margaret Roney.	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-30-1330	Ruby Hollingsworth	Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 199X Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of ischium — 2

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Med femur — 6 wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. ____, 1953, *to* 26th May 1953, *that I last saw the deceased alive on* 26th May, 1953, *and that death occurred at* 5:30 P. M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clk. D. Nyman 2/3 MD.	Ashton - Ida.	27 May 53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May. 29 62 27th 1953.	Pineview	Ashton Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4 June 53	Mark Hansen	Lewis Kiser	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1855
Local Reg. No. 30
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Avis
c. (Last): Kurrock

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 19, 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 8, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Saline, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: R. C. Girdner
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Adabelle Helton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 22 5501
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Dennis Hebert Jr

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

513X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombosis cerebral vessels — 1 day
DUE TO (c): Pansinusitis — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
pansinusitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 5 20, *to* 29 April, 1953, *that I last saw the deceased alive on* 29 April, 1953, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Goodwin 137 M. D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 5 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 5, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR — ADDRESS: Glenn W Beatty — The Beatty Chapel, Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1856
Local Reg. No. 31
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 118 Williams Road

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Bradley
c. (Last): Woodbury

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 6, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Muskegon, Mich
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George B. Woodbury — BIRTHPLACE: Mich.
14. MOTHER'S MAIDEN NAME: Rachael Johnson — BIRTHPLACE: Sodas, N.Y.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Mrs. Ethel A. Woodbury — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertensive C-V. disease — 2 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1953, *to* 3 May, 1953, *that I last saw the deceased alive on* 3 May, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 137 (Degree or title) M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 12 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: May 10, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: De Witt
24d. LOCATION (City, town, or county) (State): Walla Walla, Wash.

DATE REC'D BY LOCAL REG.: May 12, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 1857
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO. 111-53-5680

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (In this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cnythia b. (Middle) Jean c. (Last) McCullough

4. DATE OF DEATH: (Month) May (Day) 19, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 9, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months; Days: 2; IF UNDER 24 HRS. — Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child or

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Parks McCullough — BIRTHPLACE: Windsor, Neb.

14. MOTHER'S MAIDEN NAME: Leilla Jean Bowen — BIRTHPLACE: Mindon, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Parks McCullough — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — 6 months — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Postabortion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 10, 1953, *to* May 11, 1953, *that I last saw the deceased alive on* May 11, 1953, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS

23c. DATE SIGNED: 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May12, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) Emmett, Idaho (State)

DATE REC'D BY LOCAL REG.: 5/12/53

REGISTRAR'S SIGNATURE: Jean U. Beatty

25. FUNERAL DIRECTOR Glenn Williams — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1858
Local Reg. No. 36
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mamie	Adell	Hollingsworth	May 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	married	Nov. 14, 1876	76	6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John C. Curtis	Indiana	Eliza Jenkins	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease — 50 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 1952 1951 *to* May, 1953, *that I last saw the deceased alive on* May 18, 1953, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E. Howard MD	Emmett Idaho	May 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 19, 1953	Riverside	Emmett, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 22, 1953	Juanita Beatty	Beatty Chapel	Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1859
Local Reg. No. 35
Reg. Dist. No. 346 341

Certificate of Death

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 108 N. Johns

3. NAME OF DECEASED (Type or Print)
a. (First): Matilda
b. (Middle): Amelia
c. (Last): Walker

4. DATE OF DEATH (Month) May (Day) 18 (Year) 53

5. SEX: f
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 5, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Parley Park Utah
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William O. Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Elsie Erickson — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Vera Vanderdasson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral haemorrhage — 2 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Dec., 1952, *to* 18 May, 1953, *that I last saw the deceased alive on* 18 May, 1953, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Goodman 137. (Degree or title) M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 23 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 21, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: May 23, 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1860
Local Reg. No. 31
Reg. Dist. No. 540 54

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: LosAngles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glendale
d. STREET ADDRESS (If rural, give location): 1707 Arlington

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Moses c. (Last) Elbon
4. DATE OF DEATH (Month) (Day) (Year): May 21, 1953
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 21, 1905
9. AGE (In years last birthday): 47 IF UNDER 1 YEAR Months: 6 Days: 0 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: William Elbon BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Matilda Renda BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 547-12-9991
17. INFORMANT'S OWN SIGNATURE: Elsie Gay Elbon ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vascular Disease — 3 years

DUE TO (c) Bilateral Renal Tuberculosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

019X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1953, *to* May 21, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 9:49A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: May 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn
24d. LOCATION (City, town, or county) (State): Glenndale, Calif.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Glenn W Beatty ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 39
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5th and Johns Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 5th and Johns Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Hays		May 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Jan. 1, 1865	88	4	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
brick mason 81	construction	Maine	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		unknpwn	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Gem County Public Administrator Glenn W. Beatty	Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 1/2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Exertion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	at home	Emmett, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 25, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	while tending goat

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty coroner of Gem Co.	Emmett, Idaho	May 29 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May29,1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 29, 1953	Jean A. Beatty	Glenn W Beatty The Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1862
Local Reg. No. 38
Reg. Dist. No. 340.341

BIRTH NO.

JUN 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sand Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emme tt
d. STREET ADDRESS (If rural, give location): 436 Monroe St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Marion
c. (Last): Patterson

4. DATE OF DEATH: (Month) (Day) (Year): May 26, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 15, 1925

9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months 0 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 04

10b. KIND OF BUSINESS OR INDUSTRY: agri.

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Burt Patterson
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Emma Sweet
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 519-16-5906

17. INFORMANT'S OWN SIGNATURE: x Bettyjean Patterson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

914.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): electrocution
INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gem Silica Plant
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 26,1953 8:AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: while at work of moving pipe

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W Beatty coroner Gem Co
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: May 27 195 3

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 29,1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 27, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1863
Local Reg. No. 42
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) E c. (Last) Patton

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Apr. 8, 1875	78	1	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Falk, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Stuart	Ireland	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	x Mrs Lunena Carpenter	

18. CAUSE OF DEATH 331X

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atherosclerosis — 30 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Falling from chair — 10 minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	nursing home	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
May 31 1953 7:35 m.		Patient fell from chair probably as result of Cerebral hemorrhage.

22. *I hereby certify that I attended the deceased from* April, 1953, *to* May 31, 1953, *that I last saw the deceased alive on* May 17, 1953, *and that death occurred at* 7:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E. Howard M D	Emmett, Idaho	June 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 4, 1953	New Plymouth	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 3, 1953	Jean Beatty	Beatty	Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 41
Local Reg. No. 41
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R Emmett
d. STREET ADDRESS (If rural, give location): 415 E. 4th St

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) David c. (Last) Christison

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 19, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR Months: 9 Days: 12 — IF UNDER 1 DAY Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: auto repair
11. BIRTHPLACE (State or foreign country): Lebo, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles T. Christison — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Maggie D. Cox — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 01 0196
17. INFORMANT'S OWN SIGNATURE: Mrs Harold Campbell — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 19 53, *to* May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 1:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: June 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1865
Local Reg. No. 33
Reg. Dist. No. [illegible]

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7-mile Slew

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. Box 236

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Phillip
c. (Last): Roesbery

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug. 19, 1943
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 03
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Nyssa, Oregon
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward W. Roesbery — BIRTHPLACE: Calif
14. MOTHER'S MAIDEN NAME: Virginia L. Green — BIRTHPLACE: Boise, Ida.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Virginia Louise Roesbery — ADDRESS

18. CAUSE OF DEATH 929.8
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7-mile slew
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett Gem Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 16 53 3:30
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from raft

22. *I hereby certify that I attended the deceased from* never, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W Beatty 470 — (Degree or title): Coroner Gen Co.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1866
Local Reg. No. 57
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL): Emmett
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Mile Slew

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 832

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Melvin	Dean	Timmons	May 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Sept. 9, 1938	14	8	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 77
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Oconto, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Cutris Timmons — BIRTHPLACE: Centralia, Illinois
14. MOTHER'S MAIDEN NAME: Lottie Geringer — BIRTHPLACE: Oconto, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Raymond C Timmons — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7-mile slew
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Gem, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 16 53 3:30
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from raft

22. *I hereby certify that I attended the deceased from* never ; 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty	Coroner Gem Co.	Emmett Idaho	May 18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 20, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.: May 19 53
REGISTRAR'S SIGNATURE: Glenn W Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 1607
Local Reg. No. 1601
Reg. Dist. No. 420

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle): Orville
c. (Last): Gillard

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced- twice
8. DATE OF BIRTH: 10/22/16
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 08
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Marion Gillard — BIRTHPLACE: U.S.
14. MOTHER'S MAIDEN NAME: Rose — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-8957
17. INFORMANT'S OWN SIGNATURE: Eloise M. Larson, M.D. — ADDRESS: Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

002X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 29, 1953, *to* May 8, 1953, *that I last saw the deceased alive on* May 8, 1953 *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eloise M. Larson, M.D. 649
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: May 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-9-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 5-8-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1868
Local Reg. No. 1598
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF DAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 925 Robertson Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Thiemann

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 5, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman Sego Milk II
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Lincoln, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Thiemann — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Dorothy Kruckenberg — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: 518 28 7287
17. INFORMANT'S OWN SIGNATURE: Mrs Wm H Thiemann — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* May 16, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 6:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Kungler M.D. 597
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: May 20 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 21 1953 10
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1597
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 413 Nevada

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Allen c. (Last) Savage

4. DATE OF DEATH: (Month) (Day) (Year): May 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 20, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Keith Savage
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Norma Perry
BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Keith Savage
ADDRESS: Gooding, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 760.5 Fetal Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1953 *to* May 22 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion H. Kingsley M.D. (Degree or title)

23b. ADDRESS: Gooding Idaho

23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/23/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 5 30 53

REGISTRAR'S SIGNATURE: J. A. Summers

25. FUNERAL DIRECTOR: Geo. Jewell Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 70
Local Reg. No. 1599
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dublin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ETHEL	M.	MORSE	May 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 16, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Larkin Macy — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Jennie Newby — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. R. W. Day — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20, 1953, *to* 5-24, 1953, *that I last saw the deceased alive on* 5-24, 1953, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter E. Anderson	M.D.	Gooding, Ida	5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5/25/53		Cambridge City, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-25-53	J. H. Cromwell	Geo. Jerred Jr.	THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1596
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) LILLIAN
b. (Middle) BLANCHE
c. (Last) DUDLEY

4. DATE OF DEATH (Month) (Day) (Year) May 3, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 19, 1896
9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Puckette
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ray Dudley
ADDRESS Wendell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

008X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal tuberculosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Same

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* 5-2-, 1953, *that I last saw the deceased alive on* 5-2-, 1953, *and that death occurred at* 5:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Maurice E. Scheel M.D. (Degree or title)
23b. ADDRESS Wendell, Idaho
23c. DATE SIGNED 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/6/53
24c. NAME OF CEMETERY OR CREMATORY Wendell Cemetery
24d. LOCATION (City, town, or county) (State) Wendell, Idaho

DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerrett Jr.
ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1872
Local Reg. No. 1600
Reg. Dist. No. 420

Certificate of Death

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): ELIZABETH
c. (Last): GLAUNER

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 19, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Freeman Higley — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nancy Jane Sharpe — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ben Glauner — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — many yrs
DUE TO (c) ~~Bo~~ Malnutrition — 3-4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* May 4, 1953, *that I last saw the deceased alive on* May 4, 1953, *and that death occurred at* 10:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.
23b. ADDRESS: Gooding, Ida
23c. DATE SIGNED: 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/8/53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 5-9-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1073
Local Reg. No. 46
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) Edward c. (Last) Trautman

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 29 1880
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad worker
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jake Trautman — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Catherine Fliesteller — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 700-07-5770
17. INFORMANT'S OWN SIGNATURE: Steven Trautman Jr. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 [redacted] Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 May, 1953, *to* 3 May, 1953 *that I last saw the deceased alive on* 3 May, 1953, *and that death occurred at* 10:24 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald J. Feltman 360 M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 5 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5 6 -53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek Idaho

DATE REC'D BY LOCAL REG.: May 5, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Uhlorn Robertson — ADDRESS: Cottonwood
By Robertson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 774
Local Reg. No. 30
Reg. Dist. No. 240

BIRTH NO.

JUN 8 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: IDAHO

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE

c. LENGTH OF STAY (in this place): 11 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: IDAHO

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WALLACE b. (Middle) BERT c. (Last) AKERS

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 29, 1904

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Howard Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Elmer M. Akers, — BIRTHPLACE: Penn

14. MOTHER'S MAIDEN NAME: Mattie Poole — BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 541-03-6341

17. INFORMANT'S OWN SIGNATURE: Mrs Nellie Akers — ADDRESS: Moscow Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral lower lobe pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 May, 1953, *to* 26 May, 1953, *that I last saw the deceased alive on* 26 May 1953, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doral Saltman M.D. — **23b. ADDRESS**: Grangeville Idaho — **23c. DATE SIGNED**: 27 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: May 28, 1953 — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State): Bend, Deschites, Oregon

DATE REC'D BY LOCAL REG.: May 27 1953 — REGISTRAR'S SIGNATURE: Irma Jones — **25. FUNERAL DIRECTOR**: Jess Peterson — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1875
Local Reg. No. 53
Reg. Dist. No. 240

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Carolyn
b. (Middle): Jean
c. (Last): Nutting

4. DATE OF DEATH (Month) (Day) (Year): May 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 16, 1940
9. AGE (In years last birthday): 12
IF UNDER 1 YEAR: Months 10 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Grangeville Ida
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Ralph Nutting
BIRTHPLACE: Minn
14. MOTHER'S MAIDEN NAME: Imogene Wickersham
BIRTHPLACE: Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R W Nutting
ADDRESS: Grangeville

18. CAUSE OF DEATH 401.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever 12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Idaho (STATE): Idaho County rural (Grangeville, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1944, *to* May 28, 1953, *that I last saw the deceased alive on* May 28, 1953, *and that death occurred at* 4:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 201 (Degree or title): D. H. S. Kale 2 Do.
23b. ADDRESS: Grangeville Idaho.
23c. DATE SIGNED: June 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-53
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Ida

DATE REC'D BY LOCAL REG.: June 3 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Herm Aulis
ADDRESS: City

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1876
Local Reg. No. 52
Reg. Dist. No. 240

Certificate of Death

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hsopital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): M.
c. (Last): POWELL,

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 20,1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Charter Oak, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Wm. Squibb, BIRTHPLACE: Westmoreland Co. Penn.
14. MOTHER'S MAIDEN NAME: Minnie Bielow, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: L. Powell — ADDRESS: Grangeville Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart Block. — 1 hour.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1953 *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Guttermore M.D. 029
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: June 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1,1953 01
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: June 1, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1877
Local Reg. No. 48
Reg. Dist. No. 240

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): mouth of south fork
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): of the Salmon River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warren
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fredrick	Linsday	Badley	May 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	July 27, 1897	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher of	farming	Sweet, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. L. Badley	Iowa	Effie O. Laws	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 12 0443	X Jack R Badley	Ola Payette

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gun Shot Wound — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Skull

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Ryan	Idaho Co. Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
5 16 1953 P.M.		Shot Through Head

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Caudell	Coroner	Grangeville, Ida.	5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 21, 1953	McCall	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 20 1953	Irma Cone	Glenn W. Beatty The Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953

Certificate of Death
STATE OF IDAHO

State File No. 1178
Local Reg. No. 11
Reg. Dist. No. 242

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) BYRON c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): May 17 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 4 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Sabula, Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Byron Davis.,
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Caroline Wood.,
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Cecil M. Davis.
ADDRESS: Craigmont Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Diabetic mellitus
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Strangulated Hernia

19a. DATE OF OPERATION: 4-26-53

19b. MAJOR FINDINGS OF OPERATION: Bowel strangulated but resumed.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1953, to May 17, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE: Richard E Orr (Degree or title) M. D.

23b. ADDRESS: Cottonwood, Idaho.

23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-20-53

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: May 18, 1953

REGISTRAR'S SIGNATURE: Wesley J. Orr M.D.

25. FUNERAL DIRECTOR: C. E. Davis

ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 47
Reg. Dist. No. 240

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD
c. LENGTH OF STAY (in this place): 48 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Big Sherwin Creek.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SAM
b. (Middle): WESLEY
c. (Last): WATSON,

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 22, 1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): WINCHESTER, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: not known, — BIRTHPLACE: not known
14. MOTHER'S MAIDEN NAME: Winnie Neaves, — BIRTHPLACE: Wash,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 537-12-2566
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Whitebird,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-18-53
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Forrest
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Idah.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 18 53 9:30 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by Log

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* May 18, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: May 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Colfax Cemetery.
24d. LOCATION (City, town, or county) (State): Colfax, Wash

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature] Peterson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
Certificate of Death
JUN 11 1953
STATE OF IDAHO

State File No. 1880
Local Reg. No. 12
Reg. Dist. No. 242

BIRTH NO.

DIVISIO
STA

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Rawlins
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Herndon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle):
c. (Last): RIENER

4. DATE OF DEATH (Month) (Day) (Year): May 19 1953

5. SEX: Male.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 20 - 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Paul Riener — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Mary Wolter. — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank Riener — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis.
DUE TO (c): Not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1953, *to* May 19, 1953, *that I last saw the deceased alive on* May 18, 1953, *and that death occurred at* 5:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D. 299
23b. ADDRESS: Cottonwood Idaho
23c. DATE SIGNED: 5-[illegible]-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 21, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Herndon Kansas

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by T.N.
25. FUNERAL DIRECTOR: Cletus Uhlorn — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1881
Local Reg. No. 13
Reg. Dist. No. 242

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-53-5734 JUN 11 1953

1. PLACE OF DEATH
a. COUNTY: Idaho DI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GARY DEAN ASHBY
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): May 22 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 20 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------- 02
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME / BIRTHPLACE: James Henry Ashby., Nampa, Idaho.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Vonnie Jeanette Weeks., Troy, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------ (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: James H. Ashby Craigmont, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Constitutional Inadequacy -

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Birth @ 7 mo -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cottonwood Idaho Idaho -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19-, 1953, *to* 5-22, 1953, *that I last saw the deceased alive on* 5-21, 1953, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Kobler 644 MD
23b. ADDRESS: Myrtle Idaho
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-22-53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: 5-22-53
REGISTRAR'S SIGNATURE: Wesley F. Orr MD. by TM
25. FUNERAL DIRECTOR / ADDRESS: C. E. Clovis Craigmont, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1882
Local Reg. No. 14
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sebastain
b. (Middle): Joseph
c. (Last): Sattler

4. DATE OF DEATH (Month) (Day) (Year): May 22 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Sattler
BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-5031
17. INFORMANT'S OWN SIGNATURE: Mrs. Lewis Schneider
ADDRESS: Cottonwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Perforated Diverticulitis
DUE TO (c): Acute Diverticulitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Transverse Colon Colostomy

19a. DATE OF OPERATION: May 2 53
19b. MAJOR FINDINGS OF OPERATION: Perforated Sigmoid Due to Diverticulitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 6:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D. 299
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 5-25-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood Ida

DATE REC'D BY LOCAL REG.: 5-25-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by M.
25. FUNERAL DIRECTOR: Cletus Adhlorn
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1883
Local Reg. No. 49
Reg. Dist. No. 249

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place): Few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State highway # 8

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): E.
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): 5-25-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-5-1920
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Edger
10b. KIND OF BUSINESS OR INDUSTRY: Lumber-mill
11. BIRTHPLACE (State or foreign country): Virginia, Minn.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Eric G. Rose — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Jennie Nelson — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 11
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: X Mrs Robert Rose — ADDRESS: Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Seached Spinal Cord — INTERVAL BETWEEN ONSET AND DEATH: Instan.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractal Cervical Spine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Highway 8 Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-25 1953 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard A. Crowell (Degree or title): Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 27 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1884
Local Reg. No. 57
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY (If outside corporate limits, write RURAL) OR TOWN KAMIAH
c. LENGTH OF STAY (in this place) 17 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Simler ranch, 2 mi. out

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KAMIAH
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	E.	GARBUTT	May 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	Aug. 11, 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer, Loco.	Rail Road	Over Scund, Ontario,	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Garbutt	Toronto, Can	Mary White	Ontario, Can.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		John A. Garbutt	Phoenix Ariz

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural		Rural, Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
May 26, 1953 2 m.		Natural causes

22. *I hereby certify that I attended the deceased from* ____, *19*____, *to* ____, *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Gyrdl M.D. Coroner	Grangeville, Idaho	May 27 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 30, 1953	Kamiah	Kamiah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 29 1953	Irma Cone	Jos Nelson	Idaho Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 15
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) BLANCH c. (Last) JOHNSON

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan uary 16 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Pollock, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Stanley., BIRTHPLACE: Missouri.
14. MOTHER'S MAIDEN NAME: Amanda J. Price., BIRTHPLACE: Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth V. Randall ADDRESS: Craigmont Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchs - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953, *and that death occurred at* 8:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. M. Collins (Degree or title) M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 5-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-29-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 1, 1953
REGISTRAR'S SIGNATURE: Wesley F. Owen, M.D. Lytn.
25. FUNERAL DIRECTOR: C. C. Clavin ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 136
Local Reg. No. 16
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stites
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) A. c. (Last) BANKS

4. DATE OF DEATH (Month) (Day) (Year) May 31 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 4 1886
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Janitor
10b. KIND OF BUSINESS OR INDUSTRY Stites School
11. BIRTHPLACE (State or foreign country) Warren County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James W. Banks. BIRTHPLACE Kansas City, Mo.
14. MOTHER'S MAIDEN NAME Millie N. Phillips. BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 518-03-8271
17. INFORMANT'S OWN SIGNATURE Mrs. Ewell Hartman ADDRESS Stites, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Cardiovascular Disease 4 yrs.
DUE TO (c) Chronic Pulmonary Tuberculosis 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 51, *to* May 31, 19 53, *that I last saw the deceased alive on* May 31, 19 53, *and that death occurred at* 10:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wesley F. Orr M. D.
23b. ADDRESS Cottonwood, Idaho.
23c. DATE SIGNED 6-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Craigmont
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho

DATE REC'D BY LOCAL REG. 6-3-53
REGISTRAR'S SIGNATURE Wesley F. Orr M.D. by H. E. Clover
25 FUNERAL DIRECTOR ADDRESS Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 23
Local Reg. No. 23
Reg. Dist. No. 640

RECEIVED
MAY 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lpwder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 391 West 1st No.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): ROBERT EDWARD LEE CLEVELAND

4. DATE OF DEATH: (Month) (Day) (Year): May 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 24, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): So. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Cleveland. BIRTHPLACE: Seneca, S. C.

14. MOTHER'S MAIDEN NAME: Susan Francis Davis. BIRTHPLACE: Seneca, S. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Henry Cleveland ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

454X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage - Cause unknown. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis - popliteal artery - & thrd gangrene right leg. — 1 month.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Myocarditis — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none performed.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, 1952, *to* May 7, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas L Wall (Degree or title) M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 5/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5--12--53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 5/8/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1988
Local Reg. No. 33
Reg. Dist. No. 6-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby Rt #1
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby Rt.#1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Annie Olander Severson

4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 15, 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abraham Olander BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Fredricka Halgren BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Velva S. Watts ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/23, 1944, *to* 5/8, 1953, *that I last saw the deceased alive on* 5/8, 1953 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Leon Call M.D.
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 5/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/11/53
24c. NAME OF CEMETERY OR CREMATORY Grant Cemetery
24d. LOCATION (City, town, or county) (State) Grant, Idaho

DATE REC'D BY LOCAL REG. 5/20/53
REGISTRAR'S SIGNATURE Mrs. A. B. Eckersell
25. FUNERAL DIRECTOR Jack A. Wood
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 640

RECEIVED
MAY 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
c. LENGTH OF STAY (in this place): 57 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): Roberts

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): PEARL
c. (Last): MASSENGALE

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1953

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19, 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hermosa, So. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Steve Osborne. BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Francis Cushenberry. BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 518-26-2898
17. INFORMANT'S OWN SIGNATURE: William R. Massengale — ADDRESS: Roberts, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1953, *to* May 10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall 422 (Degree or title): M. D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-53
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 5/12/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUN 22 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 1890
Local Reg. No. 29
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): High Power line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Beaverhead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dillon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Francis
c. (Last): Gibbons

4. DATE OF DEATH (Month) (Day) (Year): May 20 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 3 - 1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: On Power line
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marlin Gibbons — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Delia Joyce — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter L. Brundage — ADDRESS: Dillon Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrocution

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coming in Contact with 11000
DUE TO (c): Hot Power line

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Monteview — (COUNTY): Jefferson — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 20, 1953, 10 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Contact with Hot Power line

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall Corner 470 (Degree or title)
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May - 20 - 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Dillon Montana

DATE REC'D BY LOCAL REG.: 5/26/53
REGISTRAR'S SIGNATURE: Mrs A B Eckerell
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 7 [illegible]
Local Reg. No. 93
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedict

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Rural,

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M
c. (Last): Johns

4. DATE OF DEATH (Month) (Day) (Year): May 2 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 5/8 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer of
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Eagleville Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: —
BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: —
BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-22-9542
17. INFORMANT'S OWN SIGNATURE: Marie G Bloem
ADDRESS: Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16-, 1949, *to* 5-2-, 1953, *that I last saw the deceased alive on* 5-2-, 1953, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Leber, M.D. (Degree or title) 282
23b. ADDRESS: Jerome
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: May 6 01 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 11, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1892
Local Reg. No. 94
Reg. Dist. No. 440

Certificate of Death

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Crystal Auto Courts

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): May 3 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 45 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police, Bartender
10b. KIND OF BUSINESS OR INDUSTRY: City - Bars
11. BIRTHPLACE (State or foreign country): Zionville Ind
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: 48 — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unkown
17. INFORMANT'S OWN SIGNATURE: Marie G Bloem — ADDRESS: Jerome Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 45 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Endarteritis obliterans — 3 yrs.

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 5/1/53
19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis of large vessels of thigh
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1953, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Smail 373 (Degree or title)
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 10, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1093
Local Reg. No. 95
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-53-5768

RECEIVED MAY 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Byram
b. (Middle): John
c. (Last): Lambert

4. DATE OF DEATH (Month) (Day) (Year): May 12 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 11 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Del Lambert — BIRTHPLACE: Billings Mont
14. MOTHER'S MAIDEN NAME: Annabelle Wortman — BIRTHPLACE: Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Del Lambert — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1[illegible], 1953, *to* May 12, 1953, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 2:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James E. Hood MD. (Degree or title) 399
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 15, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Leroy A. Mazier — ADDRESS: Jerome

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1894
Local Reg. No. 96
Reg. Dist. No. 440

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) May (Day) 13 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 23 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 6 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Not Known — BIRTHPLACE: 06
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J R Wiley — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

453.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peripheral vascular disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with infarct

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* May 13, 1953, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 165 Hopper Mal
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 19, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1895
Local Reg. No. 97
Reg. Dist. No. 740

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 502 Everett

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna		Dedman	May	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan 19. 1861	92	3	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Owens County Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Sanderson — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Yant — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: J R Wiley — ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.0 Fracture of Left (femur) — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia 36 hrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Acc.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rest home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Idaho
21d. TIME OF INJURY (Month) 5 (Day) 13 (Year) 53 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped & fell on left hip

22. *I hereby certify that I attended the deceased from* 5/8, 1953, *to* 5/14, 1953, *that I last saw the deceased alive on* 5/13, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Carlyle Smith 373 (Degree or title)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 5/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 16.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 19, 1953
REGISTRAR'S SIGNATURE: Ira M. Rose, O.D.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1896
Local Reg. No. 98
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 5hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bernard
b. (Middle):
c. (Last): Arnold

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7. 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 2 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Holt Clay Co Mo
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Arnold — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Lillian Arnold — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mrs. Virgil Whiteker — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1953, *to* 5-16, 1953, *that I last saw the deceased alive on* 5-16-, 1953, *and that death occurred at* 11:39 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Lehr, M.D. (Degree or title)
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 19, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 37
Local Reg. No. 99
Reg. Dist. No. 440

Certificate of Death

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): A
c. (Last): JENNE

4. DATE OF DEATH (Month) (Day) (Year): MAY. 17, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 16, 1886
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER 37
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): WEST VERGINIA 66 5
12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: UNK. BIRTHPLACE: UNK.
14. MOTHER'S MAIDEN NAME: UNK. BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-5403
17. INFORMANT'S OWN SIGNATURE: ✓ Myrtle Jenne ADDRESS: Wendell Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 2 years
~~DUE TO (c)~~ and Hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1953, *to* death, 19__, *that I last saw the deceased alive on* 5-17-53, 19__, *and that death occurred at* 1:05 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold F. Holsinger, M.D. 164
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 5/21/1953
24c. NAME OF CEMETERY OR CREMATORY: SODA SPRINGS
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J Forrest Weaver ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1308
Local Reg. No. 100
Reg. Dist. No. 440

Certificate of Death

RECEIVED
JUN 6 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 600 South Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle): Madge Giles
c. (Last): Gibbons

4. DATE OF DEATH (Month) (Day) (Year): May 23 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 9. 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henry Giles — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Nettie May Hanks — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Thos. R. Gibbons — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

214X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Occurred during
DUE TO (c): hysterectomy 5/23/53 despite cardiac massage and stimulating drugs + blood.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/23/53
19b. MAJOR FINDINGS OF OPERATION: Enlarged fibrotic uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1940, *to* May 23, 1953, *that I last saw the deceased alive on* May 23, 1953, *and that death occurred at* 12 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle 373 Smail — (Degree or title): MD.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 26. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: May 29, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1099
Local Reg. No. 107
Reg. Dist. No. 440

BIRTH NO.

RECEIVED
JUN 6 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): C JEROME
c. LENGTH OF STAY IN (this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): RT. 1

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): EDNA
c. (Last): HANSON

4. DATE OF DEATH (Month) (Day) (Year): MAY. 25. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: JUNE 15. 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): HAMBURG IOWA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J.R. WILSON
BIRTHPLACE: N.Y. STATE

14. MOTHER'S MAIDEN NAME: MARY J. O'BRIEN
BIRTHPLACE: ALMIRA N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Marian D. Hartley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion — 24 hrs
DUE TO (c): Coronary arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-2-48, 19__, *to* death 19__, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Holsinger MD
23b. ADDRESS: Wendell Ida.
23c. DATE SIGNED: 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/28/1953
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: May 29 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J. Farrell Weaver
ADDRESS: Wendell Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 1900
Local Reg. No. 102
Reg. Dist. No. 440

Certificate of Death

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Effa
b. (Middle): May
c. (Last): Kirkpatrick

4. DATE OF DEATH (Month) (Day) (Year): May 29 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 30. 1876.
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Adair Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. W. B. Smith — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Martha Morgan — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ena Reed — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 165 S. Hopkins M.D.
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/30/53 01
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho.

DATE REC'D BY LOCAL REG.: June 9, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Rodney G. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 77
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 941 N 5Th St

3. NAME OF DECEASED (Type or Print)
a. (First) Arnold
b. (Middle) LaVern
c. (Last) Case

4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 27 1921
9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trentwood
11. BIRTHPLACE (State or foreign country) Annabella Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arnold Case BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Louisa Barney BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 529-16-4468
17. INFORMANT'S OWN SIGNATURE Mrs. Helen Case ADDRESS Coeur d'Alene Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1947, *to* 5/2, 1953, *that I last saw the deceased alive on* April, 1953, *and that death occurred at* 6.00A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-253
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Richfield Utah

DATE REC'D BY LOCAL REG. 5-2-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 1902
Local Reg. No. 84
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 744-Military dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sarah		Clapp	May 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Mar. 18, 1861	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John N. Miller	Unknown	Reberca McNeil	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
N	None	None	+ Frank L. Monte	C.D.A. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cardiac Failure	3 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Myocarditis	3 yrs
DUE TO (c)	Hypertensive Cardio vascular Disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 5-3-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
270 M.D.	Coeur d'alene, Ida	5-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-8-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 21 1953

DIVISION OF VITAL STATISTICS

State File No. 1088
Local Reg. No. 86
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (Within State) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 912 N 5Th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene,
d. STREET ADDRESS (If rural, give location) 912 N 5Th St

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle)
c. (Last) Johnson

4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Married

8. DATE OF BIRTH 5-16-1873

9. AGE (In years last birthday) 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME Unkown
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Unkown
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Lean Johnson CdA. Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Ford (Degree or title) M.D.

23b. ADDRESS Coeur d'Alene

23c. DATE SIGNED 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-9-53

24c. NAME OF CEMETERY OR CREMATORY Forest

24d. LOCATION (City, town, or county) CdA (State) Ida

DATE REC'D BY LOCAL REG. 5-8-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Gilbert Yates
ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2904
Local Reg. No. 85
Reg. Dist. No. 120

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 721-7th, st.

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) Nora
c. (Last) Dennis

4. DATE OF DEATH (Month) (Day) (Year) May 13, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 22, 1880
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~George~~ JAMES Reynolds — BIRTHPLACE ~~Unknown~~ Indiana
14. MOTHER'S MAIDEN NAME NAOMI EASTER — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE R. W. Dennis — ADDRESS 721-7th, st. Coeur d' Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) accident
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 19__, *to* May 13, 1953, *that I last saw the deceased alive on* May 13, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE D. M. Guzynski 125 (Degree or title) MD
23b. ADDRESS 3(?) N 4th CDH
23c. DATE SIGNED 14 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 15, 1953
24c. NAME OF CEMETERY OR CREMATORY Canova Cemetery
24d. LOCATION (City, town, or county) (State) Canova, South Dakota

DATE REC'D BY LOCAL REG. 5-15-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR English Funeral Chapel — ADDRESS
By: N. F. Riplinger Jr

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 3 - 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 94
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 808 Davidson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	Anthony	Kiger	5	19	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	10-12-1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer 2-	Own Business	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. John Kiger	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-10, 1951, *to* 5-19, 1953, *that I last saw the deceased alive on* 5-19, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-23-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-23-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. H. Hughes

Certificate of Death

STATE OF IDAHO

State File No. 1906
Local Reg. No. 92
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. C. General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,
d. STREET ADDRESS (If rural, give location): 618-Wallace avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marjorie	B.	Tibbitts	May 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Sept. 20, 1904	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Burrows	England	Jane Knight	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		(X) Forest D. Tibbitts	Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage, subarachnoid — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-21-53	Spinal Tap. Blood Cerebro spinal fluid	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950, 19__ *to* 5-21, 1953, *that I last saw the deceased alive on* 5-21, 1953 *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard D. Hughes MD	Coeur D' Alene Idaho	5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 23, 1953	New Tacoma Cemetery	Tacoma, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-23-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 96
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 3717 N. Normandie

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Rose		Minch	5	22	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	7-26-1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN BIRTHPLACE
14. MOTHER'S MAIDEN NAME UNKNOWN BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Mrs. Maude Minch ADDRESS Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Face. — INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not *, 19___, to ___, 19___, that I last saw the deceased alive on* Did not *, 19___, and that death occurred at ___ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, Coroner M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-22-53 01	Fairmount Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG. 6-3-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 1908
Local Reg. No. 91
Reg. Dist. No. 12

RECEIVED MAY 28 1953 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 6-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cda Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Cda Homes

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) B.
c. (Last) Jahr

4. DATE OF DEATH (Month) (Day) (Year) May 24, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 9, 1863
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anders Berg — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Amelia M. Loffres — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

161X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19, 1953, *to* 5/24, 1953, *that I last saw the deceased alive on* 5/23, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 175 [signature] (Degree or title)
23b. ADDRESS Coeur d' Alene Id
23c. DATE SIGNED 5/26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-27-53 01
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 5-26-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 3 - 1953 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 93
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'alene
d. STREET ADDRESS (If rural, give location): 1015 Davidson

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): McCoy

4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-23-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 3x
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hezekiah McCoy — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Rose Cook — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Jessie McCoy — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH 6/0X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chr. prostatic hypert. c̄
DUE TO (c): obstruction — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic emphysema — 10 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1953, *to* 5-27, 1953, *that I last saw the deceased alive on* 5-27, 1953, *and that death occurred at* 11 30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Brandon Barclay (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 5-28-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene — ADDRESS: Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 97
Reg. Dist. No. 120

BIRTH NO.

JUN 10 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jewel	R.	Newton		5	28	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	10-7-1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lowell Fosket	Nebraska	Nellie Shipman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-26-7008	Mr. Edward Newton	Hayden Lake, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute Hemorrhagic Pancreatitis	72 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Cholecystitis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Obesity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Coeur d'Alene, Idaho	5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-3-53	Lorraine K. Brush	Gilbert Gates	[illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-9145

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 95
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1116 Hastings

3. NAME OF DECEASED (Type or Print)
a. (First): Jon
b. (Middle): Howard Mathis
c. (Last): Hayes

4. DATE OF DEATH (Month) 5- (Day) 31- (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 5-30-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kendrick Hayes — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Evelyn Frandsen — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. Kendrick Hayes — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (3 lbs - at birth)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/30, 19 53, *to* 5/31, 19 53, *that I last saw the deceased alive on* 5/30, 19 53 *and that death occurred at* 8:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James W. Hawkins (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-1-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-3-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene — ADDRESS: Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 1912
Local Reg. No. 88
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 21 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #10 West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho/Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 524 S. Hatch

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Edward c. (Last) Stewart

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 53

5. SEX: Mv

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 22, 1912

9. AGE (In years last birthday): 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body Fender Man

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Heutter Idaho

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Stewart BIRTHPLACE: N.D.

14. MOTHER'S MAIDEN NAME: Elizabeth Reeves BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) accidental traumatism by auto accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing of Chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Hi Way 10.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: auto accident.

22. *I hereby certify that I attended the deceased from* Did not. *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Dod Coroner. M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-6-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 5-8-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR ADDRESS: Gilbert Gate Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 89
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 95 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Page Road

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Helen
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): May 9 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 21, 1927
9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months 7 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Spokane Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Clare Walker
BIRTHPLACE: Tacoma Wash.
14. MOTHER'S MAIDEN NAME: Helen Jeffrey Jolliffe
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clare Walker
ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by firearms

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 22 Cal. through left chest.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 95 U.S.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 10 miles South Coeur d'alene, Kootenai - Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot herself through chest.

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 13 1953
24c. NAME OF CEMETERY OR CREMATORY: Hayes & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1914
Local Reg. No. 90
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hiway #10 East of CdA
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene, Idaho
d. STREET ADDRESS (If rural, give location) Rte. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	John	Wilson		5	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	6-26-1931	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Common Labor	Various	Baker, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald Wilson	Oregon	Margaret Meehan	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes W.W.II	519-28-9131	Mrs. Margaret Wilson	Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning, Probable — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E23.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 10 -
21c. (CITY, TOWN, OR TOWNSHIP) East of Wallace Ridge. (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car ran off road into ditch.

22. *I hereby certify that I attended the deceased from* Did not, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Delbert T. Wood Coroner MD	Coeur d'Alene, Idaho	May 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-13-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-13-53	Lorraine K. Brush		

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 46
Reg. Dist. No. 200

BIRTH NO. St...

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Campus Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Campus Motel

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Wealthy
c. (Last): Barber

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marshall, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: D.M. Fraser — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Mary Ruscoe — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: Mrs. L. J. Torgerson — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

175X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Valopian tube — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 28 Dec. 5, 1952
19b. MAJOR FINDINGS OF OPERATION: Wide spread Carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Moscow (COUNTY) Latah (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 11, 1952, *to* May 2, 1953, *that I last saw the deceased alive on* May 2, 1953, *and that death occurred at* 1:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): LaRile J. Stephens M.D.
23b. ADDRESS: Moscow
23c. DATE SIGNED: 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county): Clarkston (State): Wash.

DATE REC'D BY LOCAL REG.: 5/8/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1916
Local Reg. No. 45
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 1882
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 So. Hayes St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 969 East Sixth St.

3. NAME OF DECEASED (Type or Print)
a. (First): Tilda
b. (Middle): M.
c. (Last): Nelson

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 5, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. James, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gustafson Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Adolphs — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. V. Nelson — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 19*52*, to* May 2 *, 19*53*, that I last saw the deceased alive on* May 2 *, 19*53*, and that death occurred at* 3 40 *p m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 5/8/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: N R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1917
Local Reg. No. 49
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 1879

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 East "E" St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 219 East "E" St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie	A.	Silvey	May	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	May 28, 1865	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E.B. Harrison — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Amelia Jane Shearer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Silas Holbrook — ADDRESS: Moscow

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334 X Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* 6 May, 1953, *that I last saw the deceased alive on* 5 May, 1953, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde Culp	MD	Moscow Idaho	5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-8-1953	Viola Cemetery	Viola Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/14/53	Lois E. Engel	H.R. Frost	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-7180

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1918
Local Reg. No. 50
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Tritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) De Smet
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) VANCE c. (Last) MARTIN

4. DATE OF DEATH (Month) MAY (Day) 13 (Year) 1953

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH MAY 11, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 02
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Martin BIRTHPLACE Millboro, S. Dakota
14. MOTHER'S MAIDEN NAME Dorothy Magers BIRTHPLACE Sanders, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE ✓ Frank Martin ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

769.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of the lungs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxemia of pregnancy.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/11/53, 19__, *to* 5/13/53, 19__, *that I last saw the deceased alive on* 5/13/53, 19__, *and that death occurred at* 8:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Doug C M Loehr 228 (Degree or title) MD
23b. ADDRESS Box 227, Moscow, Idaho
23c. DATE SIGNED 5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-15-53
24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) St Maries Idaho

DATE REC'D BY LOCAL REG. 5/19/53
REGISTRAR'S SIGNATURE Lois E Angel
25. FUNERAL DIRECTOR Gerald E Browning ADDRESS St Maries Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. [illegible]
Local Reg. No. 53
Reg. Dist. No. 200

BIRTH NO. MAY 25 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Latah.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 2 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Masonic Temple.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho.
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
d. STREET ADDRESS (If rural, give location) 2101. Ellis Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First) RALPH
b. (Middle) WALLACE
c. (Last) YORK.

4. DATE OF DEATH (Month) (Day) (Year) May. 13. 1953.

5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH November. 7.1894.
9. AGE (In years last birthday) 58-6-6. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Syms-York Printing Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Silver City, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lemuel. A. York. 74 BIRTHPLACE Lewiston, Maine.
14. MOTHER'S MAIDEN NAME Catherine Brady, BIRTHPLACE Mineral Point, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-0281.
17. INFORMANT'S OWN SIGNATURE Mrs. Cora Mae York ADDRESS Boise, Idaho. 2101. Ellis Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ½ hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none known
DUE TO (c) ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ——
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —— m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-13, 1953, *to* 5-13, 1953, *that I last saw the deceased alive on* 5-13, 1953, *and that death occurred at* 3 15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward [illegible] MD
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May. 14. 1953.
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial
24d. LOCATION (City, town, or county) (State) Park. Boise, Idaho.

DATE REC'D BY LOCAL REG. 5/21/53
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR Short's Funeral Chapel, ADDRESS Moscow, Ida. [illegible] Short

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 200

BIRTH NO. [illegible]

RECEIVED MAY 22 1953 VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

LENGTH OF STAY (in this place): life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 623 So. Adams St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 623 So. Adams St.

3. NAME OF DECEASED (Type or Print)

a. (First): Dorsey

b. (Middle): F.

c. (Last): Harland

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 11, 1898

9. AGE (In years last birthday): 55

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper 40

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): American Ridge, Idaho

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Manford W. Harland

BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Knable

BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518-10-8102

17. INFORMANT'S OWN SIGNATURE: Mrs. D. F. Harland

ADDRESS: Moscow

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-13-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2 previous Coronary

DUE TO (c) occlusions May 27, 1949 and Dec 3, 1951

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-6-50, *to* 5-13-53, *that I last saw the deceased alive on* July 25, 1952, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Wilson MD

23b. ADDRESS: Moscow, Ida

23c. DATE SIGNED: 5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-15-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 5/19/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: W R Short

ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 25 1953

DIVISION OF VITAL STATISTICS

State File No. 2
Local Reg. No. 54
Reg. Dist. No. 200

BIRTH NO. Klaus

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Broderick	Doyle	Bawn		May	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 31, 1885	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 07		born on the high seas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs William Bawn	Potlatch

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Two days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary disease — Five years

DUE TO (c) Obesity with arteriosclerosis — Last several years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 13, *19*53, *to* April 14, *19*53, *that I last saw the deceased alive on* April 14, *19*53, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. Klarin	MD	Box 227, Moscow, Idaho	5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 17, 1953	Potlatch Cemetery	Potlatch Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/21/53	Lois E. Engel	L. K. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 55
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Nagel

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 19, 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Nagel — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Carolina Heuser — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frieda Herrmann — ADDRESS: Genesee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

416X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) rheumatic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9-, 1949, *to* 5-14-, 1953, *that I last saw the deceased alive on* 5-14-, 1953, *and that death occurred at* 3:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Jenstler MD (Degree or title)
23b. ADDRESS: Genesee, Idaho
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county): Genesee (State): Idaho

DATE REC'D BY LOCAL REG.: 5/21/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: HR Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

MAY 25 1953

STATE OF IDAHO

State File No. 1923
Local Reg. No. 52
Reg. Dist. No. 200

BIRTH NO. Myers

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seattle
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine		Preuschoff	May	16	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	May 20, 1932	20				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Petersburg, Alaska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Preuschoff — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Louise Seitzer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE: X Beverley L. Hingard — ADDRESS: 610 Campus, [illegible]

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal skull fracture — 11 hours
DUE TO (c) Trauma to head — 11 hours

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Multiple fractures of mandible — 11 hours
Fracture of left clavicle — 11 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Automobile
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Highway No 8, Whitman, Washington
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 16 1953 12:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* 5-16, 1953, *to* 5-16, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 11:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Myers	M.D.	Moscow, Idaho	5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	May 19, 1953		Seattle	Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/20/53	Lois E. Angell	V R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 56
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO. [illegible]

RECEIVED MAY 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grittman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 242 No. Jackson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Maurice
b. (Middle):
c. (Last): Stephenson

4. DATE OF DEATH (Month) (Day) (Year): May 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 22, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Concordia, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James A. Stephenson — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Phoeba Terrell — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 701-16-2089
17. INFORMANT'S OWN SIGNATURE: Clarence W Stephenson — ADDRESS: Moscow

18. CAUSE OF DEATH 541.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding duodenal ulcers — INTERVAL BETWEEN ONSET AND DEATH: Several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Last few years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 3, 1952, *to* April 17, 1953, *that I last saw the deceased alive on* April 17, 1953, *and that death occurred at* 11:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C J Klaaren MSC 20X
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 5/21/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

AMENDED OCTOBER 14, 1953

Certificate of Death

53-

STATE OF IDAHO

State File No. 1925
Local Reg. No. 59
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 15 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joel

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): John

b. (Middle): E.

c. (Last): Loomis

4. DATE OF DEATH: (Month) May (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 13, 1881

9. AGE (In years last birthday): 71

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Loomis

BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Mary Ann Orton

BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Bradley Day

ADDRESS: Pullman, Wn.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Embolus — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial failure — Two Months

DUE TO (c) Hypertension — Ten Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, *19* 47, *to* May 19, ___, *19* 53, *that I last saw the deceased alive on* May 19, ___, *19* 53, *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M. Loehr, MD

23b. ADDRESS: Box 227, Moscow, Idaho

23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/23/53

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 6/10/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H. R. Short

ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 53-1925
Date Filed June 15, 1953

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for John E. Loomis (Name on Original Certificate) who died (Was Born or Died) on May 19, 1953 (Date of Event)
in Mowcow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Sept. 30, 1882	Sept. 13, 1881
Age	70	71

Subscribed and sworn to before me this 12 day of October, 1953
Melvin J. Alsager
Notary Public, residing at Moscow
My commission expires 12/15/54
(Seal)

Signed Allen Loomis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 1 Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of October, 1953
Melvin J. Alsager
Notary Public, residing at Moscow
My commission expires 12/15/54
(Seal)

Signed Clara M. Grove
(Signature of Any Credible Person)
428 East 7th Moscow, Idaho
(Street Address, City, State)

DPH 52-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1005
Local Reg. No. 59
Reg. Dist. No. 200

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joel
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): E.
c. (Last): Loomis

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 30, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Loomis — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Mary Ann Orton — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Bradley Day — ADDRESS: Pullman, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure — Two months
DUE TO (c) Hypertension — Ten Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* May 19, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 10:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/23/53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 6/10/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1226
Local Reg. No. 60
Reg. Dist. No. 200

BIRTH NO. 1

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grittman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): SE of city

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	William	Skattaboe	May	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 1, 1890	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Moscow, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
K.O. Skattaboe	Unknown	Carrie Mason	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW1		Mrs Harry Skattaboe	Moscow

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ruptured gastro intestinal Hemorrhage	about one week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	acute coronary thrombosis	26 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic fibrous pulmonary tuberculosis	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
C		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
C m.		

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* May 26, 1953, *that I last saw the deceased alive on* 5 26 53, 19___, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl N. Gunn M.D.	Moscow Idaho	June 6 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/10/53	Laura E. Engel	N.K. Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 57
Reg. Dist. No. 2

BIRTH NO.

RECEIVED MAY 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch

c. LENGTH OF STAY (in this place): 2 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	J.	Hendershott	May	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 31, 1911	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Narrows, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Harris — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Rose Fitzgerald — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 536-07-0044

17. INFORMANT'S OWN SIGNATURE: X Mrs. R. Harris — ADDRESS: Portland

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) husband shot her with 16 ga. shot-gun at base of skull — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

981X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Potlatch, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 20 1953 4a m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? see above

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. R. Short	Coroner, Latah Co.	Moscow, Idaho	5-21-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	5-22-1953	Portland, Oregon	Portland	Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-21-53	Lois E. Angel	E. R. Short	Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 2-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
LENGTH OF RESIDENCE (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle); c. (Last) Hendershott

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 16, 1901

9. AGE (In years last birthday): 52 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad agent 26

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Olney, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Napoleon Hendershott
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Della Elkins
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 712-03-4465

17. INFORMANT'S OWN SIGNATURE: X George O Hendershott
ADDRESS: Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self inflicted shot-gun wound in right temple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: sudden

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) Potlatch (COUNTY) Latah (STATE) Idaho

21d. TIME OF INJURY: (Month) May (Day) 20 (Year) 1953 (Hour) 430a

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? see above

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E R Short 470 (Degree or title) Coroner, Latah Co.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 5-21-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 5-21-1953

24c. NAME OF CEMETERY OR CREMATORY: Spokane Cemetery

24d. LOCATION (City, town, or county) Spokane (State) Wash.

DATE REC'D BY LOCAL REG.: 5-21-53

REGISTRAR'S SIGNATURE: Lois E Engel

25. FUNERAL DIRECTOR: E R Short

ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2929
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): J.
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 12, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walter County, Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 723-01-6566
17. INFORMANT'S OWN SIGNATURE: Taken from papers — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153X Carcinoma Bowel Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Primary site - colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1953 *to* 5-5, 1953, *that I last saw the deceased alive on* 5-4, 1953, *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder M.D. 262 (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 5-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-53 02
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Gilbert C. Toms — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

RECEIVED
MAY 23 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Carl	Arvid	Carlson		5	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Sept 22-1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Cattle Ranching	Stockholm Sweden	Sweden

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nels Fredrick Carlson	Sweden	Clara J. Anderson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		no	Nels E Carlson	Leadore, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Embolis
DUE TO (c) Carcinoma Prostate — 6. mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1777X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* May 14, 1953 *that I last saw the deceased alive on* May 14, 1953 *and that death occurred at* 12 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter L. Blackadar M.D.	Salmon, Idaho	5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-16-1953	Salmon Cemetery	Salmon Lemhi Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-21-53	Viola E. Johnson	A. Mart C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1931
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 27 1953 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Patterson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hilra
b. (Middle): LaFayette
c. (Last): Popejoy

4. DATE OF DEATH (Month) (Day) (Year): 5 - 16 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lemhi County, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Edward Lee Popejoy — BIRTHPLACE: Jackson Cty. Ill.
14. MOTHER'S MAIDEN NAME: Mary Crain — BIRTHPLACE: Perry Cty., Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Naomi Popejoy — ADDRESS: Patterson, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lungs & metastasis — INTERVAL BETWEEN ONSET AND DEATH: uncertain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia, lobar, Bilateral — 4-18-53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1953, *to* 5-16, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Goggins M.D. 474
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-53
24c. NAME OF CEMETERY OR CREMATORY: May
24d. LOCATION (City, town, or county) (State): May, Idaho

DATE REC'D BY LOCAL REG.: 5-25-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 232

BIRTH NO.

RECEIVED MAY 9 - 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): EUGENE JOSEPH O'CONNOR

4. DATE OF DEATH: (Month) (Day) (Year): May 1 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 21 1899

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Zurich, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James O'Connor, BIRTHPLACE: Rochester, N. Y.

14. MOTHER'S MAIDEN NAME: Josephine Morin, BIRTHPLACE: Chicago, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 518-18-8884

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Coronary Disease.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): not known
DUE TO (c): Patient had expired when seen

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wesley F. Orr (Degree or title): M. D.
23b. ADDRESS: Cottonwood, Idaho.
23c. DATE SIGNED: 5-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 4 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow
24d. LOCATION (City, town, or county) (State): Moscow, Idaho.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: C. E. Lewis
25. FUNERAL DIRECTOR: C. E. Lewis ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 353
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
c. LENGTH OF STAY (in this place): 30
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield Idaho
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): John
c. (Last): Schenk

4. DATE OF DEATH (Month) (Day) (Year): May - 3 - 53

5. SEX: M
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Sept. 2 - 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ? Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John R. Schenk — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: John Schenk — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage, — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
DUE TO (c): Senility, age —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
age - hard work —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1951, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 1:4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: 564 [signature] M.D. (Degree or title)
23b. ADDRESS: Fleetwood, Idaho
23c. DATE SIGNED: May 4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 5 - 53
24c. NAME OF CEMETERY OR CREMATORY: Richfield
24d. LOCATION (City, town, or county): Richfield (State): Idaho

DATE REC'D BY LOCAL REG.: May 4 - 53
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUN 3 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 356
Reg. Dist. No. 4-30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dora	May Davis	Larsen	May 13 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W.	married	Apr. 22 1885	68		21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Clifton - Idaho	U S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Riley Davis	Iowa	Jeanette McMurrin	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—	—	—	Arline L. Anderson	Millville Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 3, 1953, *to* May 13, 1953, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 8:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Shoshone Idaho	5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	17th May.	Millville - Nibley	Millville - Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-14-53	Myrtle C. Burdett	Myrtle C. Burdett	Shoshone Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1025
Local Reg. No. 79
Reg. Dist. No. 630

BIRTH NO. 111-53-5920

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Brent b. (Middle) E. c. (Last) Park

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 9, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank Eldon Park — BIRTHPLACE: Sugar City, Idaho

14. MOTHER'S MAIDEN NAME: Rhea Ricks — BIRTHPLACE: Teton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Frank Park — ADDRESS: Sugar City, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cebebral Haemorrhage.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fall Term,

DUE TO (c) Normal Delivery.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

760.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-9-, 1953, *to* 5-10-53, 19___, *that I last saw the deceased alive on* 5-10-, 1953, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 336 H. B. Rigby M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/11/53

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: 5-11-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Vernell Adams — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 36
Local Reg. No. 20
Reg. Dist. No. 630

Dr. O.D. Hoffman

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thornton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Catharine b. (Middle) Louisa c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) May 19, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-15-1879
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Richmond, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Charles Smith BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Catharine Hannah Galbraith BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE + Samuel L Anderson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction (Lay bowel) (Cause undetermined - Surgery refused)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

INTERVAL BETWEEN ONSET AND DEATH
5 days
10 yrs.
6 yrs.
5 yrs.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1947 *to* May 19, 1953, *that I last saw the deceased alive on* May 19, 1953 *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE O.D. Hoffman (Degree or title) M.D.
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 22, 1953
24c. NAME OF CEMETERY OR CREMATORY Annis Little Butte Cemetery
24d. LOCATION (City, town, or county) Annis (State) Jefferson Ida.

DATE REC'D BY LOCAL REG. 5-25-53
REGISTRAR'S SIGNATURE Leona Slamm
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 630

BIRTH NO.

JUN 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 4401 South West Twombly

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Earl	Eugene	Alford	May 31 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept. 16, 1895	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Dealer 19	Automobile	Mary Hill, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julian Alford	Iowa	Jennie Piggott	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Marie E. Alford	Portland, Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 7954 Dead On Arrival at The Madison Memorial Hospital Rexburg, Idaho — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
no		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
no m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. F. Reigly MD.	Rexburg Idaho	May 31 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 1 1953	Portland, Oregon	Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 1, 1953	Leona Hamm	Pollard & Reuer	Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 23
Reg. Dist. No. 452

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY IN (this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hess Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) michael c. (Last) Graber

4. DATE OF DEATH (Month) (Day) (Year) April 30 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov 20 1873

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 5 Days 10 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Belmont France

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Graber BIRTHPLACE France

14. MOTHER'S MAIDEN NAME Francoise Witters BIRTHPLACE France

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Isaac Butler ADDRESS Heyburn Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 5 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1917, to April, 1930, that I last saw the deceased alive on April, 1930, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE [illegible] M.D. (Degree or title)

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-2-53

24c. NAME OF CEMETERY OR CREMATORY Heyburn Cemetery

24d. LOCATION (City, town, or county) (State) Heyburn Idaho

DATE REC'D BY LOCAL REG. 5/21/53

REGISTRAR'S SIGNATURE E. H. Elmer By C. McElmer Deputy

25. FUNERAL DIRECTOR Rodney L. Goodman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

C.E.

State File No. 1939
Local Reg. No. 24
Reg. Dist. No. 450

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 710 - 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alan
b. (Middle):
c. (Last): Goodman

4. DATE OF DEATH (Month) (Day) (Year): May 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist - Embalmer
10b. KIND OF BUSINESS OR INDUSTRY: Mortuary
11. BIRTHPLACE (State or foreign country): Garden City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Goodman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ella Gossett — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 518-09-0511
17. INFORMANT'S OWN SIGNATURE: Rodney S. Goodman — ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Essential Hypertension — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/1, 1953, *to* 5/9, 1953, *that I last saw the deceased alive on* 5/8, 1953, *and that death occurred at* 1:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 5/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 5/21/53
REGISTRAR'S SIGNATURE: E. H. Elmore Co. C. M. Elmore Deputy
25. FUNERAL DIRECTOR: Tom B. McCullach — ADDRESS: Burley Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

m.

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 450

BIRTH NO. 111-53-5950

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Box 615.

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Kay
c. (Last): Johansen

4. DATE OF DEATH (Month) (Day) (Year): May 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child.
8. DATE OF BIRTH: May. 9. 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -2
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Edward Johansen — BIRTHPLACE: Farwell Neb.
14. MOTHER'S MAIDEN NAME: Reta Hardy — BIRTHPLACE: Tetonia Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Edward Johansen — ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prof Premature - 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause not known
DUE TO (c): Born premature lived 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* May 9, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Rupert Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-4-1953
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 28
Reg. Dist. No. 450

BIRTH NO.

FILED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 723 F. St.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Isabel c. (Last) Becker.

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 18. 1869.

9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 5 Days 5 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Denver Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Pratt. BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Edith M. Stevenger ADDRESS Burley Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis 443X — INTERVAL BETWEEN ONSET AND DEATH 10 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* May 23, 1953, *that I last saw the deceased alive on* May 23, 1953, *and that death occurred at* 11:7 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-28-53

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 6-4-53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Rodney E Boardman ADDRESS Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUN 16 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 905 - 3rd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob	Ketterling		May	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	June 13 1894	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Harmon South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ketterling	Kansel Russia	Doratha Hauck	Kansel Russia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mrs L. L. Ketterling	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic Adenocarcinoma of Stomach	6 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/11, 1953, *to* 5/31, 1953, *that I last saw the deceased alive on* 5/31, 1953, *and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carroll M. Elmore, M.D.	Rupert, Idaho	6/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-3-53	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/6/53	E. M. Elmore	Rodney B. Rodman	Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1943
Local Reg. No. ~~450 29~~
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): Box 386

3. NAME OF DECEASED (Type or Print)
a. (First): Franklin
b. (Middle): Gold
c. (Last): Denney

4. DATE OF DEATH (Month) (Day) (Year): May 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 12, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Schools
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Denney — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Gold — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-34-4319
17. INFORMANT'S OWN SIGNATURE: Mrs Stella Hatch — ADDRESS: Paul

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: ~~6 hours~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion — 6 hours.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Idiopathic Epilepsy — many years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1953, *to* May 24, 1953, *that I last saw the deceased alive on* May 24, 1953, *and that death occurred at* 6:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Delley (Degree or title): M D
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 5-27-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: J. Garth Gaynor — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

C.E.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF RESIDENCE (in this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul.
d. STREET ADDRESS (If rural, give location): Rural Route.

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) McClung c. (Last) Benedict

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 16 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5 Days 9 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Orland Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Benedict — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Eugenia J. McClung — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R H Benedict — ADDRESS: Paul.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Abused Alcohol. Several years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12, 1948, *to* 5-25, 1953, *that I last saw the deceased alive on* 5-19, 1953, *and that death occurred at* 6:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C H Edmonds (Degree or title) MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 5-28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-28-53
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 5/28/53
REGISTRAR'S SIGNATURE: C H Edmonds
25. FUNERAL DIRECTOR: Rodney B Boardman — ADDRESS: Rupert

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 452

BIRTH NO.

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul.
d. STREET ADDRESS (If rural, give location): Route. 1

3. NAME OF DECEASED (Type or Print)
a. (First): LeRoy.
b. (Middle): Rich.
c. (Last): Mantsch.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: April 28, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 1 Days 2
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paul Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: August Mantsch
BIRTHPLACE: Ammon Falls

14. MOTHER'S MAIDEN NAME: Ida Vilma Ochsner
BIRTHPLACE: Zeland N. Dak.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: August Mantsch
ADDRESS: Paul Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

756.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature - Malnutrition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Probably congenital Syphilis

DUE TO (c): Premature.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* 5-30, 1953, *that I last saw the deceased alive on* [illegible], *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June. 1. 1953

24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery.

24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 6-4-1953

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Rodney A Gardner

ADDRESS: Rupert. Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1016
Local Reg. No. 73
Reg. Dist. No. 220

BIRTH NO.

MAY 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St. Joseph's Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Evangalista Weyand
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never mar ried
8. DATE OF BIRTH: 12-1-1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): registered nurse 15
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colusa Co, California
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Julius Weyand — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Nina Krause — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Sister M. Esther — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial failure; — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation; — 5 days
DUE TO (c): Rheumatic Fever Hrt disease; — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no injury
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no injury

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* May 3, 1953, *that I last saw the deceased alive on* May 2d, 1953, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Baidek M.
23b. ADDRESS: 707 Ind St. Lewiston Idaho
23c. DATE SIGNED: May 4 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5-5-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lew ston, Idaho

DATE REC'D BY LOCAL REG.: May 5 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vasser — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2017
Local Reg. No. 22
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: NezPerce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: NezPerce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1915 -- Grelle Ave.

d. STREET ADDRESS (If rural, give location): Lewiston, Idaho

3. NAME OF DECEASED (Type or Print)

a. (First): CHARLES

b. (Middle): FRANKLIN

c. (Last): STURM

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: January 11, 1871

9. AGE (In years last birthday): 82

IF UNDER 1 YEAR — Months / Days

IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Phillipy, West Virginia

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Sturm

BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Susan England

BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Clifford Sturm

ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 443X Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Heart Disease

DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 52 *to* May 4, 53, *that I last saw the deceased alive on* May 4, 53 *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover MD 408

23b. ADDRESS: 522 Burrell Ave Lewiston, Idaho

23c. DATE SIGNED: 5/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 5-8-53

24c. NAME OF CEMETERY OR CREMATORY: Paradice Cemetery

24d. LOCATION (City, town, or county) (State): Paradice, Oregon

DATE REC'D BY LOCAL REG.: May 12, 1953

REGISTRAR'S SIGNATURE: Jean Weglins

25. FUNERAL DIRECTOR: Brower-Wann By K.H. Malcom

ADDRESS: Lewiston,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. R. M. Stover

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1928
Local Reg. No. 74
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 Miller St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 316 Miller St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	WILLIAM	CARPENTER	May 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 23, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 9/	Lumbering (logging)	Poplar Bluff, Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mart Carpenter	Missouri	Josephine Patterson	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-4703	C. R. Carpenter	Pendleton Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary sclerosis thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic and hypertensive heart disease,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pulmonary edema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 22, 1950, *to* May 8, 1953, *that I last saw the deceased alive on* May 6, 1953 *and that death occurred at* 1:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jas. A. White, M.D.	Lewiston, Idaho	5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 9, 1953	Pilot Bute Cemetery	Bend, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 9 1953	Jean Wegelius	Brower-Wann By E. DeBaun	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 81
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 534 Preston Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards (Rural)
d. STREET ADDRESS (If rural, give location): 534 Preston Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Oliver
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Service Station Operator (self)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walla Walla, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Wright — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Emma Whitstone — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: John D Wright — ADDRESS: Seattle, Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* May 10, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 4126 [illegible] Lewiston Ida
23c. DATE SIGNED: May 12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: May 18, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD of Death

STATE OF IDAHO

State File No. 1950
Local Reg. No. 25
Reg. Dist. No. 220

BIRTH NO.

MAY 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1106-11th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) Joanne c. (Last) Chase

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 22, 1899

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Genesee, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Eikum
BIRTHPLACE: Hafslo, Norway

14. MOTHER'S MAIDEN NAME: Maria Svangstu
BIRTHPLACE: Luster, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vern Chase
ADDRESS: Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 155X Carcinoma of Gall Bladder
INTERVAL BETWEEN ONSET AND DEATH: 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cholecystitis & Lithiasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Abd. Metastasis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall Bladder

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 Feb, 19 53, *to* 10 May, 19 53, *that I last saw the deceased alive on* 10 May, 19 53, *and that death occurred at* 11:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul G. Haury MD

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 11 May 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 13, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 12 1953

REGISTRAR'S SIGNATURE: Jean Vegelius

25. FUNERAL DIRECTOR: R. E. DeBaun
ADDRESS: Lewiston, Idaho

Dr. P. G. Haury

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 78
Reg. Dist. No. [redacted]

BIRTH NO.

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): [illegible]day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Elva; b. (Middle); c. (Last) Deffenbaugh

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Brock
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Mary Jane Currey
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Homer Deffenbaugh
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinson's disease

443X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-8-, 1953 *to* May 11, 1953, *that I last saw the deceased alive on* 5-11-, 1953, *and that death occurred at* 6:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. J. White M.D. (Degree or title): [illegible]
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 14 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: L. E. DeBaun
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Dr. A. J. White

NON-RESIDENT
Certificate of Death

RECEIVED

MAY 29 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Clarkston Heights
d. STREET ADDRESS (If rural, give location): Route 1, Box 165A

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Virgil
c. (Last): Ewing

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19 1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Veliets, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Ewing — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Laura Lena (Unknown) — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 530-05-2974
17. INFORMANT'S OWN SIGNATURE: Bernie O Surdei — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4-51X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hilesterol obstruction — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Miscellaneous Thrombosis
Disintegration of [illegible]
DUE TO (c) of Aorta — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 7th -53 m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? [illegible]

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: 707 [illegible] St. - Lewiston, Idaho
23c. DATE SIGNED: 5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston Wash

DATE REC'D BY LOCAL REG.: May 18 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant — ADDRESS: Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Medical Certification

a. Acute intestinal obstruction
b. Mesenteric Thrombosis
c. Disecting aneurism of Thorasic of Aorta

21 f. Pt. bent over to pick up board. Severe pain in back.

(Had to have Dr. Baldeck read this)

State File No. 1953
Local Reg. No. 79
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1702 G St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Ernest
c. (Last): Knapp

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 21, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor 73
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garden Grove, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Ernest Knapp — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Hettie Hoffman — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 546-28-6669
17. INFORMANT'S OWN SIGNATURE: Grace Mary Campbell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 6 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1953, *to* May 12, 1953, *that I last saw the deceased alive on* May 12, 1953 *and that death occurred at* 2.54 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssow 055 (Degree or title)
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 15, 1953
REGISTRAR'S SIGNATURE: Jean Angelius
25. FUNERAL DIRECTOR: Frank Hahn — L. E. De Bauer — ADDRESS: Lewiston, Idaho Carssow

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 77
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
MAY 20 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): Thain Road

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Steinhaus

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Never married	Feb 2, 1873	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
labor		Linclon Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Steinhaus	Germany	Sophia Schroder	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	[illegible]	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4-20-0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Left Heart Failure

DUE TO (c) Arteriosclerotic Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-6-11, 1953 *to* 5-12, 1953, *that I last saw the deceased alive on* 5-12, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray W. Eastman MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	May 14, 1953	Craigmont	Craigmont, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
May 14 1953	Jean Wegelin	[illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1955
Local Reg. No. 80
Reg. Dist. No. 220

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William Mathew b. (Middle) c. (Last) Fountain

4. DATE OF DEATH: (Month) (Day) (Year) May 13, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 13, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 52

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Tammany Idaho.

12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Henry K. Fountain
BIRTHPLACE: Ore

14. MOTHER'S MAIDEN NAME: Sarah Denney
BIRTHPLACE: Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Effie Fountain
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

550.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diffuse peritonitis

DUE TO (c) Ruptured appendix

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 13, 1953, *that I last saw the deceased alive on* May 13, 1953, *and that death occurred at* 6:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barney M.D
23b. ADDRESS: 307 St Johns Way, Lewiston Id
23c. DATE SIGNED: May 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: May 18, 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 83
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): [illegible] days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 546 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edna	L.	Kohler	May	15,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Aug. 13, 1859	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown Cay	Unknown	Unknown Richardson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		A. J. Wright	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombus, Rt leg — 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-20-1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1948, *to* May, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 11½ a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E Carson M.D.	Lewiston Idaho	5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 18, 1953	Palouse Cemetery	Palouse Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 18, 1953	Jean Wegelius	H C Merchant	Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1957
Local Reg. No. 86
Reg. Dist. No. 220

BIRTH NO. 111-53-5998

RECEIVED MAY 20 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 622 Burrell Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) John c. (Last) Sjolund

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 14, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 1 | IF UNDER 24 HRS.: Hours: 6 | Min.: 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Sjolund — BIRTHPLACE: Superior, Wisconsin

14. MOTHER'S MAIDEN NAME: Grace Gravelle — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Robert Douglas Sjolund

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 761.65 Pre-maturity — INTERVAL BETWEEN ONSET AND DEATH: Same as above

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mis-judgment as to time due
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cesarean Section

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Not Reported yet.

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 14, 1953, *to* May 15, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 2:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover M.D. 408

23b. ADDRESS: 527 Burrell Ave. Lewiston, Ida.

23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 19, 1953

REGISTRAR'S SIGNATURE: Jean Wagelins

25. FUNERAL DIRECTOR ADDRESS: L. E. DeBaun — Brower-Wann Co. Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. R. Stover

State File No. [illegible]
Local Reg. No. 89
Reg. Dist. No. 220

Certificate of Death

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Somerville Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): E.
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov, 2, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Powers Mich.
12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): on — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-0872 A
17. INFORMANT'S OWN SIGNATURE: Clara J. Blake — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1951 *to* 5/15, 1953 *that I last saw the deceased alive on* 5/13, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Eastman M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: May 20 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1959
Local Reg. No. 87
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1123 N St.

3. NAME OF DECEASED (Type or Print): a. (First) Edith b. (Middle) Belle c. (Last) Jacobs

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 22, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Waitsburg, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George N. Hollister — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Myra Camp — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ruth J. Darwin — ADDRESS: 621 6th St. Lewiston

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Hypertensive Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) x Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949 *to* 17 May, 1953, *that I last saw the deceased alive on* 17 May, 1953, *and that death occurred at* 3 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul G Haury MD
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 19 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: May 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Smith and Co.
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: Jean Wagelin
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: Lewiston Idaho
K.H. Malcom

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. P. G. Haury

State File No. 1960
Local Reg. No. 88
Reg. Dist. No. 220

Certificate of Death

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1905 Snake River Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Bales Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): P
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Financing 74
10b. KIND OF BUSINESS OR INDUSTRY: Small loans & Credit
11. BIRTHPLACE (State or foreign country): Bucklin Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William S. White — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ella Malloy — BIRTHPLACE: Medille Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 522-03-0809
17. INFORMANT'S OWN SIGNATURE: William Welsh by L.E. DeBaum — ADDRESS: Price Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ½ hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — unknown.
DUE TO (c): -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient first seen 8.30 AM may 17 1953

22. *I hereby certify that I attended the deceased from* and had apparently expired a short time before my arrival. *, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. Douglas M.D.
23b. ADDRESS: 307 St Johns Way Lewiston, Idaho
23c. DATE SIGNED: 5-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 19, 1953 31
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Price, Utah

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: Lewiston Idaho
R.H. Malcom

Dr. W. S. Douglas

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1961
Local Reg. No. 90
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): Cr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 206 W. Bannock

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	HARRISON	LEMONS	May 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	April 4, 1891	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brand Inspector	cattle	Forest, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Lemons	Missouri	Alva Odell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-1294	Colby E Lemons	2721 Illinois Caldwell, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420,1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Had Peptic Ulcer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 19, 1953, *to* May 19, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover M.D. 408	527 Burrell ave. Lewiston Idaho	5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-22-53	Prarie View Cemetery	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 22, 1953	Jean Wegelius	Brower-Wann by K H Malcom	Lewiston,

Dr. R. M. Stover

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 91
Reg. Dist. No. 220

BIRTH NO.

JUN 6 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 302 - 5 St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 302 - 5 St.

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) c. (Last) Flynn

4. DATE OF DEATH: (Month) (Day) (Year) 5 - 2[illegible] 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-23-1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ash County, North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. J. Baldwin
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: J. F. Flynn
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1953

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma of
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rectum, liver
DUE TO (c) & skeletal System

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of liver & rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/22, 1953, *to* 5/22, 1953, *that I last saw the deceased alive on* 5/22, 1953 *and that death occurred at* 3:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): [illegible] M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 25 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent O. Jansen
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 92
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 6 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 419-- Miller St.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ORMOND c. (Last)

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 18, 1877

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): NesAlbany, Ind.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Hospital record — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post. operative shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Transurethral Resection
DUE TO (c) Benign Hypertrophia Prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Cardiac Hypertrophy, dilitation

19a. DATE OF OPERATION: 25 May

19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 May, 1953, *to* 25 May, 1953, *that I last saw the deceased alive on* 25 May, 1953 *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell F Scott (Degree or title) M.D.

23b. ADDRESS: Lewiston Ida.

23c. DATE SIGNED: 26 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-29-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 29, 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Mann by W H Mahon — ADDRESS: Lewiston,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 93
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Otis
b. (Middle): L.
c. (Last): Gleason

4. DATE OF DEATH (Month) (Day) (Year): 5-27-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-16-1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto dealer 19
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Winona, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. H. J. Ballantyne — ADDRESS: Caldwell, Ida.

583X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inter Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hepatitis. — 3 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* 5-27, 1953, *that I last saw the deceased alive on* 5-27, 1953, *and that death occurred at* 11:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssonne (Degree or title): 05
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-1-53 12
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 1, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vassar — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1965
Local Reg. No. 94
Reg. Dist. No. 220

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): E.
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Oct. 29, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 13
10b. KIND OF BUSINESS OR INDUSTRY: truck driver
11. BIRTHPLACE (State or foreign country): Culdesac, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Barnes — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Amanda Musgrave — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl B Barnes — ADDRESS: Lapwai, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Gunshot wound of brain

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO

21a. ACCIDENT SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Round House (RR)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, NezPerce, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 29 1953 5:50 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19* —*, to* — *, 19* —*, that I last saw the deceased alive on* — *, 19* —*, and that death occurred at* 6:20 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom 470 — (Degree or title): Coroner
23b. ADDRESS: Lewiston
23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-1-53 21
24c. NAME OF CEMETERY OR CREMATORY: Dixie Cemetery
24d. LOCATION (City, town, or county) (State): Dixie, Washington

DATE REC'D BY LOCAL REG.: June 1, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: by L. E. DeBaun Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1936
Local Reg. No. 95
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY IN (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) RALIEGH b. (Middle) c. (Last) ELLENWOOD

4. DATE OF DEATH: (Month) (Day) (Year) May 29, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: October 10, 1910
9. AGE (In years last birthday): 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gifford, Idaho
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John C. Ellenwood BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Eva Lott BIRTHPLACE: Lewiston, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Nieta Blackeagle ADDRESS: Lapwai, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3221 aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcoholism — yrs.
DUE TO (c) Fatty deg of Kidney & Liver — wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston NezPerce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 29, 1953 *and that death occurred at* 5:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carsowne, DDS
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 5-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-53
24c. NAME OF CEMETERY OR CREMATORY: Tribal Cemetery
24d. LOCATION (City, town, or county) (State): Lapwai, Idaho

DATE REC'D BY LOCAL REG.: June 1, 1953
REGISTRAR'S SIGNATURE: Jean Hegelins
25. FUNERAL DIRECTOR: Brower-Wann by W. H. Malcom ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1967
Local Reg. No. 89
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mouth of Salmon River
c. LENGTH OF STAY (in this place): MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camp- Mouth of Salmon River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mouth of Salmon River (Camp)
d. STREET ADDRESS (If rural, give location): ———

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Adrian	Hastings	Approx. Apr. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Feb. 14, 1894	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer o6	Sheep herding	Dixie, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William T. Hastings	Washington	Julia M. Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Albert Wilson Hastings	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4982

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (probable) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exposure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ———, 19____, *to* ———, 19____, *that I last saw the deceased alive on* ———, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.H. Malcom 470	Coroner	Lewiston, Idaho	5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 65	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	May 20, 1953	Smith & Co.	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 19 1953	Jean Wegelius	Brower-Wann L.E. Brower	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD Certificate of Death

STATE OF IDAHO

State File No. 1958
Local Reg. No. 85
Reg. Dist. No. 220

BIRTH NO.

MAY 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hatwai district
LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch near Hatwai Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hatwai District
d. STREET ADDRESS (If rural, give location): 1/2 mile east of Hatwai Creek

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Edward c. (Last) Goldsmith

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 17, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 52

10b. KIND OF BUSINESS OR INDUSTRY: Sheep raising

11. BIRTHPLACE (State or foreign country): Uniontown, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin L. Goldsmith
BIRTHPLACE: London, England

14. MOTHER'S MAIDEN NAME: Margaret Ann Hall
BIRTHPLACE: Sunderland, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS: K C W Lawrence

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. H. Malcom, Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: May 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 19 1953
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Vann Co.
ADDRESS: Lewiston, Idaho
L. E. DeBaun

Federal Security Agency
United States Public Health Service
Form DEH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2009
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Homedale
c. LENGTH OF STAY (in this place) 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Homedale
d. STREET ADDRESS (If rural, give location) In town

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) F. c. (Last) Hoyt

4. DATE OF DEATH (Month) (Day) (Year) May 2-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH February 2-1885
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 3 Days 0 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles F. Hoyt BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sarah Stotts BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sylvanus F. Hoyt ADDRESS The Dalles, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1953, to May 2, 1953, *that I did not see the deceased alive on* May 2, 1953, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Homedale Idaho
23c. DATE SIGNED May 6 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 7-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell Idaho

DATE REC'D BY LOCAL REG. May 13-53
REGISTRAR'S SIGNATURE Nina Fraser
25. FUNERAL DIRECTOR Perkins-Bakan ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1870
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver City
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver City
d. STREET ADDRESS (If rural, give location) 1 Mile So. of Silver City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fred	Never Married	Dorst	May 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Jan. 4, 1873	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Gold Mine	Switzerland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unk	Unk	Unk	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown. If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	None	X Mrs Stella Silver City	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Death due to natural causes
No criminal negligence apparent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude L Sullivan 096 Physician	Owyhee County Idaho	6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1953	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 28-53	Mrs Nina Frosig	Earl Waggoner Pearsey-Arlen Chapel	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1971
Local Reg. No. 95
Reg. Dist. No. 320

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 520 River Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	SIMON	COOPER	May 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	September 13, 1864	88	7	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired miner	Mining	Valley Falls, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Cooper	New York	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	—	Theodore Cooper	Ocean City, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.0 Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
— m.	—	—

22. *I hereby certify that I ~~attended the deceased from~~ Made Inquiry on May 2, 19 53, ~~that I last saw the deceased alive on 19~~, and that death occurred at 8:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gifford R. Shaffer	Coroner	Payette, Idaho	May 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 5 1953	Edwin E Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAY 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY in this place: 1906
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 997 North 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 997 North 9th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MINNIE	MAY	VAN NATTA	May 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	October 26, 1886	66	6	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Sabetha, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Bowers	Stark County, Ohio	Myrtle Plumm	Lanark, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Merle W. Van Natta	Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — Sev. Yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I ~~attended the deceased from~~* Made Inquiry on May 17, 19 53, *that I last saw the deceased alive on* May 16, 1953, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Giffard R. Shaffer Coroner	Payette, Idaho	May 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 18 1953	Robert E. Shaffer	Giffard R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
MAY 28 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 North 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 903 North 9th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	RUFUS	PETERSON	May 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 14, 1871	81	7	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Farm - retired	Cedar Falls, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Peterson	Sweden	Anne Knudts	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			R O Peterson	Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage secondary to	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute lymphatic leukemia	appox 1 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic duodenal ulcer	probably several years duration

204.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 12, 1953, *to* May 18, 1953, *that I last saw the deceased alive on* MAY 17, 1953, *and that death occurred at* 10:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter S. Kotas M.D.	Payette, Idaho	May 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 18 1953	Roberta E Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-7100

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 28 1953

DIVISION OF VITAL STATISTICS

State File No. 1054

Local Reg. No. 28

Reg. Dist. No. 820

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. LENGTH OF STAY (in this place): days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARIE	BETTY LOU	ORTEGA	May 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Mexican	Never Married	May 21, 1953	0	0	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Philep Ortega	Sughcehe, Colorado	Helen Trugalo	New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Phil Ortega	Payette, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premoturity — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pleural hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 19 53, *to* May 25, 19 53, *that I last saw the deceased alive on* May 25, 19 53, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Payette, Idaho	May 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 27 1953	Gabriel E Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 24
Reg. Dist. No. 330

BIRTH NO.

MAY 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Star Route
LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural— Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Star Route
d. STREET ADDRESS (If rural, give location): 965 — 6th Avenue South- Payette, Ida

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Anne; c. (Last) Kent

4. DATE OF DEATH: (Month) April (Day) 30th, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 20, 1859

9. AGE (In years last birthday): 93 years; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home-keeper

11. BIRTHPLACE (State or foreign country): St. Johns, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter O. Byram
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Melissa Harding
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: E. K. Kent
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7948 Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 30, 1953, *to* April 30, 1953, *that I last saw the deceased alive on* April 30, 1953, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Xavier (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-30-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: May 1, 1953

REGISTRAR'S SIGNATURE: Roberta E. Sheffer

25. FUNERAL DIRECTOR: Gifford R. Sheffer

ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 9
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amemican Falls
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Henry
c. (Last): Iverson

4. DATE OF DEATH (Month) (Day) (Year): 5 4 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 28, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 7, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Bernhart M. Iverson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Tirzah Griffiths — BIRTHPLACE: So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-14-1093
17. INFORMANT'S OWN SIGNATURE: Mrs. A. T. Mathews — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1953, *to* May 4th, 1953, *that I last saw the deceased alive on* 5-4, 1953, *and that death occurred at* 40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. G. Logan MD
23b. ADDRESS: American Falls
23c. DATE SIGNED: 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): bur.
24b. DATE: 5-7-53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: 5-7-63
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: Am. Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 10 1977
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 223 Harrison

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	Irven	Thomas, Jr.		May	25	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white		June 12, 1944	8	11	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student	none	Sheridan, Wyoming	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Irven Thomas	Daniel, Wyoming	Iola Barton	Oakville, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Iola Thomas	Am. Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Slipped on rock
DUE TO (c) Fell in river

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Snake River	American Falls	Power	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
5	25	53	3p m.		slipped on rock fell in river

22. *I hereby certify that I attended the deceased from* 5-25- , 19 53, *to* 5-25 , 19 53, *that I last saw the deceased alive on* 5-25-53 , 19 , *and that death occurred at* 3:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	American Falls, Idaho	5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	May 29-53	Fallsview	American Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-29-53	Gertrude Thornhill	[signature]	American Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 1978
Local Reg. No. 34
Reg. Dist. No. 142

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 79 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 415 S Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Augusta
b. (Middle): T
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 26 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Fred Gehre — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Augusta Giese — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 534-24-6611
17. INFORMANT'S OWN SIGNATURE: Edward Clark — ADDRESS: Spokane Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Muscular Dystrophy — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ē anoxia.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-6, 1953, *to* 5-9, 1953, *that I last saw the deceased alive on* 5-9, 1953, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stacey
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 5-14-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Gordon McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kellogg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Richland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	## HAY	KIRKLAND	May	10	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 1, 1892	60	5	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Margaret Reid — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-01-3554
17. INFORMANT'S OWN SIGNATURE: Mary A Kirkland — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary Thrombosis — several years
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Disease
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on May 8, 1953 and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [illegible] Coroner — 23b. ADDRESS: Wallace Ida — 23c. DATE SIGNED: May 11 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: May 14-1953 — 24c. NAME OF CEMETERY OR CREMATORY: Mullan — 24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: May 14-1953 — REGISTRAR'S SIGNATURE: Dale L Cornell Reg — 25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 7-2

BIRTH NO.

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY IN (This place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): 630 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) B. c. (Last) GILMAN

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 14, 1878

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months: 10 Days: 7 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Bismarck N. Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Babil — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Harvey Anderson — ADDRESS: Wardner Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebrovascular accident — 14 days

DUE TO (c) Essential hypertension — unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Suppurative parotitis, left.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1953, *to* May 21, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C B Scott MD

23b. ADDRESS: Kellogg, Idaho

23c. DATE SIGNED: May 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/26/53

24c. NAME OF CEMETERY OR CREMATORY: St Maries Idaho

24d. LOCATION (City, town, or county) (State): St Maries Idaho

DATE REC'D BY LOCAL REG.: 5-26-53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Grant M. Slade — ADDRESS: Kellogg Idaho

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Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1981
Local Reg. No. 3
Reg. Dist. No. 7-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 116 S Elm

3. NAME OF DECEASED (Type or Print): a. (First) Irving b. (Middle) D. c. (Last) Henry

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9, 1893

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.: 1 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Spokane Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Marion E. Henry — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elise De Hon — BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-7676

17. INFORMANT'S OWN SIGNATURE: Mrs Anna Henry — ADDRESS: Kellogg

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21, 53, *to* 5-24, 53, *that I last saw the deceased alive on* 5-21, 53, *and that death occurred at* 5:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Rolen

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 5-29-53

REGISTRAR'S SIGNATURE: Joe Devine

25. FUNERAL DIRECTOR: Gordon Glade — **ADDRESS**: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1982
Local Reg. No. 36
Reg. Dist. No. 140

BIRTH NO.

MAY 11 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Burke~~ Wallace
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lucretia	Jane	Graff	May 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 10, 1878	74	8 / 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	Rich Woods, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Boyster	Mo.		

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X Harry R. Graff	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis	5 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis.	4 yrs
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus.	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. *I hereby certify that I attended the deceased from* 12-12, 1947, *to* 5-1-, 1953, *that I last saw the deceased alive on* 5-1-53, 19—, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James B. Hunter M.D.	Wallace, Idaho	5-2-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5. 1953	Fairmont Park	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 4-1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

State File No. 1983
Local Reg. No. 36
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst

3. NAME OF DECEASED (Type or Print)
a. (First): Cecil
b. (Middle): C
c. (Last): Hamock

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 29, 1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Vandervoort Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Hamock — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Adela Hugan — BIRTHPLACE: Arkansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 42910-8126
17. INFORMANT'S OWN SIGNATURE: Mabel Hamock — ADDRESS: Pinehurst Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Melano Sarcoma of Skin — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1952
19b. MAJOR FINDINGS OF OPERATION: Biopsy: Melano-sarcoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* May 20, 1953, *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 5:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Bowbrake M.D. (Degree or title)
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/21/53
24c. NAME OF CEMETERY OR CREMATORY: Farrast
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 13
Local Reg. No. 43
Reg. Dist. No. 140

BIRTH NO. 111-53-6114

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MONTY	CLYDE	MAEL	May 21 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Single	May 21-1953			0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Wallace Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bernard Mael	Idaho	Patsy Mericle	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Bernard Mael	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
		Wallace Shoshone Idaho	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 15 AM *to* 6.30 PM 5-21, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6.30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Fraedrich	M D	Wallace Idaho	5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 22-1953	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-22-1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-450

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kyle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Living quarters on work train

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles
d. STREET ADDRESS (If rural, give location): 450 North Commonwealth Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bunsuke	-	Inouye	April 13 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Japanese	married	October 1, 1884	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hidazo Inouye — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Yasu Komatsu — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 528-36-3161
17. INFORMANT'S SIGNATURE: Railroad Identification card by: Gerald E. Browning — ADDRESS: St Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kyle Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sergeant Coroner	St. Maries, Idaho	4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-15-53	Not known	Los Angeles, California.

DATE REC'D BY LOCAL REG.: 5/16/53
REGISTRAR'S SIGNATURE: E M. Commonwealth
25. FUNERAL DIRECTOR ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

6

RECEIVED
MAY 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1986
Local Reg. No. 37
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hercules Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Roy
c. (Last): Anno

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 27, 1924
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 6, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shift Boss
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Roy Anno, Medimont, Idaho
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary McPherson, Duluth, Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Roy W. Anno — ADDRESS: Wallace Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Crushed Body — INTERVAL BETWEEN ONSET AND DEATH: Instant
Fall down Shaft
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) M-Hercules mine
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: accident
19b. MAJOR FINDINGS OF OPERATION: Head & Body Crushed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Fall down Hercules Shaft
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burke Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 1-53 12 M
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall down Hercules Shaft

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 2-1-, 1953, and that death occurred at 12 M from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowry Corbett
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: May 2-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR — ADDRESS: Dale L Cornell, Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4003
Local Reg. No. 40
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
LENGTH OF STAY (in this place): 1-WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 419-Dollar st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marie	Elizabeth	Rutherford	May 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	August 10, 1860	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harold Yancey	England	Mona Nelson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs Clas Burnell	Murray Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4222

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-26, 1953, *to* 5-4, 1953, *that I last saw the deceased alive on* 5-1, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.		5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 4, 1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
May 11-1953	Dale L. Cornell	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 38
Reg. Dist. No. 140

BIRTH NO.

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) [illegible] c. (Last) HOEFER

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH July 19 1886

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 9 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Lead Mines

11. BIRTHPLACE (State or foreign country) Wausau, Wisc.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) WW I

16. SOCIAL SECURITY NO. 519-03-2529

17. INFORMANT'S OWN SIGNATURE Co. Hosp Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — Several years

DUE TO (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 52, 19[illegible], *to* May 4, 1953, *that I last saw the deceased alive on* May 4, 1953, *and that death occurred at* 7:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.

23b. ADDRESS Wallace Idaho

23c. DATE SIGNED May 6 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 7 1953

24c. NAME OF CEMETERY OR CREMATORY United V.F.W.

24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. May 6 1953

REGISTRAR'S SIGNATURE Hale J Cornell

25. FUNERAL DIRECTOR Hale J Cornell

ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-480[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 11 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eagle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) DAVID c. (Last) ALBERT

4. DATE OF DEATH (Month) (Day) (Year) May 5 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1-30-1941
9. AGE (In years last birthday) 12 IF UNDER 1 YEAR Months 3 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Coeur D'Alene Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Albert BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Winnifred McFall BIRTHPLACE Alberta Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 929.8
17. INFORMANT'S OWN SIGNATURE x Conrad Albert ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell off log into water in mill pond
DUE TO (c) Eagle saw mill

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg.) Burnt Cabin
21c. (CITY, TOWN, OR TOWNSHIP) Eagle (COUNTY) Shoshone (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-6-53 7:45 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on May 5, 1953 and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. Mowery (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 9-1953
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. May 7-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

(2)

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 18 1953 DIVISION OF VITAL STATISTICS

State File No. 33
Local Reg. No. 41
Reg. Dist. No. 140

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Creek
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): EDMOND
b. (Middle): MAURICE
c. (Last): PERRENOUD

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 24 April 1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 0, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Roy, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Alcide Perrenoud
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sophie Colin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 537-22-9792
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs. E. M. Perrenoud

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) [illegible] Self in [illegible]
ANTECEDENT CAUSES: Flicker
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): [illegible] Warries
DUE TO (c): Young Beaton Kitchen
II. OTHER SIGNIFICANT CONDITIONS: Floor at Home
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home kitchen
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Big Creek Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 8 53 10 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted [illegible]

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 5 8, 1953, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 5/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13. 1953
24c. NAME OF CEMETERY OR CREMATORY: United V. F. W.
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: May 13. 1953
REGISTRAR'S SIGNATURE: Dale L Cornell Dep
25. FUNERAL DIRECTOR — ADDRESS: Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 6 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 35
Reg. Dist. No. 72

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Delta
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Delta
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): EDWARD
c. (Last): FOSTER

4. DATE OF DEATH (Month) (Day) (Year): May 14 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 22, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ira J. Foster — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred O. Foster — ADDRESS: Smelterville Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Apparently Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary disease 4-5 yrs
DUE TO (c) Gen. arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Found dead fishing m

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: garden
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home garden
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Delta Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* May 14, 1953, *that I last saw the deceased alive on* 5/13, 1953 *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Smowery Coroner
23b. ADDRESS: Wallace
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR — ADDRESS: Grant McGlade Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1992
Local Reg. No. 44
Reg. Dist. No. 140

Certificate of Death

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): RHURK
c. (Last): CASEBEER

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec 13, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 5, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mine
11. BIRTHPLACE (State or foreign country): Webb City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Casebeer, BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Sarah White, BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Irene L. Hildman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis advanced
DUE TO (c): Cerebral Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1948, *to* 5/26, 1953, *that I last saw the deceased alive on* 5/25, 1953, *and that death occurred at* 12 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 5/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: May 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: May 27-1953
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. FUNERAL DIRECTOR: Dale L. Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

MAY 13 1953 STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 1 Filer
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Vincente
b. (Middle):
c. (Last): Bermosolo

4. DATE OF DEATH (Month) (Day) (Year): May 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 15 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer & Stockman
11. BIRTHPLACE (State or foreign country): Spain (U. S. Citizen 1927)
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X [signature]
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 525X Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. Fibrosis Rt. Lung — 3 years
DUE TO (c): due to Previous Lung Abscess — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1935, *to* 1 May, 1953, *that I last saw the deceased alive on* 1 May, 1953, *and that death occurred at* 5:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer M.D. 024
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Donna [signature]
25. FUNERAL DIRECTOR: B. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1994
Local Reg. No. 123
Reg. Dist. No. 460

BIRTH NO.

REC MAY 7 - 1953 DIVISION STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 3rd Street West

3. NAME OF DECEASED (Type or Print) a. (First) SHERMAN b. (Middle) E. c. (Last) ROSZELL

4. DATE OF DEATH (Month) May (Day) 1, (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH June 16, 1871
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geogre Roszell — BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Susanna McKinzie — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Martha L. Heck — ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, chronic — INTERVAL BETWEEN ONSET AND DEATH probably years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition & inanition

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 April, 1953, *to* 1 May, 1953, *that I last saw the deceased alive on* 30 April, 1953, *and that death occurred at* 6:20 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY TwinFalls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 5-5-53
REGISTRAR'S SIGNATURE Donna Risch
25. FUNERAL DIRECTOR [signature] — ADDRESS White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 7 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4-53
Local Reg. No. 120
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDEN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	JOHNSON	McDONALD	May	2,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 27, 1889	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Lockwood Mo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
TOM McDONALD	MO.	ELIZABETH ELLIOTT	ILL.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Irving McDonald	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1949, *to* May 2, 1953, *that I last saw the deceased alive on* 5-2, 1953, *and that death occurred at* 7:03 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. H. Olsen		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-6-53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-4-53	Alonzo Peck	J. C. Phillips	

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-7459

Certificate of Death

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 126
Reg. Dist. No. 460

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer,
d. STREET ADDRESS (If rural, give location): West Main

3. NAME OF DECEASED (Type or Print)
a. (First): CLINT
b. (Middle): DALERO
c. (Last): PAXTON

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 7, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Howard Paxton
BIRTHPLACE: Mountain City, Mo.
14. MOTHER'S MAIDEN NAME: Dora L. Stephens
BIRTHPLACE: Etna, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Howard Paxton
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 763.0 Pneumonia, lower lobe - both lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Woodson Creed, MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: May 12, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 134
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 23 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En-Route to Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Moyes
c. (Last): Goodman

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 3, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Moyes — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Sarah Allen — BIRTHPLACE: HYRUM, UTAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. Norris Goodman — ADDRESS: Murtaugh

18. CAUSE OF DEATH — 420.1

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* April, 1953, *that I last saw the deceased alive on* April 20, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvard C. Luke M.D.
23b. ADDRESS: 151 Addison
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-21-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: J. Barth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1008
Local Reg. No. 128
Reg. Dist. No. 460

BIRTH NO. 111-53-6220

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Today
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rt 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Largaret	Ellen	Silver	May	12	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	May 11. 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: George Silver — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Joyce Wall — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X George W. Silver Jr. — ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature birth 6½ mos — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W Marshall M.D.	Twin Falls Idaho	5-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15. 1953	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.: 5-14-53
REGISTRAR'S SIGNATURE: Mamie Cook
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40031

RECEIVED
MAY 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1009
Local Reg. No. 131
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route # 2 Filer

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle):
c. (Last): Bock

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 11, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Pappa — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. O. St. Werner — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocardial Insufficiency — 6 months
DUE TO (c): Generalized Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: Filer - Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, '53
24c. NAME OF CEMETERY OR CREMATORY: Clover Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Clover Idaho

DATE REC'D BY LOCAL REG.: 5-21-53
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2800
Local Reg. No. 138
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Hansen
d. STREET ADDRESS (If rural, give location): R.R.D. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle):
c. (Last): Durk

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glenwood, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: E. W. Durk — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: LaVerne St. Clair — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Max Durk — ADDRESS: Murtaugh, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/17, 1953, *to* 5/17, 1953 *that I last saw the deceased alive on* 5/17, 1952, *and that death occurred at* 5:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen 435 R Vogler MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/21/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE: Donna Reed
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: REYNOLDS FUNERAL HOME - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

MAY 21 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2001
Local Reg. No. 130
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 600 - 5th Ave W

3. NAME OF DECEASED (Type or Print): a. (First) Mattie b. (Middle) Allen c. (Last) Brooks

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25. 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 9 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Honey Grove Texas

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Reed
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Leonard Chaves
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

586X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Edema with Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obstruction of Common Bile Duct and atrophy of hepatic — 1 Mo
DUE TO (c) duct system

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary Edema — 3 days

19a. DATE OF OPERATION: BBH 11-1953 Op. 25 May 13, 53

19b. MAJOR FINDINGS OF OPERATION: Obstruction of Common duct and atrophy of hepatic duct system

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls - Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* May 12, 1953, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 4:27 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank M Ford M.D. (Degree or title)

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: May 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19.53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 5-20-53

REGISTRAR'S SIGNATURE: Anna Lack

25. FUNERAL DIRECTOR: R Wiley

ADDRESS: Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 27 1953
DIVISION OF VITAL STATISTICS

State File No. 2002
Local Reg. No. 137
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 193 Harrison St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 193 Harrison St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Mae	Courtney	May 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Sept. 30, 1892	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Payne co., Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Z. W. Zeigler-	Decatur, Ind.	Godwin	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Leroy Courtney	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

193X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Oligodendrogliona of the Brain — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 4th 1953	Oligodendroglioma of Parietal Area of Brain	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 17, 1950, *to* May 20, 1953, *that I last saw the deceased alive on* March 27, 1953 *and that death occurred at* 6:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Elwood A Rees 328	MD.	Twin Falls Idaho	5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/26/53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-26-53		Reynolds Funeral Home	Twin Falls, Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2003
Local Reg. No. 141
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): ----------

3. NAME OF DECEASED (Type or Print)
a. (First): Ezra
b. (Middle):
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster 34
10b. KIND OF BUSINESS OR INDUSTRY: Postal Service
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: George M. Clark - Grantsville, Ut.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary F. Whittle - Grantsville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Raida C. Black

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Prostate — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10 May 1953
19b. MAJOR FINDINGS OF OPERATION: Metastasis of Carcinoma to Liver
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 May, 1953, *to* 20 May, 1953, *that I last saw the deceased alive on* 20 May, 1953, *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer 024 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 23 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 23, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: May 27, 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler, Deputy
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2004
Local Reg. No. 135
Reg. Dist. No. 160

BIRTH NO.

RECEIVED MAY 27 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1306 Poplar

3. NAME OF DECEASED (Type or Print): a. (First) MARGUERITE b. (Middle) E. c. (Last) COWLING

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 4, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Piper City, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank O. Walrich
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Sabrina Hamlin
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Barry L. Cowling
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis, - decompensated — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall M.D.

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-23-53

24c. NAME OF CEMETERY OR CREMATORY: Piper City, Illinois

24d. LOCATION (City, town, or county) (State): Piper City, Illinois

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Norma Rieck

25. FUNERAL DIRECTOR: Wayne Williams
ADDRESS: White Mortuary
Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2005
Local Reg. No. 136
Reg. Dist. No. 460

RECEIVED
MAY 27 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nightengale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 331 - 2nd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) Susan; b. (Middle) Emma; c. (Last) Phibbs

4. DATE OF DEATH: (Month) (Day) (Year): May 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 28, 1879

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Patrick County, Va.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: S. R. Smith
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: No Information
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-22-3485

17. INFORMANT'S OWN SIGNATURE: Mrs. Grace Gardner
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Ischemia — INTERVAL BETWEEN ONSET AND DEATH: Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral Thrombosis — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 17, 1953, *to* May 21, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. F. Parker M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: May 23 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-26-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2006
Local Reg. No. 139
Reg. Dist. No. 46a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Ambulance-On Way to Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 144 Walnut

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) J.; c. (Last) MISKA

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY: Sugar Factory

11. BIRTHPLACE (State or foreign country): Angus, Minn

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Miska
BIRTHPLACE: Chechslovikia

14. MOTHER'S MAIDEN NAME: Mary Dusek
BIRTHPLACE: Chechoslovikia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-6057

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Miska
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 902.3 Multiple fractures of skull with extensive Brain Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sugar factory

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 25 1953 2:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? He was standing on flatbed of Truck moving slowly over rough ground & fell on the head.

22. I hereby certify that I attended the deceased from Did not see alive on ____, 19__, to about ____, 19__, and that death occurred at 2:40P m., from the causes and on the date stated above.

23a. SIGNATURE: J. Woodson Creed (Degree or title) M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-29-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Warren, Minn

DATE REC'D BY LOCAL REG.: May 29 1953

REGISTRAR'S SIGNATURE: Phyllis Bubler, Deputy

25. FUNERAL DIRECTOR
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUN 8-1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2007
Local Reg. No. 143
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Minnie; b. (Middle) Augusta; c. (Last) Tews

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 1, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hooper, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: August Krueger — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Augusta Nichols — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter Tews — ADDRESS: Kimberly Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 2-3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral vascular accident — 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20/53, 19___, *to* 5/25/53, 19___, *that I last saw the deceased alive on* 5/25, 19 53, *and that death occurred at* 8:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: George S. Brown M.D. F.A.C.P. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-28-53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-3-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2008
Local Reg. No. 144
Reg. Dist. No. 461

RECEIVED JUN 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fehrenbach Nurse Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # I
d. STREET ADDRESS (If rural, give location): Route #I

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): E.
c. (Last): Hays

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 24, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Carroll Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Andrew Hays — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Susan Wolverton — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Nina H. Russell — ADDRESS: Los Angeles, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cancer of bowel c̄ metastases

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 May, 1953, *to* 28 May, 1953, *that I last saw the deceased alive on* 28 May, 1953, *and that death occurred at* 11:15A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray M. Kellogg M.D. 651 (Degree or title)
23b. ADDRESS: 313 Shoshone St. North
23c. DATE SIGNED: 1 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 6-5-53
REGISTRAR'S SIGNATURE: Donna Lail
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2009
Local Reg. No. 146
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly, Rt. # 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	K.	Crookham	May	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	White	Married	Feb. 27, 1908	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Twin Falls, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Crookham	Ohio	Minta Mc Micheal	Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Dolores Crookham	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 156 Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* ___ P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. K. Disake M.D.	Twin Falls, Idaho	6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-3-53	Twin Falls	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-53	Phyllis Cubler, Deputy	L. G. Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2010
Local Reg. No. 149
Reg. Dist. No. 460

BIRTH NO.

JUN 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1350 7th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1350 7th Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) AFTON c. (Last) FULLMER

4. DATE OF DEATH: (Month) (Day) (Year) May 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 29, 1913	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cove, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. L. Atkinson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Jessie Bair — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dwight Fullmer — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 170X Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: June 12 1949.
19b. MAJOR FINDINGS OF OPERATION: Carcinomas of Breast.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (Inside, in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1952 *to* ~~June~~ May 30, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 1.10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard C. Kuelbaugh M. D.
23b. ADDRESS: 168 Pierce St. Twin Falls
23c. DATE SIGNED: June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Donna Smith
25. FUNERAL DIRECTOR: Dwight Fullmer — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

MAY 13 1953

DIVISION OF VITAL STATISTICS

State File No. 2011
Local Reg. No. 127
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

LENGTH OF STAY (in this place): 10 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 800 Poplar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location): 800 Poplar Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Florence		Constant	May 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Widowed	Oct. 10, 1859	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Housekeeper	Martinsburg, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Andrew	La Fayette, Indiana	Jane Rielly	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no XXXXXXXXXXXXXXX	None	X [signature]	Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1949, *to* May 8, 1953, *that I last saw the deceased alive on* May 6, 1953 *and that death occurred at* 7:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. McBratney, M.D.	Buhl Idaho	5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11, '53	Buhl City Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-12-53	Donna Rieck	D. J. Akerson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
MAY 18 1958
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2012
Local Reg. No. 129
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 Robertson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 917 Robertson Street

3. NAME OF DECEASED (Type or Print)
a. (First): Dewey
b. (Middle): Carter
c. (Last): Warner

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Twin Falls Canal Company, employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roca, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Haskell Warner — BIRTHPLACE: Akron, Ohio
14. MOTHER'S MAIDEN NAME: Ella Barker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: 519 07 9024
17. INFORMANT'S OWN SIGNATURE: X N. W. Owen — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary ischemia — years
DUE TO (c) generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1953 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Drake M.D. 093
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: D. T. Robertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2013
Local Reg. No. 125
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 2 Twin Falls
c. LENGTH OF STAY (in this place): XX
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): Forest
c. (Last): DuJardin

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Moorecroft, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John DuJardin — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Amanda Cole — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Paul H Kennedy — ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 973X Asphyxiation - carbon monoxide inhalation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): L
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 8 1/2 mi S. of
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls — Twin Falls — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8 53 7:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Exhaust gas of automobile tubed to interior of car

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 5-11-53
REGISTRAR'S SIGNATURE: Donna Lee
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2014
Local Reg. No. 132
Reg. Dist. No. 460

BIRTH NO.

MAY 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) SUSAN c. (Last) STEPHENSON WYGAL

4. DATE OF DEATH: (Month) (Day) (Year) May 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 26, 1850

9. AGE (In years last birthday): 102
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Crittenden, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles C. Stephenson — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Elizabeth Milehan — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Elizabeth Wygal — ADDRESS: Filer

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 30 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1941, *to* May 14, 1953, *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 2:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M D

23b. ADDRESS: Filer - Ida.

23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/16/53

24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery

24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 5-21-53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature]

ADDRESS: White Mortuary
Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2015
Local Reg. No. 133
Reg. Dist. No. 460

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAY 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #1	d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) W.	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 11, 1886	9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bellview, Illinois	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Martin Miller		BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Roweng Buchanan	BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-12-1573	17. INFORMANT'S OWN SIGNATURE Laura G. Miller	ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Vessel disease — unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* May 16, 1953, *that I last saw the deceased alive on _____, 19__, and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE Max W. Carver (Degree or title) M.D.	23b. ADDRESS Filer, Idaho	23c. DATE SIGNED 5/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/53	24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cem.	24d. LOCATION (City, town, or county) (State) Filer, Idaho
DATE REC'D BY LOCAL REG. 5-21-53	REGISTRAR'S SIGNATURE Donna Tisch	25. FUNERAL DIRECTOR Eug. W. Williams	ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2016
Local Reg. No. 142
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, Rt, #4
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, Rt. #4
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): Rickie
b. (Middle): Allen
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May I, 1951
9. AGE (In years last birthday): 2 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Lee Brown — BIRTHPLACE: Chelsa, Okla.
14. MOTHER'S MAIDEN NAME: Bessie Hart — BIRTHPLACE: Roseworth, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Lee Brown — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): drowning (acute anoxia) — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

929.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rt. 4 Buhl
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl — Twin Falls — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 - 22 - 53 1:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: fell in irrigation ditch.

22. *I hereby certify that I attended the deceased from* May, 1951, *to* May, 1953, *that I last saw the deceased alive on* —, 1953, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M A Drake MD 093
23b. ADDRESS: Buhl, Ida.
23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1953 2
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Donna Leach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2017
Local Reg. No. 198
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
MAY 29 1953
VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Twin Falls b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Filer City

3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) W. c. (Last) BARBEZAT

4. DATE OF DEATH (Month) May (Day) 23, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 7, 1881

9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister

10b. KIND OF BUSINESS OR INDUSTRY Church

11. BIRTHPLACE (State or foreign country) Flanagan, Livingston CO. Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Albert Barbezat
BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Helen Stahly Armenta Barbezat
BIRTHPLACE Switzerland Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S OWN SIGNATURE
ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Carcinomatosis — 1 yr.
DUE TO (c) Carcinoma of Prostate — 3 yrs. ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19[illegible], *to* 5/23, 1953, *that I last saw the deceased alive on* 5/23, 1953, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D

23b. ADDRESS Filer, Idaho

23c. DATE SIGNED 5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/26/1953

24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cem.

24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. May 27, 1953

REGISTRAR'S SIGNATURE Phyllis Buhler, Deputy

25. FUNERAL DIRECTOR

ADDRESS White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2018
Local Reg. No. 3
Reg. Dist. No. 3-1

RECEIVED
MAY 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Co. Mem. Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Andrew c. (Last) Teagarden

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	May 27, 1869	83	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. Teagarden
BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Mary Jane Wright
BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Julia E. Logue
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* May 5, 1953, *that I last saw the deceased alive on* May 5, 1953, *and that death occurred at* 10 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Patterson MD
23b. ADDRESS: Cascade, Idaho
23c. DATE SIGNED: 5-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May8,1953
24c. NAME OF CEMETERY OR CREMATORY: Margret
24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: May 9 1953
REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Adams & Beatty
ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2019
Local Reg. No. 6
Reg. Dist. No. 3/8

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Malley Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Smith c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) May 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 6, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laboren

10b. KIND OF BUSINESS OR INDUSTRY: general

11. BIRTHPLACE (State or foreign country): Canona, Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Yeast Pneumonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953 *to* May 15, 1953 *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. B. Patterson M.D. (Degree or title)
23b. ADDRESS: Cascade Idaho
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Margaret
24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: May 23-1953
REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Glenn W Beatty ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2020
Local Reg. No. 33
Reg. Dist. No. 320

BIRTH NO. 111-53-6277

RECEIVED MAY 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Marilyn
b. (Middle): Lee
c. (Last): Yockey

4. DATE OF DEATH (Month) (Day) (Year): May 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 17 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: XXXXX
11. BIRTHPLACE (State or foreign country): Weiser Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Horace Yockey
BIRTHPLACE: Eaton Colorado
14. MOTHER'S MAIDEN NAME: Dorothy Dutton
BIRTHPLACE: Weiser, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Horace Lee Yockey
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.4 Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17th, 1953, *to* May 19th, 1953, *that I last saw the deceased alive on* May 19th, 1953, *and that death occurred at* 2 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H S McGrath MD (248) (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 5/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/20/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/20/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: Peter Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2021
Local Reg. No.
Reg. Dist. No.

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 500 E. 12th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 500 E. 12th Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) D. c. (Last) MINK

4. DATE OF DEATH: (Month) (Day) (Year) 5-26-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 23, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Marion, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Mink — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Amanda Perkins — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leo M. Mink — ADDRESS: Council, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sig. Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24 *, 19*53*, to* 5-26- *, 19*53*, that I last saw the deceased alive on* 5-26- *, 19*53*, and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. M. McGrath M.D. (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Marie Hamilton
25. FUNERAL DIRECTOR: Robert Hammond — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2022
Local Reg. No. 37
Reg. Dist. No. 3-C

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4mile north Highway #95 city limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) SAMPSON c. (Last) LEWIS

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12-3-1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman 43

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Fairview, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Lewis
BIRTHPLACE: Fairview, Virginia

14. MOTHER'S MAIDEN NAME: Elizabeth Robinett
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ✓ Mary Ellsworth
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8184

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject died from the results of being struck by an automobile.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) External examination indicates subject suffered skull fracture,
DUE TO (c) broken bones in both legs.

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shock and age of deceased.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ½ Mile N. on Highway #95

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser - Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 - 7 - 53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wash. Co. Deputy Coroner
✓ R. Dale Thomson

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-11-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-9-53

REGISTRAR'S SIGNATURE: ✓ Mrs. Hawthorne

25. FUNERAL DIRECTOR: ✓ R. Dale Thomson
ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2023
Local Reg. No. # 225
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alph. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1419½ West State

3. NAME OF DECEASED (Type or Print): a. (First) Birdie b. (Middle) Lee c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 26, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baker, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredrick Bohna — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Martha Ann Dorsett — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E Edmond C Dana — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular Nephritis Diabetic Syndrome — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20, 1953, *to* 5-27, 1953, *that I last saw the deceased alive on* 5-26, 1953, *and that death occurred at* 4:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Dunty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2024
Local Reg. No. 109
Reg. Dist. No. 371
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 No. Roosevelt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 917 No. Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) HALLIE b. (Middle) ELIZABETH c. (Last) BUMGARDNER

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 12/31/1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 4 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Yamhill County, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hames J. Fox
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Carrie Hubbard
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs A. E. White
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular hypertensive disease — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 22, 1952, *to* May 30, 1953, *that I last saw the deceased alive on* May 21, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 23D Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2025
Local Reg. No. 28
Reg. Dist. No. 3-10

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): at work
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 603 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) LEWIS c. (Last) MURRAY

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 9, 1926

9. AGE (In years last birthday): 26-8-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Medical Tech.

10b. KIND OF BUSINESS OR INDUSTRY: St. Alphonsus Hosp.

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jasper Lewis Murray
BIRTHPLACE: St. Louis, Mo.

14. MOTHER'S MAIDEN NAME: Ida Mae Judd
BIRTHPLACE: Salem, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 10/26/15-11/22/18 9/16/18

16. SOCIAL SECURITY NO.: 490-22-0648

17. INFORMANT'S OWN SIGNATURE: Mrs. H.C. Dickey
ADDRESS: Mrs. Ida M. Murray - 7431 Maple Ave. Maplewood Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cyanide Poisoning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 2, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Took Cyanide

22. *I hereby certify that I attended the deceased from* Autopsy Only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 7 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6/3/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 6-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2026
Local Reg. No. 201
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1701 W. Bannock St.

3. NAME OF DECEASED (Type or Print)
a. (First): Anne
b. (Middle): S.
c. (Last): McDonough

4. DATE OF DEATH (Month) (Year): June 2. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 3rd 1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dickinson No. Dakota
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Jacob Kipp. — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Anna Albach — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Thomas J. McDonough — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: April 48

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 52
19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* June 2, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. M. Chelaupka MD 056
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6th 53. 01
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. H. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Springer

Certificate of Death

3-4281

State File No. 2027
Local Reg. No. 207
Reg. Dist. No. 370

BIRTH NO.

STATE OF IDAHO

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1219 Fort St.

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): MOSS
c. (Last): CRUMP

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 12, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claims adjuster 83
10b. KIND OF BUSINESS OR INDUSTRY: Auto Freight
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Reynold A. Crump — BIRTHPLACE: Harriman, Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Davis — BIRTHPLACE: Swansea, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-05-9233
17. INFORMANT'S OWN SIGNATURE: x Mrs R. M. Crump — ADDRESS: 1219 Fort Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Bronchio-pneumonia — 72 hrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5-18-53
19b. MAJOR FINDINGS OF OPERATION: Multiple Duodenal ulcer
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1951, *to* 6-2-53, *that I last saw the deceased alive on* 6-2-53, *and that death occurred at* 2:35 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer M.D. 381
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2028
Local Reg. No. 211
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1803 North 24th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): H.
c. (Last): PACKENHAM

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 1, 1862
9. AGE (In years last birthday): 91-1-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarenda County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hezikia Packenham — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rachel Miller — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joe L Packenham — ADDRESS: Boise 1803 N 24th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c): Senility — 15 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952, *to* June 3, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roscoe C Ward MD 437
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2029
Local Reg. No. 210
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1904 W. Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1904 W. Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARY	JANE	DRISCOLL	June 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Sept. 29, 1873	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): De Kalb, Illinois
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Pharoh	Unk	Sarah	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	E. W. Hawthorne	Rt. 1 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4428

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal-Vascular arteriosclerosis with heart block. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* June 2, 1953, *and that death occurred at* 12:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. B. Boeck M.D.	026	Boise Idaho	June 4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5, 1953	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-53	Myrtle Palmer	C. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

McBratney-Alden

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2030
Local Reg. No. 209
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Tomas b. (Middle) c. (Last) Aguirre

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Dec. 28, 1928

9. AGE (In years last birthday): 25 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheepherder 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ybarranguelua Spain

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Isodoro Aguirre — BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Mario Bastarrechea — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-34-5904

17. INFORMANT'S OWN SIGNATURE: Mrs. Burt Aguirre — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 593X Glomerulo nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia - secondary — 6 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding ulcer

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1952 *19*, *to* 6-3-53, *19*, *that I last saw the deceased alive on* 6-2-53 *19*, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Spencer MD — **23b. ADDRESS**: Boise, Idaho — **23c. DATE SIGNED**: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 6, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View — **24d. LOCATION** (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bey Mortuary. — ADDRESS: Mountain Home, Idaho

D. A. Patterson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2031
Local Reg. No. 213
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 61 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 200 East Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Evangeline
b. (Middle):
c. (Last): Church

4. DATE OF DEATH (Month) (Day) (Year): June 4. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr. 5t. 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 25
10b. KIND OF BUSINESS OR INDUSTRY: City of Boise
11. BIRTHPLACE (State or foreign country): Idaho City. Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Frank F Church, Cherryfield — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Mary E, Barry. Stockton Calif — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E. E. Church — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5/26/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26/53 *19*____, *to* 6/4/53 *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. F. Lesser M.D. 226
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8 1953 06
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2032
Local Reg. No. 219
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 415 N. Orchard

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): BELLE
c. (Last): PINNEO

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1892
9. AGE (In years last birthday): 61-4-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Grant — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Ellen Monnette — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles A. Pinneo — ADDRESS: Boise Idaho 415 N Orchard

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Breast & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953, *to* 5 June, 1953, *that I last saw the deceased alive on* 5 June, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sarah Merrill 536 MD
23b. ADDRESS: 714 1/2 N. Orchard
23c. DATE SIGNED: 6/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2033
Local Reg. No. 213
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 S. 5th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 411 S. 5th. St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joshua	Elwood	Rippee	June 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 7, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Farming 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Rippee — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Frances Hickman — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-22-4303
17. INFORMANT'S OWN SIGNATURE: Rose E. Rippee — ADDRESS: 411 S. 5th Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) not known
DUE TO (c) not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. not known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? I saw my after death.

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* June 5, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Zeigler 523 M.D.	Eastman Bldg. Boise Idaho	June 8, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9, 1953	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-53	Myrtle Palmer	A. E. Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021
McBratney-Alden

12

RECEIVED
JUN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2034
Local Reg. No. 278
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Route 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Samuel
c. (Last): Holaday

4. DATE OF DEATH (Month) (Day) (Year): June 6 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-3-1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Savannah Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Holaday — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Elliot — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Homer W. Holaday — ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebrovascular thrombosis — 2 weeks
DUE TO (c): arteriosclerotic Heart disc. — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* June 6, 1953, *that I last saw the deceased alive on* Jun 6, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Frazier 523 (Degree or title): M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: June 12, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 6-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robison — ADDRESS: Meridian Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2035
Local Reg. No. 220
Reg. Dist. No. 370

BIRTH NO.

JUN 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2 Franklin Road

3. NAME OF DECEASED (Type or Print): a. (First) Emily b. (Middle) Augusta c. (Last) Clemens

4. DATE OF DEATH (Month) (Day) (Year): June 6-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 26, 1860

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR Months: 9 Days: 10 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dandridge, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel B. Newman — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Nancy E. Rankin, Tennessee — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Anne Clemens Tobles — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 150X Carcinoma Esophagus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 5, 1953, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson (Degree or title): M.D.

23b. ADDRESS: C. C. Johnson M.D.

23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 11-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Peckham-Pakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2036
Local Reg. No. 215
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 506 N 5th St

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Moira b. (Middle) (Cunningham c. (Last) Catherine)

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH October 15, 1883
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sister Nurse 18
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cunningham BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Winifred Campbell BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sister Olivia Marie ADDRESS Same

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.0 Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* June, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 193 Everett L. Jones (Degree or title) M.D.
23b. ADDRESS Boise, Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 11, 1953
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 6-10-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

J. T. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

March

Certificate of Death

STATE OF IDAHO

State File No. 2037
Local Reg. No. 216
Reg. Dist. No. 370

BIRTH NO. JUN 12 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Margaret; b. (Middle); c. (Last) Turner

4. DATE OF DEATH: (Month) June 8th (Day) (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 24. 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Mdse. & Motel.

10b. KIND OF BUSINESS OR INDUSTRY: Turners Lodge

11. BIRTHPLACE (State or foreign country): Antone Oregon

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John C. Erikson

BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Rowena Parrish

BIRTHPLACE: Jefferson Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs Adolph Haas
ADDRESS: Portland Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-13, 1953, *to* 10-16, 1953, *that I last saw the deceased alive on* 10-16, 1953, *and that death occurred at* 7:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 10. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-10-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise
J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2038
Local Reg. No. 422
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1551 Oakley Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Evelyn	Hjordis	Merrill	June 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 2, 1926	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Paul G. Mueller - Postdorf
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Hannah Scheneider - Strassburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-22-7937
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Paul G. Mueller

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: Jan 1952

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan '53 *to* June 8, 1953, *that I last saw the deceased alive on* June 8, 1953 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
056 MD	Burley Idaho	6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/8/53 01	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-18-53	Myrtle Palmer	J. Garth Payne	Burley

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2039
Local Reg. No. 226
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1011 No. 27th Street

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Myrtle c. (Last) Robertson

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 11, 1882
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Brownstown, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Garis BIRTHPLACE: Jackson Co., Indiana
14. MOTHER'S MAIDEN NAME: Phoebe Heller BIRTHPLACE: Jackson Co., Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James A. Robertson ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1953, *to* June 9, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson 197 (Degree or title): M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: D. T. Peterson ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Merrill

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2040
Local Reg. No. 223
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Rest Home 2901 Gem St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4803 Emerald St.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Kyle

4. DATE OF DEATH (Month) (Day) (Year): 6 9 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 11, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Houston Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert B. Meador — BIRTHPLACE: Houston, Texas
14. MOTHER'S MAIDEN NAME: Louisa Kennedy — BIRTHPLACE: Franklin Co. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x [signature] — ADDRESS: Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* June, 1953 *that I last saw the deceased alive on* June 7, 1953, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Merrill 536 mmd
23b. ADDRESS: 714½ N. Orchard, Boise
23c. DATE SIGNED: 6/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/10/53 01
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn
24d. LOCATION (City, town, or county) (State): Salt Lake ~~City~~ County Utah

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] — ADDRESS: 328 N. Latah, RELYEA MORTUARY BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 - 1953 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2041
Local Reg. No. 235
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Simmons
c. (Last): Case

4. DATE OF DEATH (Month) (Day) (Year): June 11 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 3, 1877
9. AGE (In years last birthday): 75 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Green Forest Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simmons — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Not known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jasper C. Case — ADDRESS:

18. CAUSE OF DEATH 584X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic disease of liver	2 mos.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of gall bladder	4-6 mos.
DUE TO (c)	Cholecystitis + cholelithiasis	years.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	years.

19a. DATE OF OPERATION: 4-20-53
19b. MAJOR FINDINGS OF OPERATION: above.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 28, 1950, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 3 45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C. Crosby 080 M.D.
23b. ADDRESS: 1320 Vista Ave, Boise
23c. DATE SIGNED: 6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 16, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest
24d. LOCATION (City, town, or county) (State): Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.: 6-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

D A L Herisson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2042
Local Reg. No. 232
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3209 Grace Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): PEARL
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 5, 1894
9. AGE (In years last birthday): 59-0-6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glencoe, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: Usa

13. FATHER'S NAME: Charles Henry Dillman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Zella Wilson — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE 20 Bx 854 — ADDRESS: Carrell D. Baker - Salmon Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ (2) myocardial infarction
~~DUE TO (c)~~ (3) myocardial aneurysm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(4) Pelvic Phlebothrombosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1953, *to* June 11, 1953, *that I last saw the deceased alive on* June 10, 1953, *and that death occurred at* 1:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Cuffard 076 md
23b. ADDRESS: 311-W Idaho St
23c. DATE SIGNED: 6/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/13/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Park Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUN 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2043
Local Reg. No. 221
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1328 Manitou Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): EARL
c. (Last): WEAVER

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1888
9. AGE (In years last birthday): 64-11-15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Routeman-Idaho Daily Statesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lipscomb, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob P. Weaver 19
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-36-1121
17. INFORMANT'S OWN SIGNATURE: Mrs. Rae D. Weaver
ADDRESS: 1328 Manitou Boise

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 June, 1953, *to* 12 June, 1953, *that I last saw the deceased alive on* 13 June, 1953, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill 536 Mud
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1953 03
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2044
Local Reg. No. 224
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): Riggins, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW	ALLEN	CASNER	6	13	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 5, 1883	69	7	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager-Owner
10b. KIND OF BUSINESS OR INDUSTRY: Riggins Hot Springs
11. BIRTHPLACE (State or foreign country): Idaho City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. H. Casner	Virginia	Elizabeth B. Graham	Des Moines, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Helen A. Casner
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic lymphatic leukemia. — 3 years.
DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive heart failure — 2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1952, *to* June 13, 1953, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Krayer, M.D.	Eastman Bldg, Boise, Idaho	6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/16/53	Riggins Cemetery	Riggins Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-18-53	Myrtle Palmer	Russell W. Relyea	318 N. Latah

RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 2045
Local Reg. No. 236
Reg. Dist. No. 370

BIRTH NO. JUL 9 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5211 Peg St.

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): ANN J.
c. (Last): HIBBARD

4. DATE OF DEATH (Month) 6/ (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 4, 1913
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher & Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Newton, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Horace B. Jenkins — BIRTHPLACE: Newton, Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Rigby — BIRTHPLACE: Newton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Record.
17. INFORMANT'S OWN SIGNATURE: X W. C. Hibbard — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Kidney Failure
DUE TO (c) Pregnancy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23, 1953, *to* 6-14, 1953, *that I last saw the deceased alive on* 6-14, 1953, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Davies MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6/23

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/18/1953
24c. NAME OF CEMETERY OR CREMATORY: Bancroft
24d. LOCATION (City, town, or county) (State): Bancroft Idaho

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell J. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2046
Local Reg. No. 227
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. 1:

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): C.
c. (Last): Ridgeway

4. DATE OF DEATH (Month) (Day) (Year): June 14. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 5th 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ada B. Bartlett — ADDRESS: Eagle Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

550.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Cecum
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: C.A. Prostate.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 24, 1951, *to* June 14, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 440 Fred. A. Pullman Jr MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2047
Local Reg. No. 228
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 607 East Park Blvd., Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 607 East Park Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Iren
b. (Middle): Chamberlin
c. (Last): Lambert

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 26, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Chester, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chamberlin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT'S OWN SIGNATURE: R. A. Lyman — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nanition — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Stomach — 3-4
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15 *19*53*, to* 6-15*, 19*53*, that I last saw the deceased* ~~*alive*~~ *pronounced, 19* Dead*, and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R D Lunsdon 371
23b. ADDRESS: Boise
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise, Idaho
J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2048
Local Reg. No. 229
Reg. Dist. No. 37

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 21 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 914 N. 8TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): L.
c. (Last): WINTERS

4. DATE OF DEATH (Month) (Day) (Year): 6 15 1953

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 10, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ZANESVILLE, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: GEORGE H. C. TAYLOR, ZANESVILLE, OHIO
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: NELLIE LAVINIA SEDGEWICK, VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Evelyn Winters

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 192X metastatic melanosarcoma

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Primary melanosarcoma Eye.
DUE TO (c): Secondary to liver, lung.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bone, brain & skin

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* June 15, 1953 *that I last saw the deceased alive on* June 14, 1953, *and that death occurred at* 9:30 A m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Cappard 076 md
23b. ADDRESS: 311 - Idaho - Boise Idaho
23c. DATE SIGNED: 6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17.1953
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Schreiber-McCann-Gibson. Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2049
Local Reg. No. 115
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 609 S. Owyhee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 609 S. Owyhee

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID	SHAUN	MARTIN	June 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
Male	White	Single	Aug. 30, 1951	1-9-16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. Ben Martin	Twin Falls, Idaho	Barbara J. Miller	Ashtabula, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	C. Ben Martin	609 Owyhee

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Rose Hill & Owyhee	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
6	16		11:00 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Drowning

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Acting	Coroner	Idaho Bldg, Boise, Idaho	6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/17/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

E. Jones

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2050
Local Reg. No. 230
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4821 Alpine St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Frances c. (Last) Wilcomb

4. DATE OF DEATH: (Month) (Day) (Year) June 16. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Temple Hill Iowa

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Michael F. Garrity
BIRTHPLACE: Temple Hill Ia:

14. MOTHER'S MAIDEN NAME: Mary Mansfield
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Carroll J. Wilcomb
ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 22 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post Operative Cancer of Stomach — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/12/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10, 1953, *to* 6/16, 1953, *that I last saw the deceased alive on* 6/16, 1953, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph K Jones 194
(Degree or title): M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 6-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19. 1953
24c. NAME OF CEMETERY OR CREMATORY: St John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J. J. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2051
Local Reg. No. 233
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 Washington Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	NATHAN	TUCKER	June 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Oct. 27, 1890	62-7-20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richhill, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George C. Tucker — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Henrietta Huthins — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Geneva D. Tucker — ADDRESS: 414 W. Wn Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive Coronary Occlusion	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardio-Vascular Disease	4 years
DUE TO (c)	Malignant Nephrosclerosis	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Intrinsic Asthma + Emphysema	25 years

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 1949, *to* 6-17, 1953, *that I last saw the deceased alive on* 6-17, 1953, *and that death occurred at* 11:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Crosby M.D.	1320 Vista Ave, Boise	6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1953	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-24-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2052
Local Reg. No. 237
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2611 Davis Street

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): MAE
c. (Last): KARLESKINT

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1888
9. AGE (In years last birthday): 65-1-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stanton County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Frank Heck - Burlington, Iowa
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Lilly M. Umstead - Ft. Scott, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Otto Karleskint 2611 Davis St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Breast c Cerebral Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Left Breast — 4½ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/27/53
19b. MAJOR FINDINGS OF OPERATION: Axillary metastases involving Axillary Vein
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/27, 1953, *to* 6/18, 1953, *that I last saw the deceased alive on* 6/18, 1953 *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R. Jones M.D. 194
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 6/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME — Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Alexander

RECEIVED
JUN 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 2053
Local Reg. No. 231
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2417 Brneman St.

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) LeRoy; c. (Last) Fields Jr.

4. DATE OF DEATH: (Month) (Day) (Year): June 18. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 8 1946

9. AGE (In years last birthday): 7
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Watsonville Calif.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Floyd Fields. BIRTHPLACE: Jay Oklahoma

14. MOTHER'S MAIDEN NAME: Allene Madly. BIRTHPLACE: Jay Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Floyd Fields ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Profound anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe epistaxis — 2 d.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent measles — 12 d.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 1.00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Newcombe 283 (Degree or title)

23b. ADDRESS: 572 N. 16 St. Boise, Idaho

23c. DATE SIGNED: 6.19.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20.1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise

J. J. McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIV SION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2054
Local Reg. No. 237
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Francis c. (Last) Waters

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April, 19, 1886

9. AGE (In years last birthday): 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): Mill Creek Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Thomas Waters BIRTHPLACE: Salt Lake, Utah

14. MOTHER'S MAIDEN NAME: Maraha Ann Gates BIRTHPLACE: Salinas Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-7808

17. INFORMANT'S OWN SIGNATURE: Stephen Waters ADDRESS: Mtn. Home

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* June 19, 1953, *that I last saw the deceased alive on* June 19, 1953 *and that death occurred at* ____ P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Johnson (Degree or title): M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/22/53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Mountain HOme Idaho

DATE REC'D BY LOCAL REG.: 7-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bey Mortuary ADDRESS: Mountain Home, Idaho

D. L. Harrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2055
Local Reg. No. 239
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1109 East State Street

3. NAME OF DECEASED (Type or Print): a. (First) LORA b. (Middle) GREGG c. (Last) CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 18, 1879

9. AGE (In years last birthday): 73-7-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 61

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jordan, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert W. Harwood
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Margaret E. Lovelace
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James D. Chapman
ADDRESS: Lowman Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the Pancreas — 1 year
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-27, 1952, *to* 6-21, 1953, *that I last saw the deceased alive on* 6-21, 1953, *and that death occurred at* 1:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title): M.D.

23b. ADDRESS: 1320 Vista Ave. Boise

23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. Dale McMurtrey
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2056
Local Reg. No. 240
Reg. Dist. No. 370

BIRTH NO. JUL 9 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1510 North 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEN
b. (Middle): CLEVELAND
c. (Last): FARLEY

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14, 1889
9. AGE (In years last birthday): 64-1-7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-Colgate, Palmolive-Peet Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summerfield, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Farley-Summerfield, Ohio — BIRTHPLACE: 19
14. MOTHER'S MAIDEN NAME: Ella Cleveland — BIRTHPLACE: Callis, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Mtce Home Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — ?
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5/24, 1948, *to* 6/21, 1953, *that I last saw the deceased alive on* 6/21, 1953, *and that death occurred at* 4:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 311 (Degree or title): M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. Dale McMurtrey — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2057
Local Reg. No. 242
Reg. Dist. No. 370-

BIRTH NO.

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 39 West Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Lewis; c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 30, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months / Days
IF UNDER 1 HR. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Grundy Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Geo G. Miller
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Hinkle
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jos E Miller
ADDRESS: Middleton Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct - Coronary occlusion - Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular Dis. Renal Arterio Sclerosis — 2 years
DUE TO (c) Valvular Constriction - Hypertrophy of Prostate Gland

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Of Lungs & Terminal Pneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 6-22-53, 19__, *that I last saw the deceased alive on* 6-22-53, *and that death occurred at* 10:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.D.
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Ida

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robinson
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

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RECEIVED JUN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2058
Local Reg. No. 234
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 54 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 So Latah St

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Raymond
c. (Last): Buffington

4. DATE OF DEATH (Month) (Day) (Year): June 22. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11. 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright. 09
10b. KIND OF BUSINESS OR INDUSTRY: Northrop-King Co.
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Henry Buffington. BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sara Jane Kelly. BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-1814
17. INFORMANT'S OWN SIGNATURE: Inez Buffington — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 5/15/52
DUE TO (c) Cerebral arteriosclerosis and Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5/15, 1953, *to* 6/22, 1953, *that I last saw the deceased alive on* 6/22, 1953, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. Bowdyster, M.D. 311 (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: June 24.1953.
24c. NAME OF CEMETERY OR CREMATORY: Norris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-25-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2059
Local Reg. No. 244
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1501 N. 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): MURIEL
b. (Middle): L.
c. (Last): HOWELL

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 2, 1876
9. AGE (In years last birthday): 76-7-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ulysses, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Cyrus Marion Spenney-Zaneville, Ohio
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Abbey B. Wilkinson-Waterloo Co., N.Y

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C R Howell — ADDRESS: Boise 116 Vinson-

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Kidney — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) with generalized Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arterio-sclerotic Heart Disease — 6 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1951, *to* 6-27, 1953 *that I last saw the deceased alive on* 6-27, 1953 *and that death occurred at* 10:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. T. Swindell M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Clyde E Summers — SUMMERS FUNERAL HOME — Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2060
Local Reg. No. 245
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8½ weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 404 Hillview Drive

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): ELIZABETH
c. (Last): BOYD

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 30, 1889
9. AGE (In years last birthday): 63-7-28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montecello, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: P. J. Walker — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert J. Boyd — ADDRESS: R2 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic gangrene both feet & legs - Marked — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis generalized!
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* June 28, 1953, *that I last saw the deceased alive on* June 22, 1953, *and that death occurred at* 3: a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Mumford 040
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 1, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Park Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2061
Local Reg. No. 246
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1515 W. State Street

3. NAME OF DECEASED (Type or Print): a. (First) AMY b. (Middle) LAVINIA c. (Last) WHITAKER

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 25, 1870

9. AGE (In years last birthday): 82-10-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brookfield, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Hunt — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Amy Parker — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Miriam A. Perkins — ADDRESS: 515 W. State

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 6 mos.
DUE TO (c) Pulmonary Edema — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1953, *to* _____, 19____, *that I last saw the deceased alive on* June 27, 1953, *and that death occurred at* 6:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 305 [signature]
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Floyd E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. WARD

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2062
Local Reg. No. 257
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burington Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1114 No. 14th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	JOHN	LIDDIARD	June	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 6, 1869	84	0	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer 81	Building	Tooele, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert N. Liddiard	England	Taylor	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Ray R. Liddiard	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years
DUE TO (c) Senility — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 25, 1953, *to* June 29, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 2:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert L. Ward M.D.	Boise Idaho	7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1953	Meridian	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-17-53	Myrtle Palmer	Russell G. Kelly	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr David

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2063
Local Reg. No. 243
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 1505 Harrison Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	E.	Creelman	June 29.1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 28. 1903	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pittsburgh Penn	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank A. Rinehart.	Pittsburgh Penn.	Harriet Church.	Pittsburgh Penn:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Harriett R Doerr	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Venous Obstruction — 1 yr
DUE TO (c) Metastatic Breast Carcinoma — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1952	C.A. Breast - Biopsy 1952	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 6-30, 1953, *that I last saw the deceased alive on* 6-29, 1953 *and that death occurred at* 1000 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Boise Idaho	7-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1.1953	St. John's Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-3-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2064
Local Reg. No. 255
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1410 Sherman Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILLARD
b. (Middle): HORACE
c. (Last): MC MILLEN

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 6, 1872
9. AGE (In years last birthday): 80-10-24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manistee, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Millard Filmore McMillen — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Julia Earle — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: F E McMillen — ADDRESS: Boise Idaho 515 Logan St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

160X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma — Years
DUE TO (c): Carcinoma Nose — 20 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1953, *to* 6-30, 1953 *that I last saw the deceased alive on* 6-24, 1953 *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome McStow Att. 044
23b. ADDRESS: 209 Main, Boise, Idaho
23c. DATE SIGNED: 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1953 03
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2065
Local Reg. No. 254
Reg. Dist. No. 370

111-53-6413
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1104 E. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): GEORGE
c. (Last): IOSET

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 27, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: George Emes Ioset-Twin Falls, Idaho
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Joan Cardon Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: George E Ioset 1104 E. Wash.

18. CAUSE OF DEATH 754.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Cardiac defect (Inter auricular defect) — 3 day
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congenital Duodenal obstr. — 3 day

19a. DATE OF OPERATION: 6-30-53
19b. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27, 1953, *to* 6-30, 1953, *that I last saw the deceased alive on* 6-30-53, 19__, *and that death occurred at* 2:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 7-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2066
Local Reg. No. 12066
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 3211 Camrose Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3211 Camrose Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): A
c. (Last): Bohlin

4. DATE OF DEATH (Month) (Day) (Year): June 30. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15th 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rushville Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Cooper — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Anna Curlyin — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: G. W. Bohlin — ADDRESS: 3211 Camrose Dr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* June 30, 1953, *that I last saw the deceased alive on* June, 19__, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James C. Chapman, M.D. 079 (Degree or title)
23b. ADDRESS: [illegible] Main St. Boise
23c. DATE SIGNED: July 2, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial. 1
24b. DATE: July 3, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: 7-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2067
Local Reg. No. 103
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis,
d. STREET ADDRESS (If rural, give location): Box 384

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): D.
c. (Last): Fairbourn

4. DATE OF DEATH (Month) (Day) (Year): 6 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-17-00
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Operator 94
10b. KIND OF BUSINESS OR INDUSTRY: Cold Storage
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard M. Fairbourn — BIRTHPLACE: Mill Creek, Utah
14. MOTHER'S MAIDEN NAME: Myrtle Rhodes — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 528 16 9942
17. INFORMANT'S OWN SIGNATURE: Wm. L. Lewis — ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH 180X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma of right kidney with cerebral metastases. — 5 year plus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* June 3, 1953, *and that death occurred at* 9:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH B EEMAN, M.D. Pathologist — 045
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 4 1953
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake, Utah
24d. LOCATION (City, town, or county) (State): Salt Lake, Utah

DATE REC'D BY LOCAL REG.: 6-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber McCann — ADDRESS: Gibson-Boise
Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2068
Local Reg. No. 104
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Back of Table Rock E. of Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Box 2728

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): F.
c. (Last): HULSE

4. DATE OF DEATH (Month) (Day) (Year): 6 4-5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/29/1929
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 8, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Nashua Mfg. Co.
11. BIRTHPLACE (State or foreign country): North Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Hulse — BIRTHPLACE: Trenton, Mo.
14. MOTHER'S MAIDEN NAME: Opal Moffet — BIRTHPLACE: Harden, Mo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Mrs. Opal Hulse — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 973X Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Back of Table Rock
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Lampert 470 (Degree or title) Acting Coroner
23b. ADDRESS:
23c. DATE SIGNED: 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/8/53
24c. NAME OF CEMETERY OR CREMATORY: Leavenworth
24d. LOCATION (City, town, or county) (State): Leavenworth Kansas

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Blaine R. Nickel — ADDRESS: 318 No Latah
Relyea Mortuary E-383

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

c.c. Johnson

RECEIVED
JUN 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2069
Local Reg. No. 105
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ustick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1301 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First): EFFIE
b. (Middle): MARGARET
c. (Last): CRAFT

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 29, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bloomfield, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Miller — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. V. L. Bulfinch — ADDRESS: 1301 Shoshone, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Obliterans ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 5, 1953, *that I last saw the deceased alive on* June 8, 1953 *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson (Degree or title): M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2070
Local Reg. No. 217
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 19 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 E State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 404 E State St.

3. NAME OF DECEASED (Type or Print): a. (First) Leota b. (Middle) Belle c. (Last) Dunham

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 27 / 187[illegible]

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Attica, Iowa

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Sharon Thomas BIRTHPLACE (Unk)

14. MOTHER'S MAIDEN NAME: Emmaline Hitchcock BIRTHPLACE (Unk)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Roy Denton ADDRESS: Meridian Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio vascular hypertensive disease & decompensation — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* June 5, 1953, *that I last saw the deceased alive on* May 28, 1953 *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Doherty (Degree or title) MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 6-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-8-1953

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 6-12-53

REGISTRAR'S SIGNATURE: Myrtle Palmer by Bell Johnson

25. FUNERAL DIRECTOR ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2071
Local Reg. No. 106
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soldiers Home

2. USUAL RESIDENCE (Where deceased lived ... residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 1012 Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Laurince
c. (Last): Mullin

4. DATE OF DEATH (Month) (Day) (Year): June 6. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. W.W.1
16. SOCIAL SECURITY NO.: 519-16-3597
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion Instant — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dont know

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 6 6 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Seen after Death only *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 25 [signature]
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise Idaho

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2072
Local Reg. No. 170
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Hi-way 20 40th St.

3. NAME OF DECEASED (Type or Print)
a. (First): ORVAL
b. (Middle): PERRY
c. (Last): MURPHY

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/25/1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR Months: 3 Days: 15 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Boise Sacitation
11. BIRTHPLACE (State or foreign country): Washington Co, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. R. Murphy — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Mary Brodiston — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Percy LeRoy Murphy — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Hypertensive
DUE TO (c): heart disease — unk.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1953, *to* 6-10, 1953, *that I last saw the deceased alive on* 6-10, 1953 *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty M.D.
23b. ADDRESS: Meridian
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/15/53
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell P. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2073
Local Reg. No. 107
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JUN 19 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): Box 169

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) E.; c. (Last) Simmons

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-22-89

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 11; Days 22
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vardus J. Simmons
BIRTHPLACE: Spanish Fork, Utah

14. MOTHER'S MAIDEN NAME: Jane Stewart
BIRTHPLACE: Skuylkill County, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia, right lung — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma — Undetermined
DUE TO (c): Pulmonary Emphysema — Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart Disease — 10 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 2, *19* 53, *to* June 14, *19* 53, *that I last saw the deceased alive on* June 14, *19* 53, *and that death occurred at* 2:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND TITLE OF CERTIFIER: C. P. Stevenson, M. D. — Chief, Medical Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 14.1953
24c. NAME OF CEMETERY OR CREMATORY: Rigby
24d. LOCATION (City, town, or county) (State): Rigby Idaho

DATE REC'D BY LOCAL REG.: 6-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR AND ADDRESS: Schreiber-McCann-Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2074
Local Reg. No. 108
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route No. 2

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) A.; c. (Last) ASH

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 7, 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months 2; Days 8
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Benton County, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Matthew Ash

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Lee Madeline Shipley

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ralph A. Hansen
ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding Duodenal Ulcer — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hernia, Incisional

541.0

19a. DATE OF OPERATION: 6-15-53

19b. MAJOR FINDINGS OF OPERATION: Bleeding Duodenal Ulcer. Incisional Hernia

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, *19*53, *to* June 15, *19*53, *that I last saw the deceased alive on* June 15, *19*53, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson 434
(Degree or title): C. P. STEVENSON, M.D., CHIEF, Medical Service

23b. ADDRESS: V. A. Hospital, Boise, Idaho

23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 17 1953

24c. NAME OF CEMETERY OR CREMATORY: Rupert

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 6-17-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber McCann Gibson

ADDRESS: Boise
Daniel D. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2075
Local Reg. No. 117
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Box 124

3. NAME OF DECEASED (Type or Print): a. (First) Voyne b. (Middle) E. c. (Last) Riddle

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-17-93

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months 6 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Riddle, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank W. Riddle
BIRTHPLACE: Eureka, Calif.

14. MOTHER'S MAIDEN NAME: Delia N. Jones
BIRTHPLACE: Dayton, Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wm. Jones
ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Ventricular Failure
DUE TO (c) Infarct, left ventricle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia & Malignant Lymphoma

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 14, *19* 53, *to* June 18, *19* 53, *that I last saw the deceased alive on* June 18, *19* 53, *and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 19 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain Home
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2076
Local Reg. No. 112
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 56 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	J.	Eckhoff	June	19,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	4-5-96	57	2	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plasterer 33	Construction	Geneva, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John J. Eckhoff		Nellie Merritt	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-10-8779	Records, VA Hospital	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pancreatitis with Portal and Biliary Obstruction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Inanition and Cachexia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* June 19, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 5:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 23.1953		North Platte, Neb.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-23-53	Myrtle Palmer	Schreiber-McCann-Gibson	Boise Idaho

J. W. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2077
Local Reg. No. 116
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ Mile E. of Diversion Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2314 Lamberton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ETHEL		MASSA	June 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 19, 1915	37-11-2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk-First Security Bank		LaFayette, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Goans	Unknown	Enora Cole	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Don W. Ludington	1919½ N. 7th St. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

910.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest & compound fractures of skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) rock slide
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hiway #21	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
6	21	53	12:20 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Crushed in Rock Slide

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell K. Kelly	Coroner	318 N. Latah Boise, Idaho	6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/25/53		Carlinville, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-1-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2078
Local Reg. No. 241
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 East King St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 314 East King St.

3. NAME OF DECEASED (Type or Print): a. (First) Joan; b. (Middle) ------; c. (Last) Fisher

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 10, 1866

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Co. Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Warren — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rachel Brooks — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. L. Campbell — ADDRESS: Meridian, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility - arteriosclerosis — and
DUE TO (c) Sq Cell Ca of Neck. — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, to 6-21-53 *that I last saw the deceased alive on* June 21, 1953, *and that death occurred at* 2:05 PM *from the causes and on the date stated above.*

23a. SIGNATURE: John T Bunn MD (Degree or title)
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Johnson
ADDRESS: Meridian, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2079
Local Reg. No. 113
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 498 Polk St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Delmar	Hastings	Tarleton	June	24,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-20-96	57	5	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sub-Station Operator		Lowell, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank W. Tarleton	Boston, Mass.	Bertha M. Hastings	Lowell, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I	Unkn.	Records, VA Hospital	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Uremia. — 1 week
DUE TO (c) Bilateral ureteral obstruction with pyelonephritis — Unknown
Abdominal malignant lymphoma (Hoagkins type) — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 13, *1953, to* June 24, *1953, that I last saw the deceased alive on* June 24, *1953, and that death occurred at* 2:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 25.53	Twin Falls	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-25-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise

Federal Security Agency
United States Public Health Service

Form DPH-49021

J. J. McCann

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2080
Local Reg. No. 14480
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 359 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1614 Dewey St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Floyd	L.	Emerson		June	27,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	12-26-00	52	6	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 08	Logging	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George R. Emerson	Missouri	Effie A. Bates	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
Yes	WW II	540 05 7411	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive retroperitoneal fibrosarcoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 23, *19* 52, *to* June 27, *19* 53, *that I last saw the deceased alive on* June 27, *19* 53, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M.D. Pathologist	VA Hospital, Boise, Idaho	6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 30.1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2081
Local Reg. No. 117
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett,
d. STREET ADDRESS (If rural, give location) 519 South Johns St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ray	C.	Alsager	June	30,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	5-20-22	31	1	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant 72
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis S. Alsager — BIRTHPLACE Webster, S. D.
14. MOTHER'S MAIDEN NAME Edna Tolles — BIRTHPLACE Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 519-18-8423
17. INFORMANT'S SIGNATURE AND ADDRESS Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous Brain Stem Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Glioma, Right Parietal Lobe — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1952, *to* June 30, 1953, *that I last saw the deceased alive on* June 30, 1953 *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BEEMAN, M. D. Pathologist	VA Hospital, Boise, Idaho	6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 2nd 1953	Riverside Cemetery	Emmett Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-2-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2082
Local Reg. No. 11
Reg. Dist. No. 300

BIRTH NO. REC'D JUL 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodrich
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LINDA; b. (Middle) FAITH; c. (Last) MOORE

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1-29-1953

9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXXXX 02

10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXXX

11. BIRTHPLACE (State or foreign country): Council, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Roscoe Moore — BIRTHPLACE: Cushing, Okla.

14. MOTHER'S MAIDEN NAME: Etta Mae Law — BIRTHPLACE: Drumright, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXX — (If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.: XXXXXXX

17. INFORMANT'S OWN SIGNATURE: Roscoe Moore — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1953, *to* June 9, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 6-11-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Removal 3

24b. DATE: 6-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Cambridge

24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 6-12-1953

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: R. Dale Thomason

ADDRESS: Weiser, Idah

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2083
Local Reg. No. 12
Reg. Dist. No. 300

BIRTH NO. 111-53-7572

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL): Council
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Council Hospital

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) R.; c. (Last) WOODY

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 20 1953

9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 14, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Midvale, Idaho (Home)

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emmett Woody — BIRTHPLACE: Grangeville, Ida.

14. MOTHER'S MAIDEN NAME: June Weems — BIRTHPLACE: Cambridge, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Emmett R. Woody — ADDRESS: Midvale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 773.5 Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Resp & Circ. collapse
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1953, *to* June 21, 1953, *that I last saw the deceased alive on* June 21, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 6/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6/21/53

24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery

24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 6/21/53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: A. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2084
Local Reg. No. 158
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 19yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 444 So. Tenth St.

3. NAME OF DECEASED (Type or Print)
a. (First): INGA
b. (Middle): OTELIA EILERTSEN
c. (Last): HARTVIGSEN

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 5, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Harstadt, Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eilert Israelsen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Annie Eilertsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** (If yes, give war or dates of service) **
16. SOCIAL SECURITY NO. **
17. INFORMANT'S OWN SIGNATURE: Dean Hartvigsen — Dean H. Hartvigsen M.D. — ADDRESS: Pocatello,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* June, 1953, *that I last saw the deceased alive on* 1 June, 1953, *and that death occurred at* 5:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard G. Crandall (Degree of title) — Richard G. Crandall M.D.
23b. ADDRESS: 804 E Center — Pocatello, Ida
23c. DATE SIGNED: 8 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Conway Grant — ADDRESS: Conway Grant Hall-Grant Mortuary Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-7786

Certificate of Death

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2085
Local Reg. No. 147
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pocatello
d. STREET ADDRESS (If rural, give location): Rt. #1 South

3. NAME OF DECEASED (Type or Print): a. (First) Eric b. (Middle) Dewey c. (Last) Copeland

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 1 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: IF UNDER 24 HRS. — Hours: 3 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- -- 52

10b. KIND OF BUSINESS OR INDUSTRY: -- --

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack D. Copeland, BIRTHPLACE: Jarbondale Ill.

14. MOTHER'S MAIDEN NAME: Nora Soderblom, BIRTHPLACE: Chicago, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT'S OWN SIGNATURE: Jack D. Copeland, ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

761.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non viable infant — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 23 weeks pregnancy.
DUE TO (c) Premature separation of placenta.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 6-2, 1953, *that I last saw the deceased alive on* 6-2, 1953, *and that death occurred at* 12:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph B. Hegstad, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-3-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUN 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Downard Funeral Home, ADDRESS: Pocatello Ida.
By John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2085
Local Reg. No. 148
Reg. Dist. No. 510

BIRTH NO.

JUN 11 1953

STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock BIVIS. AL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): ½ hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 934 North Grant Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARL	WALTER	PETERSEN	June	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	December 10, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Manager, Salesman ?	Retail Furniture	Assens	Denmark	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Petersen	Denmark	no data	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	519-09-8414	R. W. Petersen	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **** *, 19____, to* ***** *, 19____, that I last saw the deceased alive on* June 2 *, 1953, and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John K. Mcmahon 250	Pocatello, Idaho	June 3, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 6, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 1953	Darlene Archibald	Just Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2087
Local Reg. No. 154
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): ETTA
b. (Middle): ALMIRA
c. (Last): HAMPTON

4. DATE OF DEATH (Month) (Day) (Year): June 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 9, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Kanosh Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Joseph A. Lott — BIRTHPLACE: Morgan, Utah
14. MOTHER'S MAIDEN NAME: Muria Mitchell — BIRTHPLACE: Beaver, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Cecil L Hampton — ADDRESS: Hammett, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 36 hours
DUE TO (c): Diabetes Mellitus — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — 8 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* June 9, 19 53, *that I last saw the deceased alive on* June 9, 19 53, *and that death occurred at* 9:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan W Wurster MD +57
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 12, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 15, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Glenns Ferry Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: JUN 24 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

JUN 17 1953

State File No. 2088
Local Reg. No. 153
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 700 W. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 700 W. Center

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) JOSEPHINE c. (Last) DANIELS

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 2, 1887

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Provo Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Benson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Louise (Unknown) — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Theodore Daniels — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH: 2½ years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 19 53, *to* June 9, 19 53, *that I last saw the deceased alive on* June 9, 19 53, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Olds, M.D. 298 (Degree or title)
23b. ADDRESS: Pocatello Idaho.
23c. DATE SIGNED: 6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-53
24c. NAME OF CEMETERY OR CREMATORY: Malad Cem.
24d. LOCATION (City, town, or county) (State): Malad Idaho

DATE REC'D BY LOCAL REG.: JUN 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Byron B. Dawnard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUN 25 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2089
Local Reg. No. 155
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 130 North Arthur Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ORIN	T.	DAVIS	June	11	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	June 25, 1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 70	U. P. Railroad Co.	Pocatello, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas E. Davis	Iowa	Annie Thomas	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War #1	712-03-8915	Ray E. Davis.	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* June 11, 19 53 *that I last saw the deceased alive on* June 11, 19 53, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Daniel C. Mills 276 M.D.	Pocatello, Idaho	June 12, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 13, 1953	Mount Moriah Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 24 1953	Darlene Archibald	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2090
Local Reg. No. 152
Reg. Dist. No. 511

RECEIVED JUN 17 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North 18th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): R. F. D. - Reservation

3. NAME OF DECEASED (Type or Print): a. (First) ADRAIN b. (Middle) **** c. (Last) TOM

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: February 22, 1935

9. AGE (In years last birthday): 18 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no data — BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Nessie Sheepskin — BIRTHPLACE: Fort Hall, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature] Personal records — ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries - broken ribs — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Deep laceration on chin

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No. 18th Avenue
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) June (Day) 12 (Year) '53 (Hour) 9 p.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* **** *, 19___, to* ***** *, 19___, that I last saw the deceased alive on* ***** *, 19___, and that death occurred at* 9.15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 13, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Reservation
24d. LOCATION (City, town, or county) Gibson, (State) Idaho

DATE REC'D BY LOCAL REG.: JUN 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECFIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2091
Local Reg. No. 759
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JOHN	HUNTER	June	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	October 14, 1866	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Rancher 04	Self employed	Unknown, Iowa	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph L. Hunter	Scotland	Annie G. Walker	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs. L. K. Walsbury	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute myocardial infarction	minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary sclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic cholecystitis Exogenous obesity	years years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* June 20, 1953, *that I last saw the deceased alive on* June 16, 1953, *and that death occurred at* 2:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
ARCH T. WIGLE, M.D. 463	Pocatello, Idaho	June 22, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 1953	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 3 1953	Darlene Archibald	Jas Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2092
Local Reg. No. 160
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 618 N. Sixth

3. NAME OF DECEASED (Type or Print)
a. (First): ERINI
b. (Middle):
c. (Last): PULOS

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 5, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Myethalene Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Kordoyani — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: Effie (unknown) — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs James Foster — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pelvic Abscess — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Ruptured Diverticulum of Sigmoid

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Extreme Obesity

19a. DATE OF OPERATION: 6-6-53.
19b. MAJOR FINDINGS OF OPERATION: Pelvic Abscess from Ruptured Diverticulum of Sigmoid
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 1953, *to* 6-22, 1953, *that I last saw the deceased alive on* 6-22, 1953, *and that death occurred at* 4 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Dellerrell MD. (Degree or title) 254
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2093
Local Reg. No. 161
Reg. Dist. No. 510

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 342 Pocatello Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 342 Pocatello Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEE	BERTHA	HOLLINS	June	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	Married	Dec. 22, 1922	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Montgomery, Alabama
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arthur Lloyd — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Queen Reed — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 421-30-0257
17. INFORMANT'S OWN SIGNATURE: Mary A Bennett — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bullet wound in head, lodging in — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Occipital skull bone
DUE TO (c): Bullet wound in body, lodging in

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: First Lumbar Vertrebra

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Gun shot wounds fired by another person

22. *I hereby certify that I attended the deceased from* **** *, 19___, to* ***** *, 19___, that I last saw the deceased alive on* ******** *, 19___, and that death occurred at* about 11:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson 470 — (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 25, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Ross-Clayton Funeral Home
24d. LOCATION (City, town, or county) (State): Montgomery, Alabama

DATE REC'D BY LOCAL REG.: JUL 3 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2094
Local Reg. No. 162
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 676 West Lewis

3. NAME OF DECEASED (Type or Print): a. (First) BRENT b. (Middle) c. (Last) BEERY

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: June 21, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 6 — IF UNDER 1 DAY: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —— 02

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William E. Beery — BIRTHPLACE: LeGrande, Oregon

14. MOTHER'S MAIDEN NAME: Violet Call — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: ——

17. INFORMANT'S OWN SIGNATURE: x William E. Beery — ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemorrhagic Disease of the newborn — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ——

DUE TO (c): ——

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: prematurity

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ——

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ——

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ——

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ——

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ——

22. *I hereby certify that I attended the deceased from* 21 June, 1953, *to* 27 June, 1953, *that I last saw the deceased alive on* 26 June, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis [illegible] Bruch MD

23b. ADDRESS: 804 East Center Street

23c. DATE SIGNED: 3 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 29/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Colin M. Edward [illegible] Hall Grant Mortuary — ADDRESS: Poc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2095
Local Reg. No. 723
Reg. Dist. No. 51D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Apt. 101 Casa Del Rio

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Jones c. (Last) Elrod

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 18 1875

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apt. Mgr. 74

10b. KIND OF BUSINESS OR INDUSTRY: Apartments

11. BIRTHPLACE (State or foreign country): Springfield Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Elrod — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Frances Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-9419

17. INFORMANT'S OWN SIGNATURE: Mrs. Emma Elrod — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent Accident —
DUE TO (c) Fracture femur 1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

903.0

19a. DATE OF OPERATION: 6/21/53

19b. MAJOR FINDINGS OF OPERATION: fracture neck L. femur

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 20 - 53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell while walking in yard

22. *I hereby certify that I attended the deceased from* 6-20 19 53, *to* 6/28, 19 53. *That I last saw the deceased alive on* 6/28, 19 53, *and that death occurred at* 11:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 1-53 (2)

24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Ida.
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

State File No. 2096
Local Reg. No. 164
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 615 North Seventh Avenue

3. NAME OF DECEASED (Type or Print): a. (First) HYRUM b. (Middle) STEPHEN c. (Last) COVERT

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 7, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Covert
BIRTHPLACE: Santa Fe, N. Mex.

14. MOTHER'S MAIDEN NAME: Nellie Walker
BIRTHPLACE: Cedar City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 519-09-8177

17. INFORMANT'S OWN SIGNATURE: Stay Covert
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain damage — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway 91

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY: (Month) June (Day) 28 (Year) '53 (Hour) 11:30 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Hit by an automobile while walking on highway

22. *I hereby certify that I attended the deceased from* June 29, 1953, *to* June 29, 1953, *that I last saw the deceased alive on* June 29, 1953, *and that death occurred at* 1:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David J. McLaughlin M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: June 30, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 1, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG.: JUL 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: James Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2097
Local Reg. No. 166
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Riverside
d. STREET ADDRESS (If rural, give location): Rural - Rt. #2

3. NAME OF DECEASED (Type or Print): a. (First) Steven; b. (Middle) Louis; c. (Last) Hancock

4. DATE OF DEATH: (Month) (Day) (Year): June 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	never married	Sept. 4, 1946	6	9	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: 07
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Verl Louis Hancock — BIRTHPLACE: Downey, Idaho
14. MOTHER'S MAIDEN NAME: Joan Hanson — BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 473X
17. INFORMANT'S OWN SIGNATURE: Burke K. Poole — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure and surgical shock. — INTERVAL BETWEEN ONSET AND DEATH: 9a.m. 11:30a.m.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): anesthesia and surgery
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 6-30-53
19b. MAJOR FINDINGS OF OPERATION: Infected tonsils
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? no injury

22. *I hereby certify that I attended the deceased from* 6-26, 19 53, *to* 6-30, 19 53, *that I last saw the deceased alive on* 6-30- 19 53, *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: sss [signature] (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-3-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: AUG 7 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3098
Local Reg. No. 151
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
JUN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 3 mi. E on Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs,
d. STREET ADDRESS (If rural, give location) 3 miles east on Highway 30

3. NAME OF DECEASED (Type or Print) a. (First) DARLENE b. (Middle) c. (Last) CHRISTIANSEN

4. DATE OF DEATH (Month) (Day) (Year) June 1, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Dec. 18, 1939
9. AGE (In years last birthday) 13 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Studant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Lava Hot Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ellis M. Christiansen BIRTHPLACE Hyrum, Utah
14. MOTHER'S MAIDEN NAME Grace Pearl Symons BIRTHPLACE Lava Hot Springs, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** (If yes, give war or dates of service) **
16. SOCIAL SECURITY NO. **
17. INFORMANT'S OWN SIGNATURE Ellis M. Christiansen ADDRESS Lava H.S.

18. CAUSE OF DEATH 401.3
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Fever Pleurisy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Disorders
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 53, to June, 19 53, that I last saw the deceased alive on June 1, 19 53, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. Thomas Farnsworth M.D. (Degree or title)
23b. ADDRESS Lava Hot Springs
23c. DATE SIGNED 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-4-53
24c. NAME OF CEMETERY OR CREMATORY Lava Hot Springs
24d. LOCATION (City, town, or county) Lava Hot Springs, (State) Idaho

DATE REC'D BY LOCAL REG. JUN 13 1953
REGISTRAR'S SIGNATURE Darlene Archibald
25. FUNERAL DIRECTOR Colin M. Edwards Hall Grant Mortuary
ADDRESS Poc.

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2099
Local Reg. No. 156
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Downey
c. LENGTH OF STAY (in this place) 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ranch Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Downey
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) EDMUND c. (Last) FAULKNER

4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb. 25, 1886

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher - Stockman

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Sage Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edgar Faulkner — BIRTHPLACE N.Y.

14. MOTHER'S MAIDEN NAME Marcelaine Farrel — BIRTHPLACE Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Mrs. Roy Faulkner — ADDRESS Downey Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Undiagnosed Lung Pathology

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953 to June 20, 1953 that I last saw the deceased alive on June 19, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature] M.D.

23b. ADDRESS Downey Idaho

23c. DATE SIGNED 6-22-'53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-23-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. JUN 25 1953

REGISTRAR'S SIGNATURE Darlene Archibald

25. FUNERAL DIRECTOR ADDRESS Byron B. Dowrard Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2100
Local Reg. No. 2
Reg. Dist. No. 135

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tensed Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Her Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tensed Rural
d. STREET ADDRESS (If rural, give location): ***

3. NAME OF DECEASED (Type or Print)
a. (First): Felecity
b. (Middle):
c. (Last): Arapa

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1953

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife Own Home
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Quinimosa — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ann Mary — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cecilia Payne — ADDRESS: Tekoa, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease — years
DUE TO (c) and hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1953, *to* 5-22, 1953, *that I last saw the deceased alive on* 5-22, 1953, *and that death occurred at* 11 50 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merle E Crissley M.D.
23b. ADDRESS: Tekoa Wash
23c. DATE SIGNED: 5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25-53
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Mission
24d. LOCATION (City, town, or county) (State): DeSmet, Idaho

DATE REC'D BY LOCAL REG.: May 27, 53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Jack E. Kramer — ADDRESS: Tekoa, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2101
Local Reg. No. 26
Reg. Dist. No. 130

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Jeffries
b. (Middle): Garfield
c. (Last): Henry

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 7, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forestry 20
10b. KIND OF BUSINESS OR INDUSTRY: U.S.F.S.
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Henry — BIRTHPLACE: Minn
14. MOTHER'S MAIDEN NAME: Claudia Anderson — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 539-03-1214
17. INFORMANT'S OWN SIGNATURE: Walter H. Henry — ADDRESS: Williams Ariz.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	825.4 Cerebral Hemorrhage	1 day
ANTECEDENT CAUSES — DUE TO (b)	Fracture Skull	"
DUE TO (c)	Frac. Left Radius	"
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Lacerations scalp	"

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Mult. Cont. + Abrasions
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): auto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Santa Benewah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 June 53 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident.

22. *I hereby certify that I attended the deceased from* 7 June, 1953, *to* 8 June, 1953, *that I last saw the deceased alive on* 8 June, 1953, *and that death occurred at* 8 40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eva Sullivan MD (Degree or title) 623
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 19 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jun 10, 1953 (3)
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: June 10, 53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-6582
BIRTH NO.

Certificate of Death

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2102
Local Reg. No. 27
Reg. Dist. No. 130

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle):
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): June 19 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 6-19-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 02
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St Maries Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Allen Wibaux
BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Naomi Miller
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Charles R Allen
ADDRESS: St Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythrobastosis
INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rh neg mother + Rh Pos. father
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 June, 1953, *to* 19 June, 1953, *that I last saw the deceased alive on* 19 June, 1953, *and that death occurred at* 6 34 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 623 [signature] Sullivan MD
23b. ADDRESS: St Maries Idaho
23c. DATE SIGNED: 26 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St Maries Idaho

DATE REC'D BY LOCAL REG.: 6-24-53
REGISTRAR'S SIGNATURE: Esper G. Brebner
25. FUNERAL DIRECTOR: Gerald E Browning
ADDRESS: St Maries Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2103
Local Reg. No. 109
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~252~~ Blackfoot
d. STREET ADDRESS (If rural, give location): 252 Hawley Street

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): Parsons
c. (Last): Hofer

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 29, 1931
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Nurse 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simon Edward Parsons — BIRTHPLACE: Carpenter, Ohio
14. MOTHER'S MAIDEN NAME: Susie Dorothy Newton — BIRTHPLACE: Greeley, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James H Hofer — ADDRESS: Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

343X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis, type undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 June 1953, *to* 27 June, 1953, *that I last saw the deceased alive on* 6 June, 1953, *and that death occurred at* 6:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE 179 Walter G Hoge (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, '53 01
24c. NAME OF CEMETERY OR CREMATORY: Nampa Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 29 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2104
Local Reg. No. 100
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. So. of Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 282 East Alice Street

3. NAME OF DECEASED (Type or Print)
a. (First): Bettie
b. (Middle): Lou
c. (Last): Miller Barrett

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 13, 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 49
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Lilly Brook, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bert Miller — BIRTHPLACE: Ash Co. N. C.
14. MOTHER'S MAIDEN NAME: Susie Miller — BIRTHPLACE: Ash Co. N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-28-2699
17. INFORMANT'S OWN SIGNATURE: Bert Miller — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Skull Fracture & concussion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Car striking bridge abutment
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Body thrown in river-possible drowning

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Hiway So. Blf't.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 3, 1953 1:20 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car hit bridge abutment-rolled into river

22. *I hereby certify that I attended the deceased from* did not attend deceased *, 19___, that I last saw the deceased alive on* did not see her alive *, and that death occurred at* 1:25 a.m. *, from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 470 4 (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-53 01 3
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 6-1953
REGISTRAR'S SIGNATURE: Mrs Evalus E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2105
Local Reg. No. 102
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 91 & Blackfoot River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4151 Tholozan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): De Lee
b. (Middle): Adlebert
c. (Last): Brownlie

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29, 1925
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman -- Automobile-Appliances
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eldorado, Saline Co., Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Roy Brownlie — BIRTHPLACE: ??
14. MOTHER'S MAIDEN NAME: Helen Haskins — BIRTHPLACE: ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-12-7559
17. INFORMANT'S OWN SIGNATURE: A. R. Brownlie, ADDRESS: Blackfoot, St. Louis, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Automobile Accident — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Speeding- Auto struck utility pole and abutment of bridge. Deceased was pined under wreckage in Water of Blackfoot River.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 3, 1953 1:30 A.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Speeding auto struck pole and bridge.

22. *I hereby certify that I attended the deceased* ~~from~~ On, 19__, *to* June 3, 1953, *that I last saw the deceased* dead ~~alive~~ *on* June 3, 1953, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Trolin (Degree or title): Coroner-Bingham Co.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 6-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-8-53
24c. NAME OF ~~CEMETERY~~ OR CREMATORY: Salt Lake Mem. Maus. Ass'n.
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: June 8 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2106
Local Reg. No. 5
Reg. Dist. No. 602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Christian		Schritter	6	7	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	12-24-1875	77	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Alt Elft So. Russia
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: John Schritter — BIRTHPLACE: So. Russia
14. MOTHER'S MAIDEN NAME: Dorothea Martman — BIRTHPLACE: So. Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Schritter — ADDRESS: Aberdeen, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

241 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Emphysema — 10 years
DUE TO (c) Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility with arteriolarsclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1941, 19____, *to* June 4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* 12:30Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls	6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	6-10-53	Homestead	S.W. Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	F. L. Harris	H. L. Davis	Am. Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2107
Local Reg. No. 110
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Ruth Sweetman Talbot Heward

4. DATE OF DEATH (Month) (Day) (Year) June 11 1953

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 17 1862
9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Talbot BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ruth Sweetman BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Ruth C. Blair ADDRESS Shelley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 9 1/2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1948 *to* 6-11, 1953 *that I last saw the deceased alive on* 6-5, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Dale L. Smith M.D. (Degree or title) 404 | **23b. ADDRESS** Shelley Idaho | **23c. DATE SIGNED** 6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 16, 53
24c. NAME OF CEMETERY OR CREMATORY Grove City Cem.
24d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG. 6-12-1953
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Lloyd M. Nalder ADDRESS Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2108
Local Reg. No. 103
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN
b. (Middle): JESSIE
c. (Last): CUTFORTH

4. DATE OF DEATH (Month) (Day) (Year): June, 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 26, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Whangarei, Marsden Co. New Zealand
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Crocker Jenkins — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Jessie Agnes Going, — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leola C. Draper — ADDRESS: Moreland, Idaho.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* June 12, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 2:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Packer 223 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-53 01
24c. NAME OF CEMETERY OR CREMATORY: Moreland,
24d. LOCATION (City, town, or county) (State): Moreland, Idaho.

DATE REC'D BY LOCAL REG.: June 15 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2109
Local Reg. No. 106
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 38yr, 1mo, 11da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARMA
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) L. b. (Middle) A. c. (Last) PATTERSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 12 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: NOV. 23 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months: 6 Days: 9 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ATHENS, PA.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertension — 35 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Hebephrenic — 40 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR. 21, 1915, *to* JUNE 12, 1953, *that I last saw the deceased alive on* JUNE 12, 1953, *and that death occurred at* 5:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title) M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 6.13.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: June 17, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatin
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 17 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2110
Local Reg. No. 103
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (In this place): 8mo, 3da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIRIE
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): R.
c. (Last): BOCK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 14 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 2 1913
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOISE, IDA.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: NORMAN RUICK — BIRTHPLACE: CONN.
14. MOTHER'S MAIDEN NAME: LUCILDA HASKINS — BIRTHPLACE: KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 300.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Schizophrenia, Catatonic — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* OCT. 11, 1952 *to* JUNE 14, 1953, *that I last saw the deceased alive on* JUNE 14, 1953, *and that death occurred at* 6:14P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/15-1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Idaho Falls. Idaho.

DATE REC'D BY LOCAL REG.: June 15-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E Patine
25. FUNERAL DIRECTOR: Orland C. Buck — **ADDRESS**: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 7111
Local Reg. No. 104
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUN 17 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2mo, 19da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): LESLIE
b. (Middle): R.
c. (Last): VERTREES

4. DATE OF DEATH (Month) (Day) (Year): JUNE 15 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 2 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 3, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. AGENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DUNLAP, IOWA
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: WESLEY VERTREES — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: MARY ANN STOUT — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W. Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 304X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senile Psychosis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 16, 1953, *to* JUNE 15, 1953, *that I last saw the deceased alive on* JUNE 15, 1953 *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Sprague (Degree or title) M.D. +14
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 6.15.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/15/53
24c. NAME OF CEMETERY OR CREMATORY: Burley-Ida. Cem.
24d. LOCATION (City, town, or county) (State): Burley Cassia Co. Ida.

DATE REC'D BY LOCAL REG.: June 18, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Wm B. McCullach — ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2112
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 1
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Walter; b. (Middle) Herman; c. (Last) Jagels

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 17, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Davenport, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Jagels — BIRTHPLACE: Benton Co., Missouri

14. MOTHER'S MAIDEN NAME: Katie Schnackenberg — BIRTHPLACE: Lake Creek, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Records State Hospital South, Blackfoot, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

601 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hydronephrosis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis Toxic — 6 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 12:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title): M.D.

23b. ADDRESS: State Hospital South Blackfoot

23c. DATE SIGNED: 6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 18, '53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Twin Falls Co., Idaho

DATE REC'D BY LOCAL REG.: June 18,1953

REGISTRAR'S SIGNATURE: Mrs. Wallin E. Paline

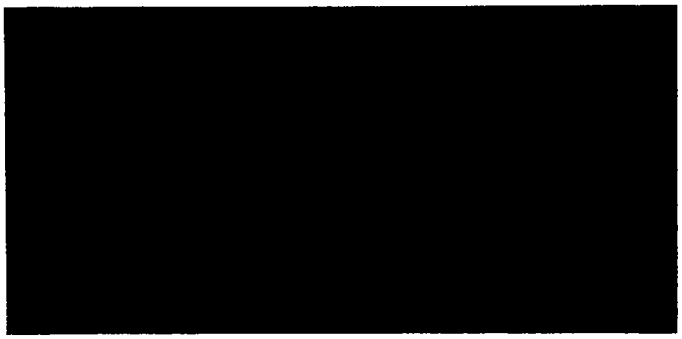
25 FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

B. T. ALBERTSON

FUNERAL DIRECTOR
AND
EMBALMER



BUHL, IDAHO

130 • 9TH NO

PHONE 185

ALBERTSON FUNERAL HOME

August 22, 1953

Bureau of Vital Statistics
State House
Boise, Idaho

Gentlemen:

In regards to the photostatic copy of the death certificate of Walter H. Jagels, deceased.

We received the amended photostatic copy of August 17, 1953 and forwarded this copy to Mrs. Freda Jagesl, wife of the deceased, who finds that the age had not been changed from the original copy. The corrected age should be 58 and not 59 as shown. I feel I'm to blame for this oversight as I never corrected this in my letter of August 16, but she wants the age correct and it definitely should be, so I typed a new certificate of death from our records which gives a more complete history of Mr. Jagels. If this does not meet with proper procedure please destroy the enclosed copy.

Thanking you for ypur patience and promptness in this matter.

Sincerely yours,

Dale I. Christensen

Dale I. Christensen
Ass't. Manager

Albertson Funeral Home
B. T. ALBERTSON
130 9TH NO. PHONE 185
BUHL, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL
STATISTICS

August 16, 1953

W. W. Benson
Bureau of Vital Statistics
State House
Boise, Idaho

Dear Mr. Benson:

Mrs. Freda Jagels, wife of Walter H. Jagels, deceased, received her photostatic copy of the death certificate and finds that the date of birth is incorrect. It reads as follows; Feb.18, 1894 and to be correct it should read February 17, 1895. Is it at all possible to have it amended in your office or just what procedure would you advise us to follow to correct this error?

As we have never been confronted with anything like this we shall wait until you reply.

Thanking you again,

Sincerely yours,

Dale I. Christensen

Dale I. Christensen
Ass't. Manager

711-29

No. 53-2112

RECEIVED JUL 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2112
Local Reg. No. 708
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWINS FALLS CO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): ROUTE NO. 1.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): H.
c. (Last): JAGELS

4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 18-1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN JAGELS — BIRTHPLACE: MO.
14. MOTHER'S MAIDEN NAME: KATIE SCHNACKENBERG — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE A. Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 601X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Toxic — 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 11, 19 53 *to* JUNE 18, 19 53 *that I last saw the deceased alive on* JUNE 18, 19 53 *and that death occurred at* 12:15 A, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague, M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 6.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: June 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Twin Falls Co., Idaho

DATE REC'D BY LOCAL REG.: June 18, 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Fatima
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED AUGUST 17, 1953

Certificate of Death

STATE OF IDAHO

State File No. 2112
Local Reg. No. 108
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): ROUTE NO. 1.

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) H. c. (Last) JAGELS

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 17-1895

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months: 4 Days: 0 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): NEBRASKA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN JAGELS — BIRTHPLACE: MO.

14. MOTHER'S MAIDEN NAME: KATIE SCHNACKENBERG — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PsychosisToxic — 6 Mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 11, 19 53, *to* JUNE 18, 19 53, *that I last saw the deceased alive on* JUNE 18, 19 53, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M. D. — **23b. ADDRESS**: State Hospital So., Blackfoot — **23c. DATE SIGNED**: 6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: June 18, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Buhl — **24d. LOCATION** (City, town, or county) (State): Buhl, Twin Falls Co., Idaho

DATE REC'D BY LOCAL REG.: June 18, 1953 — REGISTRAR'S SIGNATURE: Mrs. Wallin E. Paline

25. FUNERAL DIRECTOR — ADDRESS: B. T. Albertson, Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2113
Local Reg. No. 707
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 18y7m11da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TETON
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE		STAKER	JUNE	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	W	UNKNOWN	1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BUTLERVILLE UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: A. Young ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

002 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 20 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* NOV. 7, 19 34 *to* JUNE 18, 19 53, *that I last saw the deceased alive on* JUNE 13, 19 53 *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague M. D. 414	State Hosp. So., Blackfoot	6.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial 01 3	6-18-53	Teton Cemetery	Teton, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 18-1953	Myrl Charles E. Patrick	Mel Hansen	St. Anthony, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2114
Local Reg. No. 111
Reg. Dist. No. 601

RECEIVED
JUL 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Vern
b. (Middle)
c. (Last) Eaton

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 19, 1888
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Vernal Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Eaton — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Victoreen Walker — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None — (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 518-81-6902
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 1½ yrs
DUE TO (c) Emphysema of lungs — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertrophy Prostate — 2 mos.
Duodenal Ulcer — 2 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948 *to* 6-19, 1953 *that I last saw the deceased alive on* 6-19, 1953 *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Dale L. Smith M.D. (Degree or title) 404
23b. ADDRESS Shelley, Ida.
23c. DATE SIGNED 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-22-53 02
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Bingham, Idaho (State)

DATE REC'D BY LOCAL REG. 6-22-53
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Lloyd M Halder — ADDRESS Shelley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUL 2 - 1953 STATE OF IDAHO

State File No. 2115
Local Reg. No. 22
Reg. Dist. No. 410

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print): a. (First) Simon b. (Middle) Wesley. c. (Last) Beck.

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spring city, Utah.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Simon. T. Beck. BIRTHPLACE: St Louis. Mo.
14. MOTHER'S MAIDEN NAME: Sarah Ann Crawforth BIRTHPLACE: Provo Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Simon Andrew Beck ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artico Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* June 16, 1953, *that I last saw the deceased alive on* June 16, 1953, *and that death occurred at* 8.00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E. Dean M.D. 089
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20/53
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho.

DATE REC'D BY LOCAL REG.: June 30 1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Rodney G. Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2116
Local Reg. No. 23
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Bonning

4. DATE OF DEATH (Month) (Day) (Year) 6-17-53

5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2-11-1886
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 4 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranch Laborer
10b. KIND OF BUSINESS OR INDUSTRY ALBONY
11. BIRTHPLACE (State or foreign country) Ketchum Ida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Henry Bonning 04 BIRTHPLACE N.Y.
14. MOTHER'S MAIDEN NAME Ella Morrell BIRTHPLACE Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Clarence Bonning ADDRESS Ketchum ~~Hailey~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

692.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cellulitis, right leg — Several days
DUE TO (c) Abscess, right leg — Several days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 June, 1953 *to* June 17, 1953 *that I last saw the deceased alive on* June 17, 1953 *and that death occurred at* 340 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 02 (Degree or title)
23b. ADDRESS [signature]
23c. DATE SIGNED 22 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 6-19-53
24c. NAME OF CEMETERY OR CREMATORY Ketchum
24d. LOCATION (City, town, or county) (State) Ketchum, Idaho

DATE REC'D BY LOCAL REG. July 4 1953
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Original

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 20 1953 DIVISION OF VITAL STATISTICS

State File No. 2217
Local Reg. No. 352
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lowman
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho City
d. STREET ADDRESS (If rural, give location) Commercial Street

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Glenn c. (Last) Gumm

4. DATE OF DEATH (Month) June (Day) 12. (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH November 6th 1878

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger & Truckdriver

10b. KIND OF BUSINESS OR INDUSTRY Truck Driver

11. BIRTHPLACE (State or foreign country) Salton. Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Maude Saladay. BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Yes. 1st World War

16. SOCIAL SECURITY NO. 544-05-2846

17. INFORMANT'S OWN SIGNATURE Mrs. Harvey Gumm ADDRESS Idaho City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) Log rolled off truck.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Broken Neck

21c. (CITY, TOWN, OR TOWNSHIP) Lowman (COUNTY) Boise (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 12. (Year) 1953 (Hour) 10 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Log rolled off truck whilst unloading

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Reginald John Mellor (Degree or title) Coroner

23b. ADDRESS Idaho City Boise County

23c. DATE SIGNED June 12th 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 15. 1953

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) Boise Idaho (State)

DATE REC'D BY LOCAL REG. 6-18-53

REGISTRAR'S SIGNATURE Mrs E. S. Robison

25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho.

W McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2118
Local Reg. No. 67
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1017 N. Forest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 501 N. Ella

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) DANIEL; c. (Last) COLEMAN

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 29, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General labor

11. BIRTHPLACE (State or foreign country): Lincoln, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Coleman
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Peterson
BIRTHPLACE: Brown Prairie, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-05-3739

17. INFORMANT'S OWN SIGNATURE: Leslie Coleman
ADDRESS: Sandpoint,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gunshot Wound, severed Aorta.
INTERVAL BETWEEN ONSET AND DEATH: minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9817

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint, Bonner, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 3, 1953 10:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Shot while trespassing, Yirdict non criminal act.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence O. Moon (Degree or title) (Coroner)
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: June 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/8/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 6/9/53
REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

#5

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2119
Local Reg. No. 17
Reg. Dist. No. 101

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene, Idaho
d. STREET ADDRESS (If rural, give location): 707-Wallace avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Wesley
b. (Middle): R.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7, 1918
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commerical Diver 90
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Duluth, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. E. Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War Two
16. SOCIAL SECURITY NO.: 341-14-4182
17. INFORMANT'S OWN SIGNATURE: Lottie I Johnson — ADDRESS: 707 Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

974X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by Hanging — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Jail
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 11, 1953 P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hung self with belt, in cell.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: B. L. Shoon 470 — (Degree or title): 4 Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: June 17, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 6/18/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'alene Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-8146

RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2120
Local Reg. No. 110
Reg. Dist. No. 10-1

BIRTH NO. 1160

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 8 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Bonner General Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RONALD	GALE	NEU	June	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June 19, 1953	-0-	0	0	8	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant or	Infancy	Sandpoint, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kenneth Neu	Schuyler, Nebr.	Darlene Harrington	Sheridan, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Kenneth D. Neu	Sandpoint, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Atelectasis	8 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Maternal toxemia with convulsion	9 hrs.
DUE TO (c)	Hard slow labor with dystocia	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Low forceps delivery - P.O.P.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/19/53 *to* 6/19/53, *that I last saw the deceased alive on* 6/19/53, *and that death occurred at* 11 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mullen Hayden M.D.	Sandpoint, Ida	6/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/22/53	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/25/53	Grace Ralph	Moon Funeral Home	Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 76
Reg. Dist. No. 1

BIRTH NO.

JUN 25 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 15 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) HENRY; b. (Middle) PHILLIPP; c. (Last) GABEL

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Citrus grower of

10b. KIND OF BUSINESS OR INDUSTRY: Citrus farming

11. BIRTHPLACE (State or foreign country): Uniontown, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Milton Gabel — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Bertha Baum — BIRTHPLACE: Yorktown, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 204-10

17. INFORMANT'S OWN SIGNATURE: Hazel C. Gabel — ADDRESS: Hope, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphocytic Leukemia (Chronic) — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1953 *to* June 23, 1953, *that I last saw the deceased alive on* June 23, 1953, *and that death occurred at* 9:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Munson 659 — (Degree or title): M D — 23b. ADDRESS: Sandpoint Ida — 23c. DATE SIGNED: June 23 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 6/23/53 — 24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home — 24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: June 23, 53 — REGISTRAR'S SIGNATURE: Grace Colpitts

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

64

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2122
Local Reg. No. 10
Reg. Dist. No. 101

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) EMMA; b. (Middle) A.; c. (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 23, 1863

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Elkhart, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Morris — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Geo M. Johnson — ADDRESS: Sagle Ida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1953, *to* June 27, 1953 *that I last saw the deceased alive on* June 27, 1953, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: 659 J. Munson (Degree or title): M.D.

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 29 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6/30/53 01

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Soangle, Washington

DATE REC'D BY LOCAL REG.: 6/29/53

REGISTRAR'S SIGNATURE: Grace Cagel

25. FUNERAL DIRECTOR: Mon Funeral Home — ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

63

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2123
Local Reg. No. 110
Reg. Dist. No. 101

BIRTH NO. JUL 2 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 606 N. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 606 North 5th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): HOGAN
b. (Middle):
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Beef cattle
11. BIRTHPLACE (State or foreign country): Drummond, Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard Anderson — ADDRESS: Rockland, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): General Arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1953, *to* June 29, 1953, *that I last saw the deceased alive on* June 28, 1953, *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 431 W F Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 1, 1953 06
24c. NAME OF CEMETERY OR CREMATORY: Seim Cemetery
24d. LOCATION (City, town, or county) (State): Lemmon South Dakota

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2124
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

JUN 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Baldy Dist.
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shack on Mt. Baldy Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 908 Maple St.

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) LAVERNE c. (Last) DAUBER

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Oct. 23, 1937

9. AGE (In years last birthday): 15 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): High school student

10b. KIND OF BUSINESS OR INDUSTRY: Public school

11. BIRTHPLACE (State or foreign country): Blind Lake Township, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don Dauber — BIRTHPLACE: Pine River, Minn.

14. MOTHER'S MAIDEN NAME: Angeline Wickham Beaudett — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-36-8118

17. INFORMANT'S OWN SIGNATURE: Don Dauber — ADDRESS: 908 Maple

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

919.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head, — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental self inflicted

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hunting Shack.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Baldy District, Bonner Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 4, 1953 A. 9:00 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot self while handling gun. - manner unknown.

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Moon (Degree or title): Coroner

23b. ADDRESS: Sandpoint Idaho.

23c. DATE SIGNED: June 6, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/9/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 6/9/53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED JUL 2 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2125
Local Reg. No. 110
Reg. Dist. No. 101

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Broten
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route (Sandpoint)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Broten
d. STREET ADDRESS (If rural, give location): Star Route - (Sandpoint

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEN
b. (Middle): B.
c. (Last): Shields

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 23, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Municplewater dept.
11. BIRTHPLACE (State or foreign country): Millersville, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Shields — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Margaret Shields — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred A Shields — ADDRESS: Broten, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General arteriosclerosis — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

422.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 1953, *to* June 14, 1953, *that I last saw the deceased alive on* Apr 1, 1953, *and that death occurred at* 6 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler (Degree or title): M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: June 18 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/18/53
24c. NAME OF CEMETERY OR CREMATORY: Broten Cemetery
24d. LOCATION (City, town, or county) (State): Broten Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2126
Local Reg. No. 176
Reg. Dist. No. 101

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1 (Sandpoint)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Route #1 (Sandpoint)

3. NAME OF DECEASED (Type or Print): a. (First) CECIL; b. (Middle) TANCRED; c. (Last) CLOUTIER

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 5, 1886

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months / Days | IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer (retired) 35

10b. KIND OF BUSINESS OR INDUSTRY: retail grocery

11. BIRTHPLACE (State or foreign country): St. Prosper, Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clair Cloutier — BIRTHPLACE: Quebec, Canada

14. MOTHER'S MAIDEN NAME: unk Massicotte — BIRTHPLACE: Quebec, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Earl J. Petersen — ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1953, *to* June 14, 1953, *that I last saw the deceased alive on* June 14, 1953, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 6-18-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/17/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 6/29/53

REGISTRAR'S SIGNATURE: Grace Cagel

25. FUNERAL DIRECTOR: Moon Funeral [illegible] — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2127
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Westmond
c. LENGTH OF STAY (in this place): 4½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi. No. on N.P.R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): NICK
b. (Middle):
c. (Last): DZAGOFF

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section worker 70
10b. KIND OF BUSINESS OR INDUSTRY: No. Pacific R.R.
11. BIRTHPLACE (State or foreign country): unknown Russia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: + Mrs. Emil Vigil — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

800X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Traumatism Accidental

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed by railroad train.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Westmond Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 15, 1953 11:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from flatcar as train started.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 [signature] Coroner
23b. ADDRESS: Sandpoint Idaho.
23c. DATE SIGNED: June 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/16/53 01 1
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 6/17/53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: [signature] Moon Funeral Home — ADDRESS: Sandpoint, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 8 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2128
Local Reg. No. 65
Reg. Dist. No. 2

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover—D.L. Haynes Pier
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Pend Oreille

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) HENRY; b. (Middle) LLOYD; c. (Last) HAYNES

4. DATE OF DEATH: (Month) (Day) (Year) June 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 20, 1947

9. AGE (In years last birthday): -5- | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delbert L. Haynes — BIRTHPLACE: Wichita, Kan.

14. MOTHER'S MAIDEN NAME: Jane Owen — BIRTHPLACE: Norman, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J. M. Brown Jr. — ADDRESS: Dover, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Pend Oreille

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dover. Bonner Idaho.

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): June 27 1953 P m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell into lake,

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: June 29, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/30/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: July 1 1953

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

JUL 1 - 1953 STATE OF IDAHO

State File No. 2129
Local Reg. No. 137
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS.
c. LENGTH OF STAY (in this place): 6-Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls. Idaho.
d. STREET ADDRESS (If rural, give location): 456th 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CYRUS.
b. (Middle): W
c. (Last): JOHNSON.

4. DATE OF DEATH: (Month) JAN. (Day) 15th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: Feb. 17th 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Madison County. Neb.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph. J. Johnson. BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Christine. Lewis. BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: x Leda M Halsey ADDRESS: Idaho Falls. Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemmorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo A. Williams (Co Coroner)

23b. ADDRESS: Idaho Falls. Idaho.

23c. DATE SIGNED: 1st/17th/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 17th 1953

24c. NAME OF CEMETERY OR CREMATORY: Pineview

24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: June 1b-1953

REGISTRAR'S SIGNATURE: Irma Bridges

25. FUNERAL DIRECTOR: Lewis Fisher ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2130
Local Reg. No. 128
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 285 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SOPHIA
b. (Middle): SARILDA
c. (Last): GILLIARD

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 15, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Heater — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: G H Simpson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Nephritis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/19, 1953, *to* 4/21, 1953, *that I last saw the deceased alive on* 4/21/53, 19___, *and that death occurred at* 6:55A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Soderquist M.D. (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: June 26-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2131
Local Reg. No. 129
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 145 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 145 6th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EARLE	LOCKE	SHATTUCK		May	21	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 13, 1885	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brocker 47	Insurance	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren Charles Shattuck	New York	Matilda Houston	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World I	518-12-6487	John B. Rogers.	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Sclerosis — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov -, 1942 *to* May 21, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 3:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Erickson	M.D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OF	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	May 23, 1953	Rose Hill	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 26-1953	Anna Bridges	Orland LeBeck	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-5409

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

State File No. 2132
Local Reg. No. 124
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

LENGTH OF STAY (in this place): 6hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho

d. STREET ADDRESS (If rural, give location): 302½ 1st Street

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Infant Campbell

4. DATE OF DEATH: (Month) (Day) (Year): May 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 24, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.: 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Paul Campbell — BIRTHPLACE: N. Dakota

14. MOTHER'S MAIDEN NAME: Sharon Gayl Speirs — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Robert P. Campbell — ADDRESS: Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 776X Prematurity 6¼mos. — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Paul Campbell 306 M.D.

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: May 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Wood Funeral Home

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 25-1953

REGISTRAR'S SIGNATURE: Vera Bridges

25. FUNERAL DIRECTOR: Jack A Wood Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 610

BIRTH NO.

JUL 1 - 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38.206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 360 N.Ridge Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Dr. b. (Middle) Guy M. c. (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Asa D.Smith
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth A.Draper
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Dr. C. Smith
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular accident — 8 days
DUE TO (c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 May, 1953, *to* 31 May, 1953, *that I last saw the deceased alive on* 31 May, 1953, *and that death occurred at* 10:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Kranz M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 25-1953
REGISTRAR'S SIGNATURE: Verna Bridges
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4801

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2134
Local Reg. No. 136
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 266 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): MAY
c. (Last): ALBERTSON

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles H. Moore
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Jane Wilson
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Ken Leaverton
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio-Vascular sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension — 12 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946, *to* June 1, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* 5:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 26-1953

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4[illegible]

AMENDED 7-20-53

Certificate of Death

STATE OF IDAHO

State File No. 2135
Local Reg. No. 131
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 420 E. 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) LAWRENCE; c. (Last) HANSEN

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew J. Hansen — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Hansen — ADDRESS: Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

603X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal Infarcts — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Infarct — 1 day
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* June 3, 53, 19____, *and that death occurred at* 2:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Cline 259 (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 June 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 26, 1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Buck Funeral Home

MEMBER National Selected Morticians BY INVITATION

343 "E" STREET - TELEPHONE 364

ORLAND C. BUCK

Idaho Falls, Idaho

RECEIVED JUL 20 1953 DIVISION OF VITAL STATISTICS

July 17, 1953

Division of Vital Statistics
Department of Public Health
Boise, Idaho

Re: EDWARD LAWRENCE HANSEN,
deceased
Local Reg. No. 131
Reg. ~~Dist.~~ No. ~~610~~

Gentlemen:

It has been brought to our attention that there is an error on the death certificate filed for Edward Lawrence Hansen who died in Bonneville County on June 3rd, 1953.

The error is the date of birth. The correct date is October 8, 1891 instead of October 8, 1892 as originally filed. This would also make the age 61 instead of 60.

Will you please make this correction and send us a certified copy, as corrected. Our check for $.50 to cover the fee is enclosed.

Very truly yours,

BUCK FUNERAL HOME

By Orland C. Buck

Orland C. Buck

RECEIVED

Certificate of Death

State File No.
Local Reg. No. 131
Reg. Dist. No. 610

BIRTH NO.

JUL 1 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 60 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 420 E. 13th Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EDWARD	LAWRENCE	HANSEN		June	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 8, 1892	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew J, Hansen — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Hansen — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 603X Renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Infarct — 4 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 19 53, *to* June 3, 19 53, *that I last saw the deceased alive on* June 3, 19 53, *and that death occurred at* 2:35A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orland C. Buck	M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 6, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: June 26-1953
REGISTRAR'S SIGNATURE: Reena Burgess
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40001

Certificate of Death

STATE OF IDAHO

State File No. 2136
Local Reg. No. 113
Reg. Dist. No. 6/D

RECEIVED JUN 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 405 1st St.

3. NAME OF DECEASED (Type or Print): a. (First) Frances b. (Middle) c. (Last) Fearon

4. DATE OF DEATH: (Month) (Day) (Year) June 4, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Haight
BIRTHPLACE: Va.

14. MOTHER'S MAIDEN NAME: Margaret Pritchett
BIRTHPLACE: Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ✓ Henry Fearon
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 174X metastatic carcinoma of liver & bowel — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary to Carcinoma of uterus — 3½ - 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, mitral insufficiency — Do not know.

19a. DATE OF OPERATION: about 2½ yrs. ago

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus. (Operated Elsewhere, exact details not known to me)

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1953, *to* June 4, 1953, *that I last saw the deceased alive on* May 30, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Willson, M. D. 449 (Degree or title)

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: June 4 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/6/53 01

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 6/1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.

ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2137
Local Reg. No. 123
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	William	Nielsen	June 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept 8, 1889	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepman 51	Sheep Industry	Hyrum, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George C Nielsen	USA	Sophia Holm	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Marjorie Nielsen	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Dissecting aortic

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aneurysm

DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-4, 1953, *to* 6-5, 1953, *that I last saw the deceased alive on* 6-5, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Idaho Falls	6-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/9/53	Ammon Cemetery	Ammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 25-53	Vera Bridges	Jack A. Good, Jr.	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2138
Local Reg. No. 124
Reg. Dist. No. 6 10

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 113 8th St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Oren c. (Last) Spelts

4. DATE OF DEATH: (Month) (Day) (Year) June 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 19, 1893

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oilman 36

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Ulysses, Nebr.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ben Spelts
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Jane Shields
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Tom Spelts
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 162X Carcinoma of Lung
INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchogenic Carcinoma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* June 5th, 1953, *that I last saw the deceased alive on* June 5, 1953 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hunter MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: PLattsmouth Cemetery

24d. LOCATION (City, town, or county) (State): Plattsmouth, Nebr.

DATE REC'D BY LOCAL REG.: June 25-'53

REGISTRAR'S SIGNATURE: Irma Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Davis

Certificate of Death

STATE OF IDAHO

State File No. 2139
Local Reg. No. 114
Reg. Dist. No. 610

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 367 E 23rd

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls
d. STREET ADDRESS (If rural, give location) 367 - E - 23rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Ryan	Balmforth	June - 8 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Infant	July 3 - 1952		11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 0		Idaho Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Balmforth	Ryby Idaho	Jeness Gotch	Shelley - Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			George Balmforth	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

75311

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Microcephalis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W D Davis 103	Idaho Falls Idaho	6.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal - 30	June 10 - 1953	Hillcrest Cemetery	Shelley - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 12-53	Vera Rudges	Lyn A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2140
Local Reg. No. 126
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 701 Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) Dulaine; b. (Middle); c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 26, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3; Days; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Edwards — BIRTHPLACE: Wyo.

14. MOTHER'S MAIDEN NAME: Betty Wilson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth Edwards — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 26, 1953, *to* June 10, 1953, *that I last saw the deceased alive on* June 10, 1953 *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 Delon Call M.D. — **23b. ADDRESS**: Rigby, Idaho — **23c. DATE SIGNED**: 6/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 6/12/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 25-1953 — **REGISTRAR'S SIGNATURE**: Lenora Bridges

25. FUNERAL DIRECTOR: Jack A. Wood, Sr. — **ADDRESS**: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2141
Local Reg. No. 117
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 173 S Water

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 173 S Water

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) M. c. (Last) Hanson
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1953
5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen Water Ser. For.
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME 70 Nels Hanson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Emma Olson BIRTHPLACE Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 4201
17. INFORMANT'S OWN SIGNATURE Francis Sorenson ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 3rd recurrence - Terminal
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion 1946 + 1951
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial damage (1946)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19__, to June 14, 1953, that I last saw the deceased alive on June, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE N B Leggett (Degree or title) MD
23b. ADDRESS Idaho Falls Ida
23c. DATE SIGNED June 16 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur. & Removal
24b. DATE 6/19/53
24c. NAME OF CEMETERY OR CREMATORY Brigham City Cemetery
24d. LOCATION (City, town, or county) (State) Brigham City, Utah

DATE REC'D BY LOCAL REG. June 18-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack A. Wood ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2142
Local Reg. No. 132
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 494 Shoup Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 494 Shoup Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) JOHN c. (Last) HARRIS

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 16, 1953

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-28-4656

17. INFORMANT'S OWN SIGNATURE: Records of Idaho Dept. Pub. Asst.
ADDRESS: Idaho Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4321.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cx of records in Bonneville County Health office

DUE TO (c) Individual seen last time in 1951 - by Dr. Gordon Reynolds.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:20P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Woolley 454
(Degree or title): M.D
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls, (State): Idaho

DATE REC'D BY LOCAL REG.: June 26-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland LeSueur
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802T

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-8097

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2143
Local Reg. No. 127
Reg. Dist. No. 6/D

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 398 1st St.

3. NAME OF DECEASED (Type or Print): a. (First) Sherry b. (Middle) Dee c. (Last) Wise

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 17, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 3; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Henry Wise
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Phoebe Cleverley
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James Henry Wise
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small bowel infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circulatory obstruction
DUE TO (c) Surgery for congenital defect.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Interatrial septal defect

570.2

19a. DATE OF OPERATION: 6/20/53
19b. MAJOR FINDINGS OF OPERATION: Surgery for complete mesenteric defect.

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Williams M.D. (Degree or title)
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 6/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/22/53
24c. NAME OF CEMETERY OR CREMATORY: Shelton-Ririe Cemetery
24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: June 25-1953
REGISTRAR'S SIGNATURE: Reeva Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2144
Local Reg. No. 196
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) Lawrence c. (Last) Wilde

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 20, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Power Shovel Oper.

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Brown Wilde
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sophia Antonia Nielsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 981X

17. INFORMANT'S OWN SIGNATURE: Laurence B. Wilde
ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound
DUE TO (c) assault

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bee Hall
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5 mile no. Idaho Falls Bonneville, Idaho

21d. TIME OF INJURY (Month) June (Day) 24, 1953 (Year) (Hour) 12:30 AM
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Homicidal assault

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE: H. Williams (Degree or title) MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 6/29/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/53
24c. NAME OF CEMETERY OR CREMATORY: Iona, Cemetery
24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: July 1-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A Wood
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 120
Reg. Dist. No. 61

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route 5

3. NAME OF DECEASED (Type or Print) a. (First) Rulon b. (Middle) Daniel c. (Last) Radford

4. DATE OF DEATH (Month) (Day) (Year) June-5-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 3-1907
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) American Falls Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel H. Radford BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Ada Morgan BIRTHPLACE American Falls Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-5595
17. INFORMANT'S OWN SIGNATURE Mrs M. J. Danielson ADDRESS 645 Cleveland City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Leo A. Williams 470 (Degree or title) (Coroner)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 6/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 9 '53
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 16-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVS. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2146
Local Reg. No. 123
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ann c. (Last) Arave

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 20, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Fowles
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Mary Ann Jones
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E C Arave
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 June, 1953, *to* 7 June, 1953, *that I last saw the deceased alive on* 7 June, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Worlton, M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 16 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/11/53

24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery

24d. LOCATION (City, town, or county) (State): Taylor, Idaho

DATE REC'D BY LOCAL REG.: June 25-1953

REGISTRAR'S SIGNATURE: Lena Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2147
Local Reg. No. 136
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beeches Corner, Rt. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location): Rural, Beeches Corner, Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) RACHEL b. (Middle) c. (Last) JOHNS

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 13, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Combs
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Leonie
BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. Laura Archer
ADDRESS: Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9811 .410 ga. Shot Gun Wound in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thoracic Cavity -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homecide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bar Room

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24 - 1953 12:15 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo A Williams (Degree or title) Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: June 26 '53

REGISTRAR'S SIGNATURE: Dena Bridges

25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUN 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2148
Local Reg. No. 18-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 20 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susie
b. (Middle): LaFountain
c. (Last): Dougharty

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 16, 1867
9. AGE (In years last birthday): 86yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Big Rapids Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Oliver LaFountain — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Emily Boshaw — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Fred LaFountain — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senil Chr. Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Terminal hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/11, 1953, *to* 6/12, 1953, *that I last saw the deceased alive on* 6/11, 1953, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Dunne M.D. 097 (Degree or title)
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 6/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: June 15, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Ken Bowree
25. FUNERAL DIRECTOR: E. W. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2149
Local Reg. No. 19-53
Reg. Dist. No. 100

BIRTH NO.

JUN 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dora	E.	Powers	June 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married	Nov. 18, 1882	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home	Pike County Ohio	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Shanks	U.S.	Nan Burby	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	C. O Powers	Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ① Pneumonia ② Uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease with cerebral hemorrhage — 4 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* FEB 15, 1953, *to* JUNE 12, 1953, *that I last saw the deceased alive on* JUNE 12, 1953, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Everett L Ellis	M.D.	Bonners Ferry, Idaho	June 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 16, 1953	Grandview Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-16-53	Ruth Bonnell	E. H. Whitney	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2150
Local Reg. No. 20-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mission Reservation
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) highway coming in reserv

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mission Reservation
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanislaus	Simon	David	June	20,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Indian	married	unknown about	33 years				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer ob	lumber mill	Creston B.C.	Canada

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Simon David	Bonners Ferry Idaho	Sophie	Bonners Ferry Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-10-177	Simon Francis	Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) severed carotid artery — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	highway accident	Mission reservation Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June 20, 1953 8pm		His automobile struck a tree

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. H. Whitney Coroner	Bonners Ferry Idaho	June 22, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 23, 1953	Mission Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/23/53	Lee Bowell	E. H. Whitney	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2151
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cam[illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Air Port

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hill City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leonard	Wayne	Anderson	6	3	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10/9/1898					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Genesee Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Henderson	Sweden	Hannah Bamberg	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Jessica Anderson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 420.1
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3 June, 1953, *to* 3 June, 1953, *that I last saw the deceased alive on* 3 June, 1953, *and that death occurred at* 10:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maria J Kerns 207	MD	Fairfield Idaho	3 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 01	6/3/53		Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/3/53	John L Edwards	W Lee Mowtay Ruth Bird	136 Main W.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2152
Local Reg. No. 87
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Georges Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 502 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle):
c. (Last): Emry

4. DATE OF DEATH (Month) (Day) (Year): June 2-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: February 11, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress, 43 Pantorium,
10b. KIND OF BUSINESS OR INDUSTRY: Caldwell
11. BIRTHPLACE (State or foreign country): Allen, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Tuning, BIRTHPLACE: Wheeling, West Virginia
14. MOTHER'S MAIDEN NAME: Phoebe Roberts, BIRTHPLACE: Pleasant Plain, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-03-1883 A
17. INFORMANT'S OWN SIGNATURE: James V Emry, ADDRESS: Pr. 745 NE Church Portland Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): (1) Cerebral Vascular accident - (2) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, *19*___, *to* death, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 101 E. K. Distler, M.D.
23b. ADDRESS: Caldwell.
23c. DATE SIGNED: 6-4.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 02 June 5-1953
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 6/8/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2153
Local Reg. No. 90
Reg. Dist. No. 360

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #5-Emmons Tourist Camp

3. NAME OF DECEASED (Type or Print)
a. (First) Maggie
b. (Middle)
c. (Last) Emmons

4. DATE OF DEATH (Month) (Day) (Year) June 4-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 2-1882
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 0 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Attica, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Mark, BIRTHPLACE Attica, Iowa
14. MOTHER'S MAIDEN NAME Carolyn Ross, BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE x Jack O Emmons, ADDRESS Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 1953, *to* June 4, 1953, *that I* ~~last~~ never *saw the deceased alive* ~~on~~ _____, 19__, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 370 Lester Shupe (Degree or title)
23b. ADDRESS Caldwell
23c. DATE SIGNED 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 01 June 8-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 6/10/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel
J. W. Dakan
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2154
Local Reg. No. 894
Reg. Dist. No. 360

BIRTH NO.

JUN 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 816 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First) Effie
b. (Middle) Mae
c. (Last) Brock

4. DATE OF DEATH (Month) (Day) (Year) June 4-1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH October 24-1876

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months 7 Days 10
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife C)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fredricksburg, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME H.C. Arnold
BIRTHPLACE Somerset, Kentucky

14. MOTHER'S MAIDEN NAME Amanda S. Hottle,
BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Carl Brock
ADDRESS Caldwell Rt.5

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial INFORCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 2 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/4, 1953, *to* 6/4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Oakes H. Hoover (Degree or title) M.D.

23b. ADDRESS Caldwell, Idaho

23c. DATE SIGNED 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 8-1953

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 6/10/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Oakan Chapel
ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUN 27 1953

STATE OF IDAHO

State File No. 2155
Local Reg. No. 94
Reg. Dist. No. 960

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place) 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN Parma
d. STREET ADDRESS 402 6th St.

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) c. (Last) Hurtt

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 7-1875

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pontiac, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christopher Sterry BIRTHPLACE Maine

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Rose Hurtt ADDRESS Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the head of — INTERVAL BETWEEN ONSET AND DEATH 5 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) the pancreas secondary diabetic Mellitus — 5 Months

DUE TO (c) Secondary Complet Obstruction of the Duo denum — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1952, *to* June 10, 1953, *that I last saw the deceased alive on* June 10, 1953, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas E Harris 222 (Degree or title) MD

23b. ADDRESS 226 E Logan

23c. DATE SIGNED 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 12-1953

24c. NAME OF CEMETERY OR CREMATORY Parma

24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 6/23/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2156
Local Reg. No. 99
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Otto; b. (Middle) Charles; c. (Last) Obendorf

4. DATE OF DEATH (Month) (Day) (Year): June 12-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 8, 1884

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Versailles, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Obendorf, BIRTHPLACE: Saxony, Germany

14. MOTHER'S MAIDEN NAME: Matilda Hunger, BIRTHPLACE: Versailles, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs O. C. Obendorf — ADDRESS: Parma Rt 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio Vascular Disease — 10 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* June 12, 1953, *that I last saw the deceased alive on* June 12, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester Duke (Degree or title): MD — **23b. ADDRESS**: Caldwell — **23c. DATE SIGNED**: 6/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 16, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Roswell — **24d. LOCATION** (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 6/18/53 — REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — O. J. Peckham — Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2157
Local Reg. No. 97
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell,
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myrtle	Sophia	Johnson	June 16-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow		81	2	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Halfway, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morgan Taylor Weatherby — BIRTHPLACE: Delaware Co,,Ohio
14. MOTHER'S MAIDEN NAME: Amanda Mattie Eby — BIRTHPLACE: Union Co., Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jessi Johnson — ADDRESS: Grandview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bowel Obstruction — 1 wk
DUE TO (c) Cancer transverse colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 19__, *to* death, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. K. Diseker MD	Caldwell	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 19-1953	Mountain View	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/25/53	Agnes M Denman	Perkham-Bakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2158
Local Reg. No. 99
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1120 West Washington

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) E(only); c. (Last) Gross

4. DATE OF DEATH: (Month) (Day) (Year) June 19 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 30 1914

9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Morrison-Knudsen

11. BIRTHPLACE (State or foreign country): Laurel, Mont.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Gross
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Catherine Eichler
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 506-10-9976

17. INFORMANT'S OWN SIGNATURE: Henry S. Gross
ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush Syndrome 912.2
ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Complete Separation Left Leg at Knee, Complete Separation Right Leg at Knee, Complete Renal Failure

19a. DATE OF OPERATION: 6/17/53

19b. MAJOR FINDINGS OF OPERATION: Ruptured Bladder, Ruptured Sigmoid Colon, Left Leg torn off below Knee, Right Leg torn off below Knee

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gravel Pit

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Canyon co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 19, 1953-8pm m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Crushed on caterpillar
Caught in track of caterpillar

22. *I hereby certify that I attended the deceased from* 6/17, 1953, *to* 6/19, 1953, *that I last saw the deceased alive on* 6/19, 1953, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. Gattrow M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 21 1953

24c. NAME OF CEMETERY OR CREMATORY: Fairview

24d. LOCATION (City, town, or county) (State): Scotts Bluff, Neb.

DATE REC'D BY LOCAL REG.: 6/26/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Schreiber-McCanne Gibson
ADDRESS: Boise
Warren B. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-8220 RECEIVED

Certificate of Death

JUL 13 1953

STATE OF IDAHO

State File No. 2159
Local Reg. No. 3
Reg. Dist. No. 860

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1201 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Dennis b. (Middle) Lynn c. (Last) Claussen

4. DATE OF DEATH (Month) (Day) (Year): June 23-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 23-1953

9. AGE (In years last birthday): — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Richard Claussen, Buffalo Center, Iowa

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ethel Alberta Buck, Amarillo, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE — ADDRESS: D Richard Claussen, Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1953, *to* June 23, 1953, *that I last saw the deceased alive on* June 23, 1953, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 319 John H Patterson MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/10/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel

Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2160
Local Reg. No. 1
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Estela
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 23, 1904

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Clarinda, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Ridenour,
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Randall,
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-16-1134

17. INFORMANT'S OWN SIGNATURE: Route #2 Claude A Rogers
ADDRESS: Caldwell, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* June 25, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 370 Lester Shafe M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 8/10/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Melville D Davis
ADDRESS: Davis-Warrick Funeral Home Caldwell

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2161
Local Reg. No. 100
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 63 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pennington Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Christopher c. (Last) Farrell

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH August 25-1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 10 Days - IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Edmonton Co., Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Felix N. Farrell, BIRTHPLACE Edmonton Co., Kentucky
14. MOTHER'S MAIDEN NAME Nancy Johnson, BIRTHPLACE Edmonton Co., Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ethel Clary, ADDRESS Parma Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis c̄ ulceration (foot)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell (COUNTY) Canyon (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1952, *to* May 15, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 12:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R. I. Ross 343 (Degree or title) MD
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 June 29-1953
24c. NAME OF CEMETERY OR CREMATORY Parma
24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 6/30/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 13 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2102
Local Reg. No. 9
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 811 Galveston St.

3. NAME OF DECEASED (Type or Print) a. (First) Garvey b. (Middle) R. c. (Last) Hutchison

4. DATE OF DEATH (Month) (Day) (Year) June 30-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH June 28-1881

9. AGE (In years last birthday) 72
IF UNDER 1 YEAR Months 0 Days 2
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad worker

10b. KIND OF BUSINESS OR INDUSTRY & Farmer

11. BIRTHPLACE (State or foreign country) Mount Vernon, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 70 BIRTHPLACE Robert Hutchison, Mount Vernon, Illinois

14. MOTHER'S MAIDEN NAME BIRTHPLACE Elizabeth Miller, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Donald Hutchison ADDRESS Payette Rt. 2, Box 172

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic anemia and pneumonia — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive heart failure — 3 Years

DUE TO (c) Arteriosclerotic cardiovascular disease. — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* June 30, 1953, *that I last saw the deceased alive on* June 30, 1953, *and that death occurred at* 3:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E Herrick (Degree or title) M.D.

23b. ADDRESS 220 E Logan

23c. DATE SIGNED 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 2-1953

24c. NAME OF CEMETERY OR CREMATORY Wilder,

24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. 7/10/53

REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham Oakes Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2163
Local Reg. No. 146
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowmont
d. STREET ADDRESS (If rural, give location): Bowmont, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Elizabeth
c. (Last): Spence

4. DATE OF DEATH (Month) (Day) (Year): May, 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tablerock, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Clifford — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Mary Alice Parrish — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Vera Pyrell — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Complete Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic
DUE TO (c): Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* May 14, 1953, *that I last saw the deceased alive on* 5-14, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum MD 241
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 01 5/18/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlenlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Kenneth E. Spence — ADDRESS: Nampa, Idaho
Lewis Edmunds Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2164
Local Reg. No. 148
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reynolds N. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1716 3rd St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): CHAROLOTTE
b. (Middle): M.
c. (Last): HILL

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 25, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montgomery Co., Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Miller — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lucinda Carlock — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edmund N. Hill — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 154X Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ē Extensive
DUE TO (c) Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* May 20, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Marquin MD 241
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 5/23/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Kaehne

RECEIVED
JUN 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2165
Local Reg. No. 136
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 616 13- th Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle):
c. (Last): Vogts

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1953

5. SEX: Femal
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 17, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Payette Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13. FATHER'S NAME: Tharp — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Fannie Mc Dowell — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Walter Clyburn — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

904.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture femur — 4 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 27, 1953 - 10:am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell- cause unknown

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* June 1, 1953 *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 1:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. D. Kaehne M.D. 209
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: June 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/4/53 01 2
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steed
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Salter

Certificate of Death

STATE OF IDAHO

State File No. 2166
Local Reg. No. 135
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 1st Ave So

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 203 1st Ave So

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	A	Moore	June 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 25 1878	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ret. laborer 06		Smith Center, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johnathan Moore	Illinois	Maria Lindsey	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	Spanish American	519 07 12	Mrs Chas Moore	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Coronary Sclerosis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* December, *19* 47, *to* June 2, *19* 53 *that I last saw the deceased alive on* June 2, *19* 53 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
36 Jos Salter	Nampa, Idaho	6/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 8 1953	Kohlerlawn Cem	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 11 1953	Mrs Jane Stuck	John F Alsip	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2167
Local Reg. No. 141
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): June 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George B.
b. (Middle):
c. (Last): Randall

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 17,1874
9. AGE (In years last birthday): 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Peoria Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Randall
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Margaret Hankle
BIRTHPLACE: Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-2267A
17. INFORMANT'S OWN SIGNATURE: L. [signature] ADDRESS: Mt Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.0 Auricular Fibrillation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intertrochanteric Fracture Rt Femur
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: xxx slipped and fell

22. *I hereby certify that I attended the deceased from* 6-2, 1953, *to* 6-4, 1953, *that I last saw the deceased alive on* 6-4, 1953, *and that death occurred at* 9:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D 443
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 8, 1953 01 2
24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery
24d. LOCATION (City, town, or county) (State): Bruneau, Idaho

DATE REC'D BY LOCAL REG.: June 21, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Bey Mortuary
ADDRESS: Mountain Home, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2168
Local Reg. No. 137
Reg. Dist. No. 362

BIRTH NO.

JUN 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 711 3rd St. So.

3. NAME OF DECEASED (Type or Print): a. (First) Myrtie b. (Middle) F. c. (Last) Brown

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 6, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Spencer, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hickman
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Pheene Reeves
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-14-8494

17. INFORMANT'S OWN SIGNATURE: Estella L. Grant
ADDRESS: Kuna

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension Hypertensive Heart Disease — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 *to* 6/8, 1953, *that I last saw the deceased alive on* 6/8, 1953, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.B. Ross 344 (Degree or title): M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 6/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/10/53 01

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 11, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steele

25. FUNERAL DIRECTOR: John F. Alsip

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2169
Local Reg. No. 134
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 13 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 512-17th Ave South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Stephen	Howard	Crayne	June 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jan 19, 1878	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Retired Farmer	Kahoka, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac B Crayne	Penn	Alice Dowell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mary M. Crayne	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Failure	2 wks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypostatic Pneumonia	2 wks
DUE TO (c)	Coronary Occlusion	2 mo
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug ____, 1951, *to* June 8, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 2:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
178 J C Horton Jr MD	106-12 Ave So, Nampa	6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/13/53	Kohlerlawn	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 11, 1953	Mrs. Jane Steck	John F. Alsip	Nampa, Idaho

Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2170
Local Reg. No. 142
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 211-16th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle):
c. (Last): Lynch

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 26, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Horse Jocky
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USS.A.

13. FATHER'S NAME: No Record 91
BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Record
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Ast~~ Cardiac Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asteroid sclerotic C.V. Dis — yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — —

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6-1-, 1953, *to* 6-10-, 1953, *that I last saw the deceased alive on* 6-1-, 1953, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wesche M.D. 442
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/53 03
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 21 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Pyfarany
ADDRESS: Nampa Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2171
Local Reg. No. 147
Reg. Dist. No. 362

BIRTH NO.

JUL 6 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samarita n Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 112 Holly

3. NAME OF DECEASED (Type or Print)
a. (First): CHRIS
b. (Middle): A.
c. (Last): PROVINCE

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 1, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Watchman 62
10b. KIND OF BUSINESS OR INDUSTRY: State Highway
11. BIRTHPLACE (State or foreign country): No Record
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-12-9008
17. INFORMANT'S OWN SIGNATURE — ADDRESS: R. V. Luster, Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastritis — 543X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1953, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Mangum MD 241
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/53 05
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR — ADDRESS: Lewis Edmunds, Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2172
Local Reg. No. 170
Reg. Dist. No. 363

BIRTH NO.

JUN 22 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
LENGTH OF STAY (in this place): 10da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 220 N. Kimball

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fredrick	O'Farrall	Boudreau	6	11	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	May 4, 1883	70	1	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of	Watchman	Lewis County, Missouri	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Kerr	Pennsylvania	Ann Divelbess	Canton, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-14-3279	Maude Boudreau	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) General Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Biliary obstruction — 4 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Inoperable cancer.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-1-, 1953, *to* 6-11-, 1953, *that I last saw the deceased alive on* 6-11-, 1953, *and that death occurred at* 7:52 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. R. A. Kellogg 203 M.D.	Nampa, Ida.	6/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/15/53 01	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 17, 1953	Mrs. Jane Steck	Flahiff Funeral Chapel Lucy M. Flahiff	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2173
Local Reg. No. 149
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 911-12th St. South

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Belle
c. (Last): Messmore

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 2, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pomona, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Moses Emery — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Armantha Hagler — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Virgil Messmore — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1953, *to* June 22, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 443
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: [signature] Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 144
Local Reg. No. 144
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Box 73

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Gordon; c. (Last) Daugherty

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: October 25, 1878

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 7, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney at Law 22

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Darlington, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Daugherty — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Nancy — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): Yes Spanish American War

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Caroline Phillips — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mycardial Infarct — 40 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 16, 1953, *to* June 17, 1953, *that I last saw the deceased alive on* June 17, 1953, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: T C Horton Jr 175 — (Degree or title): MD

23b. ADDRESS: 106-12 Ave So. Nampa

23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: June 29 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel — ADDRESS: Caldwell, Idaho

G. V. Peckham

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED

Certificate of Death

State File No. 21756
Local Reg. No. 150
Reg. Dist. No. 362

BIRTH NO.

JUL 6 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Canyon~~ Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna - Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ENOCH	C.	BARRETT	June	18,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	May 30, 1895	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): armer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rogersville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Barrett — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Martha Allen — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. 519 22 5400
17. INFORMANT'S OWN SIGNATURE: Everett Barrett — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Myocardial Infarction (separate attacks) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 17th, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18th, 1953, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. O. A. Mellogg. M. D.	Nampa, Idaho	6/22/53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 22, 53	Cloverdale Cemetery	Boise Ada Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 1 1953	Mrs Jane Stark	John J Alsip Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2176
Local Reg. No. 143
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 4 yrs'
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 108 Washington St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Hayden	Pace	June 20-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	December 22-1867	84	5	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Maysville, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Pace	Not Known	Loretta Hayden	Maysville, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Annie L Pace	Homedale, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	586X Perforation of Gall Bladder	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-19-53	Abscess right upper quadrant of abdominal cavity	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 19, 1953, *to* June 20, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 10:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
556	M.D.	Homedale Idaho	6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 24-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 25, 1953	Marjane Stuck	Peckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2177
Local Reg. No. 153
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Melba
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) L c. (Last) Kauffman

4. DATE OF DEATH (Month) (Day) (Year) June 22, 1953.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 11, 1883.
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Abilene, Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W.C.Woolverton BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Ida Rice BIRTHPLACE Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE A. W. Kauffman ADDRESS Melba, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 1953, *to* 6-22, 1953, *that I last saw the deceased alive on* 6-22, 1953, *and that death occurred at* 5:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE A B Halliday, 144 (Degree or title) M D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 25 1953
24c. NAME OF CEMETERY OR CREMATORY Kohler lawn Cemetery
24d. LOCATION (City, town, or county) Nampa, Idaho (State)

DATE REC'D BY LOCAL REG. July 8 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stuck
25. FUNERAL DIRECTOR John F Alsip, Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form PHS-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2178
Local Reg. No. 745
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Norris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Hulbert

4. DATE OF DEATH (Month) (Day) (Year) June 24-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH April 18-1870
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 2 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired F rmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known BIRTHPLACE
14. MOTHER'S MAIDEN NAME Not Known BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE J L Myers ADDRESS Middleton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1953, *to* 6-24, 1953, *that I last saw the deceased alive on* Dead on arrival, 19__, *and that death occurred at* 11:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche M.D. 443 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 6-26-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 29-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. July 1 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR Peckham Dakan Chapel ADDRESS Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2179
Local Reg. No. 152
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 Sherman Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 508 Sherman Street

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): BELL
c. (Last): ALLISON

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monticello, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Kaylor — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Martha King — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Allen Allison — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CANCER OF COLON — 6 MOS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT, 1952, *to* DEATH, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. K. Distler M.D. 101
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 6-29

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 29, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 8, 1953
REGISTRAR'S SIGNATURE: Mrs Janet Steck
25. FUNERAL DIRECTOR: Carl S. Aybney — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2180
Local Reg. No. 154
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gem Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt 2

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) A c. (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) June 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 10, 1864

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Near Sturgis Mich

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Lernah S. Homes — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Emeline Davis — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x [illegible] — ADDRESS: Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-53, 19 53, *to* 6-29, 1953, *that I last saw the deceased alive on* 6-28, 19 53, *and that death occurred at* 10:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche 443 (Degree or title) M.D. — 23b. ADDRESS: Nampa Idaho — 23c. DATE SIGNED: 7-2-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 03 — 24b. DATE: 6/30/53 01 — 24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 8, 1953 — REGISTRAR'S SIGNATURE: Mrs. Jane Steck — 25. FUNERAL DIRECTOR: Paul L. Alsip — ADDRESS: Nampa Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2181
Local Reg. No. 97
Reg. Dist. No. 361

Certificate of Death

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
LENGTH OF STAY in this place: 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Valentine		Zaldain	June 7- 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	November 2-1893	59	7	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Livestock Dealer-sheep	and cattle	Spain	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Padro Zaldain	France	Mary Arienine	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	524-14-4426	Mary R Zaldain	Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Half Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 7, 1953, *to* June 7, 1953, *that I last saw the deceased alive on* June 7, 1953, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
257 L V M Mitchell	M.D.	Parma Idaho	6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 13-1953	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/12/53	Agnes M Denman	Peckham-Bakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2182
Local Reg. No. 95
Reg. Dist. No. 361

BIRTH NO.

JUN 27 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parma

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rout 1

3. NAME OF DECEASED (Type or Print): a. (First) Kagitaro b. (Middle) c. (Last) Miyake

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1953

5. SEX: Male

6. COLOR OR RACE: Japanes

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wigowed

8. DATE OF BIRTH: June 28, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): Matuskima Japan

12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mary Miyake
ADDRESS: Rt 1 Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1953 *to* June 9, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 6 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Perky (Degree or title) 557 M D

23b. ADDRESS: Nampa Ore

23c. DATE SIGNED: 6/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/12/53

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 6/23/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: John F Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 27 1953

Certificate of Death

STATE OF IDAHO

93

State File No. 2183
Local Reg. No. 93
Reg. Dist. No. 961

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): In town

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle) Elizabeth; c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year): June 10-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24,1893

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months: 1 | Days: 16 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norwood, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Keller — BIRTHPLACE: Baltimore, Maryland

14. MOTHER'S MAIDEN NAME: Ida Penny — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. H. Hall — ADDRESS: Parma, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: At once

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertention
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Three previous strokes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 10-53 *, 19__, to* June 10-53 *, 19__, that I last saw the deceased alive on* June 10-53 *, and that death occurred at* 8 A. *m., from the causes and on the ~~date~~ stated above.*

23a. SIGNATURE: W M Mitchell 257 (Degree or title): M. D.

23b. ADDRESS: Parma Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 13 1953

24c. NAME OF CEMETERY OR CREMATORY: Roswell

24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 6/18/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Lakan Chapels
Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 98 2184
Local Reg. No. 98 8
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) Wilder
c. LENGTH OF STAY (in this place) 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	McKague	Bartlett	June 12-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 10-1889	64	1		2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04		Omaha, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward C. Bartlett,	Ohio	Mary Jane Moore,	New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Algie L. Bartlett	Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 25 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Syndrome — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan ____, 19 51, *to* 12 June, 19 53 *that I last saw the deceased alive on* 12 June, 19 53, *and that death occurred at* 8 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roland E Talbot MD	Wilder Idaho	20 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16-1953	Pleasant Ridge	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	
6/18/53	Agnes M Denman	E V Peckham	Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Permit issued to:

T. W. Dakan
Peckham-Dakan Chapel
Caldwell, Idaho

November 28, 1955
Date

Nov. 29, 1955

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Thomas McKague Bartlett

DATE OF DEATH June 12, 1953

CAUSE OF DEATH Coronary Occlusion

ATTENDING PHYSICIAN Dr. Robert Talbot

BURIED IN Pleasant Ridge CEMETERY

TO BE REMOVED TO Greenleaf Cemetery CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Husband

NAME OF LICENSED EMBALMER T.W. Dakan, Peckham-Dakan Chapel, Caldwell, Idaho

REASON FOR DISINTERMENT Family cemetery lot changed to Greenleaf

Very truly yours,

Algie L. Bartlett
Signature of relative or person requesting permit.

Wilder, Idaho
Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Canyon) ss

On this 28th day of November, 195 5, before me Nell Wilson a Notary Public in and for the within county and state personally appeared Algie L. Bartlett known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

Nell Wilson
Notary Public, residing at Caldwell, Idaho
My commission expires June 8, 1956

(Seal)

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2185
Local Reg. No. 96
Reg. Dist. No. 361

BIRTH NO.

JUN 27 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Parma
LENGTH OF STAY (in this place): 41yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 2 Parma Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Parma
d. STREET ADDRESS (If rural, give location): RFD 2 Parma Idaho

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) c. (Last) IIAMS

4. DATE OF DEATH: (Month) (Day) (Year) 6-19-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-24-1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming of
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Iiams — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Elizabeth Stone — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Lost
17. INFORMANT'S OWN SIGNATURE: xCaroline Iiams — ADDRESS: RFD #2 Parma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Stroke, cebral hemmorge — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertentsion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1952, *to* 6-19, 1953, *that I last saw the deceased alive on* 6-18, 1953 *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Mitchell MD
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG.: 6/23/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Nyssa Ore.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2186
Local Reg. No. 17
Reg. Dist. No. 520-521

BIRTH NO.

JUN 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs, Idaho.
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Russell	Herbert	Collins	June	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Mar. 12, 1949	4	2	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Idaho	U.S.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Dennis Collins,	Grace, Ida	Nada Jean Gates	Soda Springs, Ida.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	[signature]	[address]

MEDICAL CERTIFICATION

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple hemmorrhages (Mucus Membrane) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Varicella — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jun 3, 1953, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 4:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Grace, Idaho.	June 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9, 1953	Grace Cemetery	Grace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-9-53	[signature]	[signature]	Soda Sprgs Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 187
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

JUN 26 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY (If outside corporate limits, write RURAL) OR TOWN Soda Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Milton	Potter	June	17	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Mch-11-1874	59	3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Photographer 84	Taking Pictures	Dillon Mont.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Westley F. Potter	Missouri	Lena Leola Whitmore Ennis B.	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-20-3473	Etta Hadley	Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Nephritis. Heart Failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* 1 June, 1953, *that I last saw the deceased alive on* 16 June, 1953, *and that death occurred at* 10:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen K. Tiquet M.D	Soda Springs, Ida.	6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-20-53	Fairview Memory Gardens	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-19-53	Betty Mae Burton	O. D. Whitmore	Soda Springs Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED
JUN 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 2138
Local Reg. No. 2
Reg. Dist. No. 520-521

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Carboy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 33
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Soda Springs County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Barbara c. (Last) Lau Christensen

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Oct. 10, 1894.	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Paris Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Buenz	Switzerland	Emma Barbara Mayer	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	H. M. Lau	Soda Springs Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 I/X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 20, 1953 *that I last saw the deceased alive on* June 20, 1953, *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen K. Tigert M.D. 427	Soda Springs Idaho	6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 22 '53	Soda Springs Cemetery	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-25-53	Betty Mae Burton	Peterson Mortuary	

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2189
Local Reg. No. 156
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley.
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert. 34 yrs
d. STREET ADDRESS (If rural, give location) Route I

3. NAME OF DECEASED (Type or Print) a. (First) Marius b. (Middle) Jean c. (Last) Girard
4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 12 1891
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. of
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hautes Alps. France
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marius Girard BIRTHPLACE France.
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE France.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. M. J. Girard ADDRESS Rupert Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular renal disease and mitral insufficiency — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18-49, 19__, *to* 5-27-53, 19__, *that I last saw the deceased alive on* 5-27-53, 19__, *and that death occurred at* 5:05 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-9-1953
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. June 9 1953
REGISTRAR'S SIGNATURE B. F. Wilson
25. FUNERAL DIRECTOR Rodney B Boardman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2190
Local Reg. No. 154
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 927 Oakley Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Yoma c. (Last) Smith.

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept 2nd 1872
9. AGE (In years last birthday) 80 | If under 1 year: Months 8 Days 26 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work 01
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M. Chesley BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Emily Rachel Siders. BIRTHPLACE Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Mrs Albert M Chesley ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease. 420.0 — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* May 22, 1953 *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE James R Kircher M.D. 215 (Degree or title)
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED June 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 1st 1953 01
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) Burley Ido. (State)

DATE REC'D BY LOCAL REG. June 5, 1953
REGISTRAR'S SIGNATURE B A Wilson
25. FUNERAL DIRECTOR Retta S. Payne ADDRESS Burley Ido

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED

JUN 27 1953

Certificate of Death

STATE OF IDAHO

State File No. 2101
Local Reg. No. 153
Reg. Dist. No. 470

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley.
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Rulon c. (Last) Martindale

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 10- 1898

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HRS.: Hours 18, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oakley Ida

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lyman Martindale — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Agnes Lewis. — BIRTHPLACE: Albion Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War one

16. SOCIAL SECURITY NO. 530-20-2471

17. INFORMANT'S OWN SIGNATURE: Verla H Martindale — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis General Mild

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-6-53, 19__, *to* 9-23, 1952, *that I last saw the deceased alive on* 9-23, 1952, *and that death occurred at* 3:36 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm P. Johnson 423 — (Degree or title) MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: June 3 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2. 1953

24c. NAME OF CEMETERY OR CREMATORY: Oakley Idaho

24d. LOCATION (City, town, or county) (State): Oakley Idaho

DATE REC'D BY LOCAL REG.: June 5 1953

REGISTRAR'S SIGNATURE: B T Wilson

25. FUNERAL DIRECTOR: Retta S. Payne. — ADDRESS: Burley

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2192
Local Reg. No. 155
Reg. Dist. No. 470

111-53-6946
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Cottage Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Joseph
c. (Last): Nay

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 3, 1953
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months -, Days -
IF UNDER 24 HRS.: Hours 6, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Douglas R. Nay, BIRTHPLACE: Circleville, Utah
14. MOTHER'S MAIDEN NAME: Patty Mae Rasmussen, BIRTHPLACE: Sublett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S OWN SIGNATURE: Douglas R Nay, ADDRESS: Sublett Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - CNS Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1953 *to* June 3, 1953 *that I last saw the deceased alive on* June 3, 1953 *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. Kircher M.D. 215
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: June 5, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-8-53
24c. NAME OF CEMETERY OR CREMATORY: Bear River City Cemetery
24d. LOCATION (City, town, or county) (State): Bear River City, Utah

DATE REC'D BY LOCAL REG.: June 6 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach
ADDRESS: Burley Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2193
Local Reg. No. 168
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Eugene
c. (Last): Brim

4. DATE OF DEATH (Month) June (Day) 4, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 12, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months: - Days: 23 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Sheepman
10b. KIND OF BUSINESS OR INDUSTRY: Farming-Sheepraising
11. BIRTHPLACE (State or foreign country): E.T.Tooele Co. Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Vaness Brim, BIRTHPLACE: Hancock Co.Ill.
14. MOTHER'S MAIDEN NAME: Ada Irene Phippen, BIRTHPLACE: Kayesville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Irene Whittle, ADDRESS: Oakley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 27, 1952 *to* June 1, 1953, *that I last saw the deceased alive on* June 1, 1953 *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: James R. Buchan M.D. (Degree or title) 215
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: June 13 1953
REGISTRAR'S SIGNATURE: B.F. Wilson
25. FUNERAL DIRECTOR: Jerry B. McCullach
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2194
Local Reg. No. 157
Reg. Dist. No. 476

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 17 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 810 Schodde Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 810 Schodde Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Lonny b. (Middle) Marion c. (Last) Merical

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: Oct. 2, 1881
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months: 8 Days: 3 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer do
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LaRado, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Merical — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Julia Burchell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Verna B. McCulloch - Ca. Co. Coroner - ADDRESS: Burley Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1952 *to* June 3, 1953, *that I last saw the deceased alive on* June 3, 1953 *and that death occurred at* 1:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Bracken M.D. — 23b. ADDRESS: Burley, Idaho — 23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-13-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: June 13 1953
REGISTRAR'S SIGNATURE: R. T. Wilson
25. FUNERAL DIRECTOR: Verna B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2195
Local Reg. No. 159
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1001 Yale Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): W
c. (Last): Posey

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 7, 1869
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 4, Days –
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Andrew Posey, BIRTHPLACE: - - Texas
14. MOTHER'S MAIDEN NAME: Elizabeth Wallace, BIRTHPLACE: -----Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Burley Idaho, Leonard E Posey, ADDRESS: 930 Yale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertrophy Prostate
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-5-53
19b. MAJOR FINDINGS OF OPERATION: markedly hypertrophied Prostate - distended bladder
20. AUTOPSY? YES [X] NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1952 *to* June 5, 1953, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W Bucher M.D. 215
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: June 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery
24d. LOCATION (City, town, or county) (State): Basin, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.: June 13 1953
REGISTRAR'S SIGNATURE: B F Wilson
25. FUNERAL DIRECTOR: Vern B. McCullach
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2196
Local Reg. No. 160
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): View District

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Clarence
c. (Last): Gibbs

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Lago, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Gibbs, BIRTHPLACE: Brigham City, Utah
14. MOTHER'S MAIDEN NAME: Nancy Jane Loveland, BIRTHPLACE: Brigham City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs. J. C. Gibbs — ADDRESS: R.F.D. #2 Burley Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 6-7, 1953, *that I last saw the deceased alive on* 6-7, 1953, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M J Kelly M.D. 204
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-12-53 01
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: June 13 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2197
Local Reg. No. 161
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 24 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): 254 Taylor Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Dudley
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28, 1909
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trim-saw Operator
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Clarksville, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Crawford W. Russell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lizzie Bell Marsh — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 443-10-7694
17. INFORMANT'S OWN SIGNATURE: Mark Livingood — ADDRESS: Lebanon, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture dislocation of 6-7th Cervical Vertebrae — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture displacement of atlas & 2nd Cervical Vertebrae — 20 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severance of Spinal Cord. — 20 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 12 53 11 30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto-accident

22. *I hereby certify that I attended the deceased from* 6-12, 1953, *to* 6-13, 1953, *that I last saw the deceased alive on* 6-13, 1953, *and that death occurred at* 11 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 204 (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 16, 1953 (01 3)
24c. NAME OF CEMETERY OR CREMATORY: Pryor Oklahoma
24d. LOCATION (City, town, or county) (State): Pryor Oklahoma

DATE REC'D BY LOCAL REG.: June 15 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-4934 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2198
Local Reg. No. 164
Reg. Dist. No. 470

BIRTH NO. JUN 27 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1534 Normal Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): DEBRA
b. (Middle): ANN
c. (Last): WARREN.

4. DATE OF DEATH (Month) (Day) (Year): June 18 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: June 12, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days 6; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 02
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Burley Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Charles Ray Warren - Burley
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Lu Ann Anderson - Marion Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs. Ray Warren - BURLEY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Aspiration pnumonia	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Prematurity	6 "
DUE TO (c)	Immaturity	6 "
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 7:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Sutton M.D. 391
23b. ADDRESS: 1350 Overland, Burley, Idaho
23c. DATE SIGNED: June 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 20, 53
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT VIEW
24d. LOCATION (City, town, or county) (State): BURLEY, IDAHO

DATE REC'D BY LOCAL REG.: June 19 1953
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR / ADDRESS: J. Garth Payne - Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2199
Local Reg. No. 162
Reg. Dist. No. 470

BIRTH NO.

JUN 27 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1742 Hansen Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Catherine c. (Last) Dunn Jensen

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 15 1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 6, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Davis County - Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Washington Dunn — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Catherine McGee. — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Glen R Johnston — ADDRESS: Big Piney, Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary thrombosis — 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 6-18, 1953, *that I last saw the deceased alive on* 6-18, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Burley Idaho.

23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Big Piney Cemetery

24d. LOCATION (City, town, or county) (State): Big Piney. Wyoming.

DATE REC'D BY LOCAL REG.: June 19 1953

REGISTRAR'S SIGNATURE: R B Wilson

25. FUNERAL DIRECTOR: J. Garth Payne — Burley — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48621

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2200
Local Reg. No. 170
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 901 Yale Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Hyrum
b. (Middle): Kenneth
c. (Last): Larsen

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Georgetown, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hyrum Larsen, BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth (Unknown) BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 712-09-7083
17. INFORMANT'S OWN SIGNATURE: Mrs. H. K. Larsen ADDRESS: 901 Yale Burley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FRACTURE SKULL + Neck. — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Trauma + Auto
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 Miles West Burley Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley Cassia Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 22 1953 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by Train Driving Truck Accross Railroad Tr

22. *I hereby certify that I attended the deceased from* 4-8-46, *19*__, *to* 6-23-53, *19*__, *that I last saw the deceased alive on* 6-23-53, *19*__, *and that death occurred at* 4 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 423 M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-53 01 3
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: July 3 1953
REGISTRAR'S SIGNATURE: B A Wilson
25. FUNERAL DIRECTOR ADDRESS: Vern B. McCulloch - Burley - Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

539946

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2201
Local Reg. No. 174
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Bryan
b. (Middle): Lynn
c. (Last): Elison

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 23, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmo Elison — BIRTHPLACE: Almo, Idaho
14. MOTHER'S MAIDEN NAME: Myrle Janson — BIRTHPLACE: Salt Lake, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elmo Elison — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity 6 + months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1953, *to* 6-24, 1953 *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Annett 010 (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/27/53
24c. NAME OF CEMETERY OR CREMATORY: Malta Cemetery
24d. LOCATION (City, town, or county) (State): Malta, Idaho

DATE REC'D BY LOCAL REG.: July 8 1953
REGISTRAR'S SIGNATURE: B.A. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2202
Local Reg. No. 167
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Olive c. (Last) Skinner

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 30, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR Months: 9 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Slaterville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William G. Smith, - - - BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Diana Bingham, BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* June 24, 1953, *that I last saw the deceased alive on* June 24, 1953, *and that death occurred at* 4:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Dean 089 (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: July 3 1953
REGISTRAR'S SIGNATURE: L. T. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2203
Local Reg. No. 168
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Emerson	Divine	June 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 14, 1885	68	4	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section Foreman 27	Railroad	Maple Grove, Nebraska	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Devine	New York	Orra Etta Stevens	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-----	712-07-4922	Mrs C E Devine	Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

294X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Polycythemia Vera — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
none m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-18-, 1953, *to* 6-26-, 1953, *that I last saw the deceased alive on* 6-24-, 1953, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Butler 391 M.D.	Burley Idaho	6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-30-53	Declo Cemetery	Declo Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 3 1953	B A Wilson	Jim B. McCulloch	Burley-Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 17 1953

Certificate of Death
STATE OF IDAHO

State File No. 2204
Local Reg. No. 173
Reg. Dist. No. 470

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D. Burley
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Ivan b. (Middle) Allen c. (Last) Merrill

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Smithfield, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Horatio H. Merrill - BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Sarah Smith - BIRTHPLACE: Mill Creek, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-36-9070

17. INFORMANT'S OWN SIGNATURE: Martha M Merrill
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxin due to mesentery thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27-47, 19___, *to* 6-29-53, 19___, *that I last saw the deceased alive on* 6-29-53, 19___, *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 423 (Degree or title)

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/3/53

24c. NAME OF CEMETERY OR CREMATORY: Albion Cemetery

24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: July 8 1953

REGISTRAR'S SIGNATURE: R. A. Wilson

25. FUNERAL DIRECTOR: J. Garth Payne

ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2205
Local Reg. No. 732
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley.
d. STREET ADDRESS (If rural, give location) R. 7. D.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hyrum	Lewis	Hunter	May	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	M.	April 14 1864	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher on	Retired	Grantsville Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Hunter	Penna.	Mary Ann Whitesides	Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—		—	Leo Hunter	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
none m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* May 26, 1953, *that I last saw the deceased alive on* May 26, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 391	M.D.	Burley Idaho	6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	June 3rd 1953	Oakley	Oakley	Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 5 1953	B. F. Nilson	Retta S. Payne.	Burley Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED
JUN 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2206
Local Reg. No. 163
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place): 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. Declo, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): R. F. D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Anest b. (Middle) c. (Last) Pappas

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 24, 1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of	Agriculture	Thebes, Greece	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Constantine Liakapules	Greece	Amalia Mehas	Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	[signature]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis acute and Anemia — INTERVAL BETWEEN ONSET AND DEATH: 3-3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic cardio-vascular disease & — 4-5 years

DUE TO (c) hypertension, severe cerebrovascular accident — 13 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1953, *to* 15 June, 1953, *that I last saw the deceased alive on* 15 June, 1953, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. Linnest M.D.	M.D.	Burley, Idaho	6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/18/53	Gem Memorial Park	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 19 1953	[signature]	[signature]	Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2207
Local Reg. No. 165
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (in this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia County Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. STREET ADDRESS (If rural, give location): Rupert Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maria	Leoni	Carotta	June	17	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept 10. 1882	70	9	7	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home making	Piedmonte. Italy.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Leoni	Italy.	Emma Berti	Austria.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None 420	None	Archie Carotta	Rupert Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis — unknow
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Injury to left femur probable — ~~Short~~ a few hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Fracture from accidental fall	YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	Minidoka County

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
June	17	'53	4:00 p m.		Accidental Fall

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 17, 1953, *that I last saw the deceased alive on* June 17, 1953, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A F Kelley 099	M D	Rupert, Idaho	June 23, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-22-53	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 24 1953	R T Wilson	Rodney B Goodman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

State File No. 2208
Local Reg. No. 769
Reg. Dist. No. 470

BIRTH NO.

JUL 9 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo

LENGTH OF STAY (in this place): 15 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Thomas	Shaw	June 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 6, 1897	55	9	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 35	Store	Logan, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry A. Shaw	Paradise, Utah	Elizabeth Thomas	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	None	Zella Shaw	Declo, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung — 6 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, *1948, to* June 26, *1953, that I last saw the deceased alive on* June 26, *1953, and that death occurred at* 8:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hugh S. Dean M.D.	Burley Ida.	6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-29-53	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 3 1953	O. T. Nelson	Wm. B. McCulloch	Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2209
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fredrick
b. (Middle): William
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 6, 1947
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernest Powell — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ernest F. Powell — ADDRESS: Dubois, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowned

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: None performed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Beaver Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dubois, Clark, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 22 1953 12:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1953, *to* April 22, 1953, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall M.D. 422
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 4/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/25/53 2
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: 6-25-53
REGISTRAR'S SIGNATURE: Joan Rasmussen
25. FUNERAL DIRECTOR: Jack A Wood Jr. — ADDRESS: Jack A Wood, Jr. Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2210
Local Reg. No. 39
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ione
b. (Middle): H.
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): 6 6 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-12-1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lawrence Mich.
12. CITIZEN OF WHAT COUNTRY?: UqS

13. FATHER'S NAME: Alonzo Hagerman — BIRTHPLACE: Mich.
14. MOTHER'S MAIDEN NAME: Clara Conklin — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John A. Hill — ADDRESS: Ahsahka, Ida.

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 6-6-, 1953, *that I last saw the deceased alive on* 6-6-, 1953, *and that death occurred at* 6:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 304 (Degree or title): A.B. Pappenhagen M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6-9-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 6-9-53
REGISTRAR'S SIGNATURE: Vernon E. Fowler
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2211
Local Reg. No. 40
Reg. Dist. No. 210

BIRTH NO. JUN 22 1953

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 4 yr 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clearwater Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) A. c. (Last) Hodney

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 3-17-1871
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woods worker
10b. KIND OF BUSINESS OR INDUSTRY Forestry
11. BIRTHPLACE (State or foreign country) Oslo Norway
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Torger Hodney BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Hanna Amelia BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Span. Amer.
16. SOCIAL SECURITY NO. 533-12-1324A
17. INFORMANT'S OWN SIGNATURE E. L. Berry MD ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chron. inf. Kidney & bladder — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Enlarged prostate — 4 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-13, 1948, *to* 6-12, 1953, *that I last saw the deceased alive on* 6-12, 1953, *and that death occurred at* 11.05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-14-53
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 6-13-53
REGISTRAR'S SIGNATURE Vernon E. Fairley
25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2212
Local Reg. No. 41
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. JUN 22 1953

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Wylie
b. (Middle):
c. (Last): Carpenter

4. DATE OF DEATH (Month) (Day) (Year): June 16 53

5. SEX: m
6. COLOR OR RACE: wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: unk
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): unk. (Probably Vt.)
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unk — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: unk — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: E. L. Burry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Schizophrenia, paranoid — 41 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1943, *to* June 16, 1953, *that I last saw the deceased alive on* June 16, 1953, *and that death occurred at* 5 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Burry MD 023
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-53 01
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Barbara J. Fairley, Deputy
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

State File No. 2213
Local Reg. No. 42
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe-rural
c. LENGTH OF STAY (in this place): Few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway # 11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) G.; c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): 6-20-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 7-4-1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Woods-work

11. BIRTHPLACE (State or foreign country): Deer Park Wash.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.: 539102994

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Cervical.
INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple chest injuries.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

325.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway 11

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weippe Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-20-1953 7:25p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto accident.

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 7:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert M.D.
(Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 6-23-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: 6-23-53
REGISTRAR'S SIGNATURE: Glenn E. Fowley

25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2214
Local Reg. No. 43
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 40 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Einar; b. (Middle); c. (Last) Einarson

4. DATE OF DEATH (Month) (Day) (Year): 6-21-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never married	10-6-1900	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Woods-work	Two Harbors, Minn.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	472092008	M.E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

783.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* seen only 6-21-53, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
304 M. Copenhaver M.D.	Orofino Idaho	6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-23-1953	Hill Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-23-53	Vernon E. Dooley	M.E. Gilbert	Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2215
Local Reg. No. 44
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print)
a. (First): Mecca
b. (Middle): Alice
c. (Last): Knapp

4. DATE OF DEATH (Month) (Day) (Year): 6-22-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-17-1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Farmington, Iowa
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jacob Halfhill — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sarah Robinson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Reetha V. Odenwald — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

501X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchitis of many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10-, 1953, *to* 6-22-53, *that I last saw the deceased alive on* 6-21-53, 19__, *and that death occurred at* 6:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Poppenhagen M.D. 304
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 6-23-53
REGISTRAR'S SIGNATURE: Vernon E. Forley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2216
Local Reg. No. 2443
Reg. Dist. No. 210

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisbon
d. STREET ADDRESS (If rural, give location): 405 - 12th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EFFIE		GILL	June, 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	October 5, 1878	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Beaver Dam, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Shangle	New Jersey	Rachel Carno	not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	none	Mrs John Denison	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar, 19 53 *to* _____, 19 53 *that I last saw the deceased alive on* June 3, 19 53 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy W. Eastwood M.D.	Lewiston Idaho	6/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal-burial	6-27-53 01	Normal-Hill	Lewiston, Nez Perce, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 1, 1953	Barbara Fairley, Deputy	Brower-Wann	W. H. Malone Lewiston, Idaho

Dr. Eastwood

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 30 1953

Certificate of Death

STATE OF IDAHO

State File No. 2217
Local Reg. No.
Reg. Dist. No

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MacKay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MacKay
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Jerry b. (Middle) Elwood c. (Last) Rock

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 11-1944

9. AGE (In years last birthday): 9 | IF UNDER 1 YEAR Months: 1 | Days: 7 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wimm Rock BIRTHPLACE: Hibbard Idaho

14. MOTHER'S MAIDEN NAME: Wanda Christensen BIRTHPLACE: Portersville Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wimm Rock ADDRESS: Mackay Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mackay Custer Idaho

21d. TIME OF INJURY: (Month) 6 (Day) 8 (Year) 53 (Hour) 11 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Thrown from horse -

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1100a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Barker MD

23b. ADDRESS: Challis, Ida

23c. DATE SIGNED: 6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 11-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: 6-27-53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: W.S. Marvel ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 30 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2218
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Sumner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edward c. (Last) Chaney
4. DATE OF DEATH (Month) (Day) (Year): June 12 53
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 17-1858
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR Months: 4 Days: 25 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Chaney Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Chaney — BIRTHPLACE: Virgina
14. MOTHER'S MAIDEN NAME: Caroline Rhoades — BIRTHPLACE: Pen.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jack Chaney — ADDRESS: Mackay Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10-15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* June 12, 1953, *that I last saw the deceased alive on* 6-10-, 1953, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Barker MD
23b. ADDRESS: Challis Ida
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/15/53
24c. NAME OF CEMETERY OR CREMATORY: Drury City
24d. LOCATION (City, town, or county) (State): Drury Kansas

DATE REC'D BY LOCAL REG.: 6-27-53
REGISTRAR'S SIGNATURE: A. H. Neffett
25. FUNERAL DIRECTOR: Marvel's Funeral Home — H.S. Marvel
ADDRESS: Arco Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 9046
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside limits, write RURAL and give township): Glenns Ferry
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Newton c. (Last) McGrath

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 24 1875
9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Employee 70
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Belfast Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McGrath BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Not known BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Anna McGrath ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1948, *to* April 12, 1953, *that I last saw the deceased alive on* March 31, 1953, *and that death occurred at* 6:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ward A. Parker M.D.
23b. ADDRESS: Glenns Ferry, Idaho
23c. DATE SIGNED: April 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-16-53
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest
24d. LOCATION (City, town, or county) (State): Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.: April 16-53
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Bey Mortuary ADDRESS: Glenns Ferry Idaho
by D. L. Freeman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

ED

Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. 18
Reg. Dist. No. 380

BIRTH NO.

JUN 6 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Home
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2nd South & 2nd East St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Home AFB
d. STREET ADDRESS (If rural, give location): 1st Bomb Sq

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Lyle
c. (Last): Murray

4. DATE OF DEATH (Month) June (Day) 2 (Year) 53

5. SEX: M
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 22 Jan 1914
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF (AMN) 41
10b. KIND OF BUSINESS OR INDUSTRY: USAF
11. BIRTHPLACE (State or foreign country): Ferndale, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: H. C. Murray — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Aug 50 to date
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: S J Kerby (201 FILE) — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound through brain — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Mt. Home — (COUNTY): Elmore — (STATE): Idaho

21d. TIME OF INJURY (Month) Jun (Day) 2 (Year) 53 (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* 2 June, 1953, *to* 2 June, 1953, *that I last saw the deceased alive on* 2 June, 1953, *and that death occurred at* 1:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 470 (Degree or title) [illegible]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 3 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 3, 1953 03
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ferndale Wash.

DATE REC'D BY LOCAL REG.: June 3, 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. LATAH RELYEA MORTUARY, BOISE, IDA.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2221
Local Reg. No. 19
Reg. Dist. No. 382

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) MT HOME AFB, IDA
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ MILES NW OF MT HOME AFB

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 400 BOISE HILL VILLAGE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	RUSSELL	ROCHE	JUNE	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	CAUCASIAN	MARRIED	26 JANUARY 1924	29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF (OFF) 41	USAF	COLUMBUS, OHIO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HENRY L. ROCHE	UNKNOWN	ARNA MAY BROWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 23 FEB 43 TO DATE	UNKNOWN	J. O. Kirby (FILE)	MT HOME AFB, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL LACERATION — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AIRCRAFT ACCIDENT
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
FRACTURED SKULL AND EXTENSIVE 3RD DEGREE BURNS — INSTANT

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	AIRCRAFT	MT. HOME AFB,	ELMORE	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
JUNE	3	1953	1020 A m.		AIRCRAFT ACCIDENT

22. *I hereby certify that* [illegible] *death occurred at* APRX 10:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	[illegible]	6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	5 June 53		Columbus	Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4 June 53	[signature]	[signature]	RELYEA MORTUARY, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUN 26 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 20
Reg. Dist. No. 390

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ANDERSON RANCH DAM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location) 99TH BOMB SQ

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LYLE	EDWARD	OLER		JUNE	13	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	CAUCASIAN	NEVER MARRIED	23 MAY 1934	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF (AIRMAN)	USAF	TENN., GREENE COUNTY	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. F. OLER	TENN., GREENVILLE	UNKNOWN	TENN., GREENVILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	JUN 51 TO DATE	UNKNOWN	Lyman C. Curtis	MT. HOME AFB, IDA

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	COMPOUND FRACTURE OF SKULL	INSTANT
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ACCIDENTAL FALL	INSTANT
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	COMPOUND FRACTURE OF LOWER THIRD OF LEFT TIBIA AND FIBULA, FRACTURE DISLOCATION OF 3RD THORACIC VERT.	INSTANT

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	CANYON	ANDERSON RANCH DAM,	ELMORE,	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
JUNE	13	1953	8:30 P.M.		ACCIDENTAL FALL

22. *I hereby certify that* [illegible] *deceased from* [illegible] *to* [illegible], *that I last saw the deceased* [illegible] *alive on* [illegible], *and that death occurred at* APPROX. 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	[illegible]	[illegible]	6/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	15 June 1953		Morris Town, Tennessee

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 16, 1953	H. T. Anderson	RELYEA MORTUARY Russell C. Relyea	318 N. LATAH BOISE, IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle) Parrish; c. (Last) Anderson

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 15, 1893
9. AGE (In years last birthday): 59 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Salem Oregon
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Parrish — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alta Patterson — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs W. H. Grabell — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Chronic Bronchitis — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, *1953, to* June 22, *1953, that I last saw the deceased alive on* June 16, *1953, and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone W Doelsch (Degree or title) M.D.
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: June 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: June 24, 1953
REGISTRAR'S SIGNATURE: A T Anderson
25 FUNERAL DIRECTOR: Bey Mortuary
ADDRESS: Mountain Home, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

D.A. Lee is agent

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 2 - 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 0021
Local Reg. No. 22
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) May c. (Last) Smith House

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 4, 1873

9. AGE (In years last birthday): 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Londen Ville Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Webster Smith BIRTHPLACE: Hannibal Mo.

14. MOTHER'S MAIDEN NAME: Susan Benham Smith BIRTHPLACE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, *1953, to* June 26, *1953, that I last saw the deceased alive on* June 26, *1953, and that death occurred at* 1:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone & Foelsch M.D. — **23b. ADDRESS**: Mountain Home, Idaho — **23c. DATE SIGNED**: June 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 29, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View — **24d. LOCATION** (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: June 29, 1953 — REGISTRAR'S SIGNATURE: A. Anderson

25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Ida.

D. W. Peterson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6025
Local Reg. No. 25
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 330 West 2nd South

3. NAME OF DECEASED (Type or Print): a. (First) Maud b. (Middle) Kirkup c. (Last) Olson

4. DATE OF DEATH: June 1 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Kirkup
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Lloyd
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wendell K Olson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-31, 1953, *to* 6-1, 1953, *that I last saw the deceased alive on* 6-1, 1953, *and that death occurred at* 2 17 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler M.D.
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Franklin
24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 6-4-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR:
ADDRESS: Preston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 2226
Local Reg. No. 29
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 181 West 1st. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmina	Anderson	Baker	June 26 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 29, 1886	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Clifton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Swen Anderson	Sweden	Christine Monson	Sweden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		George Baker	1 West 1st So Preston Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosus	1 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* June 26 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 2:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Merl G Dames Jr. M.D.	Preston Idaho	June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-30-53	Preston	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-53	Eppie Brouwer	Richards & Son	Preston, Idaho

John M. Richards Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

State File No. [illegible]
Local Reg. No. ~~540~~ 66
Reg. Dist. No. ~~66~~ 540

BIRTH NO. JUL 6 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Bever Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisburg
d. STREET ADDRESS (If rural, give location): Route No. 1, Box 121

3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle): Baxter
c. (Last): Henderson

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 10 June 1932
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Henderson — BIRTHPLACE: Unknown
14. MOTHER'S ~~MAIDEN~~ NAME: Nettie Lucas Henderson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 2-8-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not Avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Luther J. [illegible] M.D.
23b. ADDRESS: Utah Gen Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Charlotte, N. C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 6228
Local Reg. No. 49-63
Reg. Dist. No. 22-348

BIRTH NO.

JUL 6 - 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction

LENGTH OF STAY (In this place): None

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: South Carolina

b. COUNTY: Unknown

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Hill

d. STREET ADDRESS (If rural, give location): Route #2, Flint Hill

3. NAME OF DECEASED (Type or Print): a. (First) Moses b. (Middle) c. (Last) Jaggers

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negroid

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 13 August 1930

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 4

10b. KIND OF BUSINESS OR INDUSTRY: Military

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Spencer Jaggers — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 6-6-51 to 1-7-53

16. SOCIAL SECURITY NO.: Not avail.

17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hood, M.D. 4-22

23b. ADDRESS: Main Gen Dispt - Ogden, Utah

23c. DATE SIGNED: 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: shipped 6-20-1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Rock Hill S.C.

DATE REC'D BY LOCAL REG.: 5-4-53

REGISTRAR'S SIGNATURE: Eppa W. Brawner

25. FUNERAL DIRECTOR: W. Wm Hall — ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. 240 54
Reg. Dist. No. 54 540

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxley
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Russel; b. (Middle); c. (Last) Jinks

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negroid

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 28 Feb. 1930

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY: Military

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reedy Jinks
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 8-21-51 to 1-7-53

16. SOCIAL SECURITY NO.: Not avail.

17. INFORMANT'S OWN SIGNATURE: U.S. Army Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 86 CX C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jr. Harvey Lt. Chy MC 40 Res

23b. ADDRESS: Vet. Adm. Hosp. - Ogden, Utah

23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: shipped 6-20-1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Baxley Georgia

DATE REC'D BY LOCAL REG.: 5-4-53

REGISTRAR'S SIGNATURE: Effie W. Brewer

25. FUNERAL DIRECTOR: W. Hal Hall
ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2220
Local Reg. No. ~~540~~ 63
Reg. Dist. No. ~~63~~ 548

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ousley
d. STREET ADDRESS (If rural, give location): Route One

3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle): Ezekiel
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5 Feb. 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezekiel Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 9-18-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Ford, M.D. (Degree or title) 402
23b. ADDRESS: Utah Gen Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4 shiped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Valdosta, Ga.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: W. Royal Hall, Ogden, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NON-RESIDENT Certificate of Death

State File No. [illegible]
Local Reg. No. ~~540~~ 62
Reg. Dist. No. ~~62~~ 590

BIRTH NO.

JUL 6 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hertford
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Donald
c. (Last): Harrell

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9 Nov 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U. S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 8-6-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hord, M.D. (Degree or title) 402
23b. ADDRESS: Utah Gen Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Hertford, N. C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brown 04
25. FUNERAL DIRECTOR: Larkin and Sons Ogden, Utah — ADDRESS: W. Lynn E. Hall

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Beaver Junction
LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Florida
b. COUNTY Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottondale
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First) Ruthel
b. (Middle) Oscar
c. (Last) Hendrix

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 9 April 1927
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier, U. S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S ~~MAIDEN~~ NAME Florence S. Hendrix — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 4-3-51 to 1-7-53
16. SOCIAL SECURITY NO. Not Avail.
17. INFORMANT'S OWN SIGNATURE U. S. Army Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Luther J. Hand, M. (Degree or title) 10.402
23b. ADDRESS Utah Gen. Depot, Ogden, Utah
23c. DATE SIGNED 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped 4-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Chipley, Florida

DATE REC'D BY LOCAL REG. 5-4-53
REGISTRAR'S SIGNATURE Effie W. Brower
25. FUNERAL DIRECTOR Larkin and Sons — ADDRESS Ogden, Ut

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 60
Reg. Dist. No. ~~60~~ 546

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rossville
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Bruce
b. (Middle): McColeman
c. (Last): Kemp

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 December 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 6-15-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S.Army Records — ADDRESS:

18. CAUSE OF DEATH 860X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hardy, M.D. (Degree or title) 402
23b. ADDRESS: Utah Gen Defat - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped: 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Chattanooga, Tenn.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: W. Pearl Stall Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

State File No. [illegible]
Local Reg. No. ~~540~~ 57
Reg. Dist. No. ~~49~~ 540

BIRTH NO.

JUL 6 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Augusta
d. STREET ADDRESS (If rural, give location): 1766 Milledgeville Road

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Adams
c. (Last): Johnson

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 9 June 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mrs. Inez J. Mitchell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 6-18-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S.Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Ford, M.D.
23b. ADDRESS: Utah Gen. Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE sheped 4-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Augusta, Ga.

DATE REC'D BY LOCAL REG.: 5-4-1953
REGISTRAR'S SIGNATURE: Eppie W. Brower
25 FUNERAL DIRECTOR ADDRESS: Larkin and Sons Ogden, Ut

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

JUL 6 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2225
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyons
d. STREET ADDRESS (If rural, give location): Route Number 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Royce	Jones	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	17 January 1927	25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier, U.S. Army 4	Military	Unknown	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Callie Jones	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 5-9-50 to 1-7-53	Not Avail.	U.S. Army Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

960X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Luther F. Hood, MD 4-2	Utah General Depot - Ogden, Utah	4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	4-20-1953 shipped		Lyons, Ga.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-4-53	Effie M. Brewer	W. P. Stall Larkin and Sons	Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 57
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goldsboro
d. STREET ADDRESS (If rural, give location): 607 Canal Street

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): King

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5 October 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 7-19-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U. S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

860X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther H. Hoyt M.D. (Degree or title) 402
23b. ADDRESS: Mah. General Dept. Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4-20-1953 shipped
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Goldsboro, N.C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower 04
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

JUL 6 - 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7756
Reg. Dist. No. 56 48

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gadsden
d. STREET ADDRESS (If rural, give location): 925 - 15th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Walter Jr.		Hatcher		Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negroid	Never married	4 Aug 1932	20				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier, U.S. Army 41	Military	Unknown	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S ~~MAIDEN~~ NAME	BIRTHPLACE
Walter Hatcher, Sr.	Unknown	Mrs. Johnnie M.D.Hatcher	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	7-20-51 to 1-7-53	Not avail.	U.S. Army Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____ 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Luther J. Hooper M.D.	40	Vitalic Sec. Depot, Ogden, Utah	6/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE shipped 6-20-1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
			Gadsen, Alabama

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5-4-53	Effie M. Brower	Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 6 - 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 5228
Local Reg. No. 5-70-53
Reg. Dist. No. 3440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bessemer
d. STREET ADDRESS (If rural, give location): 212 Woodward Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mathew		Harviley	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negroid	Never married	9 March 1934	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army +1
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Seaborn Harviley — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 4-26-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

860X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Father J. Hoole M.M. 4th
23b. ADDRESS: Utah-Ida. Refrl., Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Bessemer, Ala.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brewer
25. FUNERAL DIRECTOR: W. P. Bessemer Funeral Home — ADDRESS: Larkin and Sons, Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 54
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florence
d. STREET ADDRESS (If rural, give location): Route 1, Box 69

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Augustus
c. (Last): Harper

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 27 Feb 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James M. Harper — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 10-13-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH 860X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane Crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hold, M.D. (Degree or title) 452
23b. ADDRESS: Utah Gen Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Florence, S.C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brown
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 53
Reg. Dist. No. 3-4-0

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
d. STREET ADDRESS (If rural, give location): 219 Ferrell Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Patrick	Hardin	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	18 Feb 1931	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah E. Davis — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 8-10-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

86 C X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hardin M.D. 402
23b. ADDRESS: Mountain View Hospital, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped 6-30-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Columbia, S.C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: W. P. Hall — ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 51
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newland
d. STREET ADDRESS (If rural, give location): Pyatte Route

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Conley
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 27 Jan 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lillard Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 6-7-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. ARMY RECORDS — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hood, M/D (Degree or title)
23b. ADDRESS: Wash Gen. Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Morgantown, N.C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — W. Lynch Hall
ADDRESS: Ogden Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 30
Reg. Dist. No. ~~[illegible]~~ 34

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quitman
d. STREET ADDRESS (If rural, give location): 501 Laura Street

3. NAME OF DECEASED (Type or Print)
a. (First): Jimmie
b. (Middle):
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 26 July 1928
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U. S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S ~~MAIDEN~~ NAME: Rosa Hill — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 5-17-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U. S. Army records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hood, M.D. (Degree or title) 402
23b. ADDRESS: Utah Gen Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped 6-28-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Quitman, Ga.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 45
Reg. Dist. No. ~~[illegible]~~ 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta
d. STREET ADDRESS (If rural, give location): 676 Pryor Street, Southwest

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Rhodes
c. (Last): Joyner

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 17 Aug 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U. S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leroy W. Joyner — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 5-17-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

860 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther W. Ford, M.D. (Degree or title) 402
23b. ADDRESS: Mil. Gen. Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped 04 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Hapeville, [illegible]

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2016
Local Reg. No. 148
Reg. Dist. No. #2148

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Porterdale
d. STREET ADDRESS (If rural, give location): One Orange Place

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	Onree	Kent	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	16 August 1933	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe L. Kent — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 11-15-50 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther D. Hansen Lt. Col. MC
23b. ADDRESS: Medical Dept. - Ogden Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Covington, Ga

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eyma W. Brannen

25. FUNERAL DIRECTOR: W. P. Lee
ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 47
Reg. Dist. No. ~~47~~ 346

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
d. STREET ADDRESS (If rural, give location): 2000 Gervais Street

3. NAME OF DECEASED (Type or Print)
a. (First): Leroy, Jr.
b. (Middle):
c. (Last): Kelley

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 13 October 1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1-5-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S.Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hardy, Jr. M.D. 402
23b. ADDRESS: Wash. Gen. Dept. - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped: 6-20-1953 CA
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Columbia, S. C.

DATE REC'D BY LOCAL REG.: 5-4-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR ADDRESS: W. [illegible] Hall, Larkin and Sons, Ogden, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~240~~ 46
Reg. Dist. No. ~~46~~ 246

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tallahassee
d. STREET ADDRESS (If rural, give location): Star Route, Box 57

3. NAME OF DECEASED (Type or Print)
a. (First): Jeff
b. (Middle): William
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 7 July 1927
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jeff Lee Jones — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mrs. Lottie B. J. White — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 6-25-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

860X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Hardy M.D. (Degree or title) 402
23b. ADDRESS: Utah Gen Depot - Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 6-20-1953 04
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Thomasville, Ga.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 42
Reg. Dist. No. ~~[illegible]~~ 346

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birmingham
d. STREET ADDRESS (If rural, give location): Route #3, Box 898

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Joseph, Jr.
c. (Last): Kelley

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3 September 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Pearl J. Kelley, Sr. — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 8-21-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Hamel — Luther J. Ford, M.D. (Degree or title)
23b. ADDRESS: Utah Gen Depot Ogden, Utah
23c. DATE SIGNED: 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped: 6-20-1953 04
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Birmingham, Ala

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 3 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Market
d. STREET ADDRESS (If rural, give location): Route Number 1

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) Enoch; c. (Last) Josey

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 20 April 1931

9. AGE (In years last birthday): 21 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41

10b. KIND OF BUSINESS OR INDUSTRY: Military

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin E. Josey
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 6-19-51 to 1-7-53

16. SOCIAL SECURITY NO.: Not avail.

17. INFORMANT'S OWN SIGNATURE: U.S. Army Records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilford W. Ford, M.D.

23b. ADDRESS: Utah Sanitarium - Ogden, Utah

23c. DATE SIGNED: 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): shipped

24b. DATE: 6-20-1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Wilchester, Tenn.

DATE REC'D BY LOCAL REG.: 5-4-53

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Larkin and Sons Memorial Chapel
ADDRESS: Ogden, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953 STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 43
Reg. Dist. No. 340

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint George
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Marvin
b. (Middle):
c. (Last): Jenkins

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 16 December 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S ~~MAIDEN~~ NAME: Flossie Jenkins — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 8-14-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U. S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860 x

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. Ford, M.D. 402 (Degree or title)
23b. ADDRESS: Mah. Gen. Depot. Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shiped 4 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): St. George, S. C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brown
25. FUNERAL DIRECTOR: W. [illegible] Hall — ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible] 12
Reg. Dist. No. 240

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Covington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Louis	Johnson	Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negroid	Never married	11 Dec 1930	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eddie Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 7-25-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S.Army Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther G. Ford, MD (Degree or title)
23b. ADDRESS: Utah State Board, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): shipped
24b. DATE: 6-26-1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Atlanta Ga

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: W. P. Hall — ADDRESS: Larkin and Sons Ogden, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donalsonville
d. STREET ADDRESS (If rural, give location): Route 2, Box 220

3. NAME OF DECEASED (Type or Print)
a. (First): James Jr.
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 28 Dec 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Johnson, Sr. — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 7-23-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S.Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Ford, Jr. D.O. [signature]
23b. ADDRESS: Mich. Gen. Defot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped 04 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Donalsonville, Ga.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR ADDRESS: Larkin and Sons Ogden, Utah — W. Lloyd Hall

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 540
Reg. Dist. No. 540

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (In this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
d. STREET ADDRESS (If rural, give location): Three Elizabeth Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert Jr. b. (Middle) c. (Last) Jenkins

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negroid

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 26 Sept. 1930

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41

10b. KIND OF BUSINESS OR INDUSTRY: Military

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: (Grandmother) Mrs Lillie Smalls Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 7-18-51 to 1-7-53

16. SOCIAL SECURITY NO.: Not avail.

17. INFORMANT'S OWN SIGNATURE: U. S. Army Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Ford, M D

23b. ADDRESS: Utah General Depot, Ogden, Utah

23c. DATE SIGNED: 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): shipped

24b. DATE: 6-20-1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Charleston, S. C.

DATE REC'D BY LOCAL REG.: 5-4-1953

REGISTRAR'S SIGNATURE: Effie W. Brewer

25. FUNERAL DIRECTOR: W. H. Hall
ADDRESS: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 240 38
Reg. Dist. No. 35 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Beaver Junction
c. LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Florida
b. COUNTY Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jacksonville
d. STREET ADDRESS (If rural, give location) 3123 Columbus Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Fletcher c. (Last) Holloway
4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 13 December 1932
9. AGE (In years last birthday): 20 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Rufus R. Holloway BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 6-14-51 to 1-7-53
16. SOCIAL SECURITY NO. Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Luther S. Ford M.D.
23b. ADDRESS Med. Sec. Rich. Ogden, Utah
23c. DATE SIGNED 4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) shipped
24b. DATE 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Jacksonville, Fla

DATE REC'D BY LOCAL REG. 5-4-53
REGISTRAR'S SIGNATURE Elgin M. Brewer
25. FUNERAL DIRECTOR W. Hal Stalker ADDRESS Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 5054
Local Reg. No. ~~540~~ 38
Reg. Dist. No. ~~30~~ 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Pierce
d. STREET ADDRESS (If rural, give location): 816 Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle); c. (Last) Hudson

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negroid

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 12 July 1932

9. AGE (In years last birthday): 20 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY: Military

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Janie L. Hudson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 9-13-51 to 1-7-53

16. SOCIAL SECURITY NO. Not avail.

17. INFORMANT'S OWN SIGNATURE: U. S. Army Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

86 C x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Howell, M.D. 702

23b. ADDRESS: Mak. Hos. Ret. Sta., Ogden, Utah

23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): shipped

24b. DATE: June 10-1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Milledgeville, Ga.

DATE REC'D BY LOCAL REG.: 5-4-53

REGISTRAR'S SIGNATURE: Effie W. Brewer

25. FUNERAL DIRECTOR: W. L. Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 37
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roseboro
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): McLean
b. (Middle):
c. (Last): Hollingsworth

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 October 1923
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 6-30-50 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U. S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D. 402
23b. ADDRESS: Utah Gen Defeat, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4 shiped June 20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Clinton, N.C.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 36
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah
d. STREET ADDRESS (If rural, give location): 410 E. Park Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Alfred
c. (Last): Hudson

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 20 Oct 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 7-7-50 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. ARMY RECORDS — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luther J. [signature], M.D. (Degree or title) 40
23b. ADDRESS: Utah Gen Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4 shiped June 20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Beaufort, S.C.

DATE REC'D BY LOCAL REG.: May 4-1953
REGISTRAR'S SIGNATURE: Effie W. Brown
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 35
Reg. Dist. No. ~~35~~ 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Carolina
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenville
d. STREET ADDRESS (If rural, give location): Route #7

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Human

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 15 Aug. 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S ~~MAIDEN~~ NAME: Geneva L. Human — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 8-17-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U. S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hoyt, M.D.
23b. ADDRESS: Wd. Gen. Depot, Ogden Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: shipped June 20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Greenville, S. C.

DATE REC'D BY LOCAL REG.: May 4-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR ADDRESS: W. Lynch Hall, Larkin and Sons, Ogden, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 4-0 3 4
Reg. Dist. No. 3 4 0

BIRTH NO. JUL 6-1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Beaver Junction
LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE North Carolina b. COUNTY Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Littleton
d. STREET ADDRESS (If rural, give location) Route 3, Box 122

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Herbert	Hoover	Jenkins		Jan	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negroid	Never married	17 October 1930	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier, U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mattie C. Jenkins — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 5-25-51 to 1-7-53
16. SOCIAL SECURITY NO. Not avail.
17. INFORMANT'S OWN SIGNATURE U. S. Army Records — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

860X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Luther F. Hoard, M.D. (Degree or title)
23b. ADDRESS Intermountain Depot, Ogden, Utah
23c. DATE SIGNED 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) shipped
24b. DATE June 20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Littleton, N. C.

DATE REC'D BY LOCAL REG. May 4-1953
REGISTRAR'S SIGNATURE Effie W. Brewer
25 FUNERAL DIRECTOR W. Hale Hall — ADDRESS Larkin and Sons Ogden, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ~~540~~ 33
Reg. Dist. No. 540

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Talladega
d. STREET ADDRESS (If rural, give location): 513 Grant Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 9 May 1931
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S. Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mrs. Linnie G. Mauld — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 6-13-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hood, M.D. 402
23b. ADDRESS: Mahogan Depot, Ogden, Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shipped June 20 - 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Talladega, Ala.

DATE REC'D BY LOCAL REG.: May 4 - 1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR W. Lynd H. **ADDRESS**: Larkin and Sons Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2260
Local Reg. No. 540 32
Reg. Dist. No. 32 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Beaver Junction
c. LENGTH OF STAY (in this place) none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Georgia
b. COUNTY Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ludowici
d. STREET ADDRESS (If rural, give location) Box 415

3 NAME OF DECEASED (Type or Print) a. (First) Ulysses b. (Middle) c. (Last) Hardy

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 5 Aug 1929
9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier, U. S. Army
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME 41 Wilbert Hardy
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 6-26-51 to 1-7-53
16. SOCIAL SECURITY NO. Not Avail.
17. INFORMANT'S OWN SIGNATURE U.S. Army Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Utah Funeral Dept, Ogden Utah
23c. DATE SIGNED 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) shipped
24b. DATE June 20, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) McIntosh (State) Georgia

DATE REC'D BY LOCAL REG. May 4 - 1953
REGISTRAR'S SIGNATURE Effie W. Brewer
25. FUNERAL DIRECTOR Larkin and Sons
ADDRESS Ogden Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953 STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54031
Reg. Dist. No. 31540

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knoxville
d. STREET ADDRESS (If rural, give location): 1641 College Street

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Brown,
c. (Last): Hargrett, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 3 June 1930
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Herbert B. Hargrett, Sr. — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 5-15-51 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hard, M.D. — 402
23b. ADDRESS: Utah Gen. Defed, Ogden Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: Shiped June 20, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Tallahassee, Fla.

DATE REC'D BY LOCAL REG.: May 4-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. ~~[illegible]~~ 42
Reg. Dist. No. 3 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alabama
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery
d. STREET ADDRESS (If rural, give location): 17 Oakland Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Walter
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1953

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10 Sept. 1925
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier, U.S.Army 41
10b. KIND OF BUSINESS OR INDUSTRY: Military
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1-11-52 to 1-7-53
16. SOCIAL SECURITY NO.: Not avail.
17. INFORMANT'S OWN SIGNATURE: U.S. Army Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther J. Hood, M.D. 402
23b. ADDRESS: Utah Depot Dept, Ogden Utah
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE shiped 4 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Montgomery, Ala.

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Larkin and Sons — ADDRESS: Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUL 6 - 1953 STATE OF IDAHO

State File No. 2263
Local Reg. No. 27
Reg. Dist. No. 540

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston- Rural
c. LENGTH OF STAY (in this place): UNKNOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None- Home, Preston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): 292 East. 3rd South

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): K.
c. (Last): HOFF

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: West Cache Canal
11. BIRTHPLACE (State or foreign country): Golden, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry K. Hoff- BIRTHPLACE: Trenton, N.J
14. MOTHER'S MAIDEN NAME: Jane Knottingham- BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: LaVar K. Hoff — ADDRESS: Logan, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Death, 19__, *that I last saw the deceased alive on* Jan, 1951, *and that death occurred at* 9:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Newel G Daines Jr. 102 (Degree or title): M.D.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 17 Jun 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. Burial
24b. DATE: 17 June 53
24c. NAME OF CEMETERY OR CREMATORY: Lewiston Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Utah

DATE REC'D BY LOCAL REG.: 6-17-53
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: HALL MORTUARY- ADDRESS: Logan, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2264
Local Reg. No. 28
Reg. Dist. No. 5 U O

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location): Franklin, Ida.

3. NAME OF DECEASED (Type or Print): a. (First) RODESSA b. (Middle) NASH c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21, 1888.

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Franklin, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac B. Nash
BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Martha Howland
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: George H. Hill
ADDRESS: Franklin Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3317

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* June 22, 1953, *that I last saw the deceased alive on* June 22, 1953, *and that death occurred at* 5:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Noble 295 (Degree or title) M.D.

23b. ADDRESS: Rockmount, Idaho

23c. DATE SIGNED: 6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-25-53 01

24c. NAME OF CEMETERY OR CREMATORY: Franklin

24d. LOCATION (City, town, or county) (State): Franklin, Idaho.

DATE REC'D BY LOCAL REG.: 6-24-53

REGISTRAR'S SIGNATURE: Effie M. Brouwer

25. FUNERAL DIRECTOR: Richards & Son
ADDRESS: Preston, Ida.
Herman P. Richards

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED

Certificate of Death

JUL 6 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2265

Local Reg. No. 30

Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Treasureton

c. LENGTH OF STAY (in this place): 50 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Treasureton

d. STREET ADDRESS (If rural, give location): Preston Star Route

3. NAME OF DECEASED (Type or Print)

a. (First): THOMAS

b. (Middle): JOHN

c. (Last): REEDER

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1886

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Wellsville, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George H. Reeder — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Frances Hannah Reeder — BIRTHPLACE: Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Bessie Reeder — ADDRESS: Preston Star Rte

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan ____, 19[illegible], *to* June ____, 1953, *that I last saw the deceased alive on* June 26 1953, *and that death occurred at* 4:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D. 158

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 1, 1953

24c. NAME OF CEMETERY OR CREMATORY: Treasurton

24d. LOCATION (City, town, or county) (State): Treasurton, Idaho

DATE REC'D BY LOCAL REG.: 6-29-53

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Idaho.

Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2266
Local Reg. No. 27
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 320 South Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) PERSCILLA c. (Last) LAYTON BIRCH

4. DATE OF DEATH (Month) (Day) (Year) June 7, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept., 7, 1883
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 9 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

350X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsons Disease — 6-8 yrs
DUE TO (c) Regular physician was Dr. C. L. Lloyd

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. But he is out of town for 3 months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None attended, *19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE M. L. Hansen 470 (Degree or title) Coroner
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 10, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Wilford
24d. LOCATION (City, town, or county) (State) St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG. June 53
REGISTRAR'S SIGNATURE M. L. Hansen
25. FUNERAL DIRECTOR M. L. Hansen ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2267
Local Reg. No. 35
Reg. Dist. No. 650

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) WELLS c. (Last) MOON

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 20, 1887
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: 2 Days: 9 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph B. Moon, BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Clara M. Wells, BIRTHPLACE: Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Cleone Miller ADDRESS: Parker, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): Congestive Heart failure — ca. 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1953, *to* June 29, 1953, *that I last saw the deceased alive on* June 28, 1953, *and that death occurred at* 2:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Fischer 675 (Degree or title): M.D.
23b. ADDRESS: St. Anthony
23c. DATE SIGNED: 7/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker

DATE REC'D BY LOCAL REG.: July 3, 1953
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3268
Local Reg. No. 26
Reg. Dist. No. 651

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 8 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 2- Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nola.
b. (Middle): Fee.
c. (Last): Crane.

4. DATE OF DEATH (Month) (Day) (Year): June 1st 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8th 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Crane
BIRTHPLACE: Dk
14. MOTHER'S MAIDEN NAME: Dk-- Fequa.
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. N. F. Crane
ADDRESS: Ashton Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary heart disease — 2 ms.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 June, 1953, after he expired, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 213
23b. ADDRESS: Ashton - Idaho.
23c. DATE SIGNED: 2 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 3rd 1953. 01
24c. NAME OF CEMETERY OR CREMATORY: Red Lodge
24d. LOCATION (City, town, or county) (State): Red Lodge Montana.

DATE REC'D BY LOCAL REG.: 4 June 53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Lewis Kirer
ADDRESS: Ashton Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2269
Local Reg. No. 32
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 412 No 5th

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ALVIN
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 62
10b. KIND OF BUSINESS OR INDUSTRY: State Highway Dept.
11. BIRTHPLACE (State or foreign country): Lemhi County, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Adams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Almira Bair — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-5583
17. INFORMANT'S OWN SIGNATURE: M. S. Hansen — ADDRESS: St Anthony Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

42011

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 3 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ST. ANTHONY FREMONT IDA.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-4-53, 19__, *to* 6-14-53, 19__, *that I last saw the deceased alive on* 6-14-53, 19__, *and that death occurred at* 7:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edwin R. Klamm 221 (Degree or title): Mrs.
23b. ADDRESS: ST. ANTHONY, IDA.
23c. DATE SIGNED: 6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1953 05
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#2, Idaho

DATE REC'D BY LOCAL REG.: 29 June 53
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2270
Local Reg. No. 31
Reg. Dist. No. 651

BIRTH NO. 111-53-7022

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): GIRL
c. (Last): BAIR

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June22, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ashton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Bair
BIRTHPLACE: St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME: Elma Lue Palmer
BIRTHPLACE: Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert Bair
ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 770.5 Prematurity 6½ ms. gestation.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mother Rh: negative
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 22, 1953, *to* June 23, 1953, *that I last saw the deceased alive on* June 23, 1953, *and that death occurred at* 19 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 213
23b. ADDRESS: Ashton - Idaho
23c. DATE SIGNED: 26 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 June 53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 26 June 53
REGISTRAR'S SIGNATURE: M S Hansen
25. FUNERAL DIRECTOR: M S Hansen
ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2271
Local Reg. No. 33
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bauer Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle): BELL
c. (Last): CAPLINGER LEEDOM

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov., 22, 1869
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Thomas Caplinger, BIRTHPLACE: Bowling Green, Kentucky
14. MOTHER'S MAIDEN NAME: Mary Ann Webb, BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Bernice O. Wright, ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Obstruction, Recto Sigmoid
DUE TO (c): Presumably Ca. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ST. ANTHONY FREMONT IDA.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/53, 19__, *to* 6/24/53, 19__, *that I last saw the deceased alive on* 6/24/53, 19__, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert R. Klamt, 221 (Degree or title): MD.
23b. ADDRESS: ST. ANTHONY IDA
23c. DATE SIGNED: 6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Riverview cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#2, Idaho

DATE REC'D BY LOCAL REG.: 28 June 53
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen, ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-59-7023

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 37
Reg. Dist. No. 651

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton.
c. LENGTH OF STAY (in this place): [illegible] Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Lewis
c. (Last): Dorett.

4. DATE OF DEATH (Month) (Day) (Year): June 25th 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 23, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours 36 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- 02
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Ashton Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis. W. Dorett. BIRTHPLACE: Cascade Idaho.
14. MOTHER'S MAIDEN NAME: Helen. W. Bateman. BIRTHPLACE: Afton Wyoming.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: Lewis W. Dorett ADDRESS: Idaho Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity 769.9
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 6 mos. gestation. Mother has infect. hepatitis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 June, 1953, *to* 25 June, 19__, *that I last saw the deceased alive on* 25 June, 1953, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 213 (Degree or title)
23b. ADDRESS: Ashton - Idaho.
23c. DATE SIGNED: 26 June

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26th 1953.
24c. NAME OF CEMETERY OR CREMATORY: Pineview
24d. LOCATION (City, town, or county) (State): Ashton Idaho.

DATE REC'D BY LOCAL REG.: 10 July 53
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: [signature] ADDRESS: Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2273
Local Reg. No. 34
Reg Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EDMOND
c. (Last): QUAYLE

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec., 26, 1950
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Quayle — BIRTHPLACE: RFD#", St. Anthony, Ida
14. MOTHER'S MAIDEN NAME: Louie Severe — BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Falling in Canal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): canal near home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony, Fremont, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 27, 1953 Apr 10 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Falling in Canal

22. *I hereby certify that I attended the deceased from* Never attended, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. Hansen, Coroner
23b. ADDRESS: St. Anthony Idaho
23c. DATE SIGNED: 29 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 30 June 53
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker Ida

DATE REC'D BY LOCAL REG.: 29 June 53
REGISTRAR'S SIGNATURE: M S Hansen
25. FUNERAL DIRECTOR — ADDRESS: M S Hansen St Anthony Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 43
Local Reg. No.
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 East Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 323 East Main

3. NAME OF DECEASED (Type or Print): a. (First) Mabelle b. (Middle) L. c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 1881
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Stillwater, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Judson W. McKusick — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Matilda Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E. T. McKusick — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — 30 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1951, *to* June 2, 1953, *that I last saw the deceased alive on* June 2, 1953, *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: June 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 8 1953
REGISTRAR'S SIGNATURE: Jesse A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 45
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 401 So. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): Homer
c. (Last): Elwood

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 24, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Smith Center, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Elwood — BIRTHPLACE: Wiss.
14. MOTHER'S MAIDEN NAME: Lucinda Aellinge — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518 28 5637
17. INFORMANT'S OWN SIGNATURE: Louise Elwood — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20 1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 20 years
DUE TO (c) Atherosclerosis — 25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1953, *to* June 12, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 5:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 582 E. Quentin E. Howard M D (Degree or title)
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: June 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 22, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Wilson W. Beatty — ADDRESS: The Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 49
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523 No. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 523 No. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Harold Marinius Anderson

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 2, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stock clerk 21
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred M. Anderson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hanna O. Arnesen — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 518-07-3284
17. INFORMANT'S OWN SIGNATURE: X [illegible] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediately

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Dead on arrival

22. *I hereby certify that I attended the deceased from _____, 19___, to* June 21, 1953, *that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 325 (Degree or title): Ronald P. Rawlinson M.
23b. ADDRESS: Emmett
23c. DATE SIGNED: 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 26, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 1 - 1953

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 47
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Linda b. (Middle) Jean c. (Last) Walker

4. DATE OF DEATH: (Month) (Day) (Year) June 21, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: May 1, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 20; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child or

10b. KIND OF BUSINESS OR INDUSTRY: enfant

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Ray Walker — BIRTHPLACE: Filer, Idaho

14. MOTHER'S MAIDEN NAME: Mary Virginia Owens — BIRTHPLACE: No. Bend, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Jesse Ray Walker — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of formula — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* June 21, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 3:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard M.D. 582 (Degree or title)

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: June 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 22, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 50
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 823 So. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 824 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Forney

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: December 1, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 6 | Days 22
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Tabor, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry McMillin
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs L H Forney
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 22, 1953, *to* June 23, 1953, *that I last saw the deceased alive on* June 22, 1953, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlins MD
23b. ADDRESS:
23c. DATE SIGNED: 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 26 1953
REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2279
Local Reg. No. 48
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 119 No. Wardwell

3. NAME OF DECEASED (Type or Print)
a. (First): Elisha
b. (Middle): Smith
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: mlae
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 19, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months: 1 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner
10b. KIND OF BUSINESS OR INDUSTRY: mining
11. BIRTHPLACE (State or foreign country): Heber City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Smith — BIRTHPLACE: Pollowattaie, Iowa
14. MOTHER'S MAIDEN NAME: Sarah Ann Lee — BIRTHPLACE: Yorkshire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 03 1167
17. INFORMANT'S OWN SIGNATURE: Rosanna McCourley Smith — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1953, *to* 23 June, 1953, *that I last saw the deceased alive on* 23 June, 1953, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R A Goodman 137 (Degree or title) M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 26 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 26, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Clinton W Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

State File No.
Local Reg. No. 46
Reg. Dist. No. 340-341
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Earnest c. (Last) Ayres

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 12, 1893

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Star, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Ayres — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Jamimia Connor — BIRTHPLACE: Cove, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 03 1956

17. INFORMANT'S OWN SIGNATURE: Mrs Rose D. Ayres — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 ____, 1953, *to* 14 June, 1953, *that I last saw the deceased alive on* 13 June, 1953, *and that death occurred at* 5 5/4 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Emmett, Ida
23c. DATE SIGNED: 22 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: June 22, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: [signature] The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 340-241

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) Joe c. (Last) Adams

4. DATE OF DEATH: (Month) (Day) (Year) June 24, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Mar. 13, 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 3, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child or
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Austin, No. Carolinia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James H. Adams — BIRTHPLACE: Traphill, No.
14. MOTHER'S MAIDEN NAME: Car. Grace Colbert — BIRTHPLACE: Traphill, No. Caro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidential drowning — 9.7.0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Last Chance Ditch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24, 1953 3 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: playing in yard and fell into ditch

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 472 (Degree or title): coroner Gem Co.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: June 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 25, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2282
Local Reg. No. 1604
Reg. Dist. No. 426

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JANET
b. (Middle):
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tacoma, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ernest Cook — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Pearl Clulow — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 540-16-0883
17. INFORMANT'S OWN SIGNATURE: X V. A. Thompson — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marion J. Gooding — Gooding — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1953, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion J. Kling M.D. 592
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/9/53 01
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 6-9-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1665
Reg. Dist. No. 426

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State TB Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARTIN
b. (Middle) E.
c. (Last) HOFFMAN

4. DATE OF DEATH (Month) June (Day) 8 (Year) '53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH Dec. 16, 1898
9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad section 70
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Hoffman, BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Anna Ungen, BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 701-07-8404
17. INFORMANT'S OWN SIGNATURE Mrs Claud Wright ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulo Nal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* June 8, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 7:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eloise M. Larson M.D. (Degree or title) 6+9
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/10/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Coeur D Alene, Idaho

DATE REC'D BY LOCAL REG. 6-19-53
REGISTRAR'S SIGNATURE J H Cornwall
25. FUNERAL DIRECTOR Geo. Jerread Jr. ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1606
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 10th Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 402 th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) HERBERT b. (Middle) D. c. (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1894
9. AGE (In years last birthday): 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Cream Station
11. BIRTHPLACE (State or foreign country): Wyandotte, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David A. Johnson
BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Sarah L. Fisk
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. 1
16. SOCIAL SECURITY NO.: 519-10-7336
17. INFORMANT'S OWN SIGNATURE: Mrs H D Johnson ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 13, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: J H Cornwell MD (Degree or title)
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: June 15

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: June 16 53
REGISTRAR'S SIGNATURE: J H Cornwell
25. FUNERAL DIRECTOR: Geo. Jared Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1607
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) R. c. (Last) PASSEY

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 20, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm worker 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Paris, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John P. Passey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Clifton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 569-32-3582
17. INFORMANT'S OWN SIGNATURE: Leta R. Pompe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

463X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitis L. Leg — 1 Mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1953 *to* June 16, 1953, *that I last saw the deceased alive on* June 15, 1953, *and that death occurred at* 2:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marion V. Kingler M.D. 597 (Degree or title)
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/53 02
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Liberty, Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: J. H. Conwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1608
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): KAY
c. (Last): DWYER

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 26, 1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): or
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: E. W. Dwyer — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Frences I. Jones — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe dehydration & acidosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infectious diarrhea — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1953, *to* 6-24, 1953, *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 4:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson Sr. D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 6-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/26/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 7-3-53
REGISTRAR'S SIGNATURE: J H Emmett
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL, GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 1609
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T.B. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise.
d. STREET ADDRESS (If rural, give location) 3004 Leadville St.

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) c. (Last) LaBrier

4. DATE OF DEATH (Month) (Day) (Year) 6 28, 1953

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH Feb 1, 1878

9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Madisonville, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lattimore | BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Ella | BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE K.H. Tyler M.D. | ADDRESS Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 092X Pulmonary Tuberculosis | INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1951, *to* 6-28, 1953, *that I last saw the deceased alive on* 6-28, 1953 *and that death occurred at* 7:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE K.H. Tyler (Degree or title) M.D. | 23b. ADDRESS Idaho State T.B. Hosp Gooding | 23c. DATE SIGNED 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 1-53 | 24c. NAME OF CEMETERY OR CREMATORY Mountain View | 24d. LOCATION (City, town, or county) (State) Mountain Home Ada

DATE REC'D BY LOCAL REG. 7-3-53 | REGISTRAR'S SIGNATURE J.H. Conner

25. FUNERAL DIRECTOR Berg Mortuary Mtn Home | ADDRESS D.A. Harrison

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 1614
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 722 Utah

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	DELPHA	STURGEON	June 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 1, 1900	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Conner — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Jennie Butler — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 567-34-5979
17. INFORMANT'S OWN SIGNATURE: Mickey Sturgeon — ADDRESS: Gooding, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthenia — INTERVAL BETWEEN ONSET AND DEATH: Life

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Chronic Myocarditis — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis — 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar, 1929, *to* June 29, 1953, *that I last saw the deceased alive on* June 29 1953 *and that death occurred at* 1:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. E. Barnett M.D.	Gooding Ida.	7-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/3/53	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 11 '53	J. B. Conner	Geo. Jensen Jr.	THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 6066
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL
c. LENGTH OF STAY (in this place) 16, YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LEONA b. (Middle) MAY c. (Last) HAWKINS

4. DATE OF DEATH (Month) (Day) (Year) JUNE 5.1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ~~M~~ NEVER M
8. DATE OF BIRTH june.15.1934
9. AGE (In years last birthday) 18
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 0?
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) HARPER KANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE CHARLEY HAWKINS HARPER KANSAS
14. MOTHER'S MAIDEN NAME BIRTHPLACE GOLDIE STRICKLAND BANDON OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS Charley Hawkins

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 253X Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 3wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypothyroidism — 8yrs
DUE TO (c) and Obesity — 18yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1953, to death, 19—, that I last saw the deceased alive on 6-2, 1953, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Harold G. Holsinger (Degree or title) M.D.
23b. ADDRESS Wendell, Ida.
23c. DATE SIGNED 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6/8/1953
24c. NAME OF CEMETERY OR CREMATORY WENDELL
24d. LOCATION (City, town, or county) CITY (State) IDAHO

DATE REC'D BY LOCAL REG. 6-12-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR J. Forrest Weaver
ADDRESS Wendell Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

53-5722

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
JUN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) DEBORAH
b. (Middle) ANN
c. (Last) GILL

4. DATE OF DEATH (Month) (Day) (Year) June 6, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child
8. DATE OF BIRTH May 28, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles G. Gill
BIRTHPLACE Grangeville,
14. MOTHER'S MAIDEN NAME Betty Keith
BIRTHPLACE Grangeville,

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Charles G. Gill
ADDRESS Grangeville,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia
INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 May, 1953, *to* 6 June, 1953 *that I last saw the deceased alive on* 6 June, 1953 *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Donald J. Saltman (Degree or title) M.O.
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 8 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. June 8, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature]
ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
JUN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ralph	M.	Rickard		6	12	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		6-6-1877	76	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
05		Cottage Grove Ore	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melvin Rickard		Emma Hoyt	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Glenn Miller	Grangeville

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

292.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, *1948, to* 12 June, *1953, that I last saw the deceased alive on* 12 June, *1953, and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald T. Eltman	360 M. D.	Grangeville, Idaho	12 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-15-53	Prairieview	Grangeville Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 13, 1953	Irma Conat	Glenn Miller	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-7072

BIRTH NO.

Certificate of Death

RECEIVED JUN 25 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. ...
Local Reg. No. 58
Reg. Dist. No. 240

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle):
c. (Last): THROOP

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby
8. DATE OF BIRTH: June 11, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infnat 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Wesley Throop
BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Geneva Potter,
BIRTHPLACE: Michigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Wesley E. Throop
ADDRESS: Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxemia of pregnancy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 June, 1953, *to* 12 June, 1953, *that I last saw the deceased alive on* 12 June, 1953, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Baltman M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 12 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Lewis, Idaho

DATE REC'D BY LOCAL REG.: June 15 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess Robertson
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 59
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle): Hornbeck
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 6 - 19 - 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 6-19-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. (8½ mo premature)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grangeville Ida
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Terrance Hornbeck
BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Clara Crews
BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Terrance Hornbeck
ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

774 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cord knotted, blood supply shut off.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Harry E Kale Do.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: June 22 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-22-53
24c. NAME OF CEMETERY OR CREMATORY: prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Ida

DATE REC'D BY LOCAL REG.: June 22, 1953
REGISTRAR'S SIGNATURE: Isma Cone
25. FUNERAL DIRECTOR: Glenn Ailor
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
JUN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Golden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elton	B.	Davidson	6 – 7 – 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	oct 26 1921	31	7	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Pullman. Wash	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
B. W. Davidson	Idaho.	Amy Keith	Wash.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		D. Kay Davidson	Pullman Wash.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	Golden Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 7th 1953 1:50 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Car Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A Cavell M.D. Coroner	Grangeville Idaho	6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-9-53	Pullman	Pullman, Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 9, 1953	Irma Cone	Glenn Culer	

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED NON-RESIDENT

Certificate of Death

JUL 8 - 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 242

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Henry Hanson Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) SYLVIA BELL HEATH
b. (Middle) BICKNELL
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): June 12 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 8 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Anoca, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ALBERT H. HEATH., BIRTHPLACE: MAINE.
14. MOTHER'S MAIDEN NAME: SALOME ROGERS HEATH., BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eva S. Hanson — ADDRESS: Ferdinand, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12, 1953, *to* 6-12, 1953, *that I last saw the deceased alive on* D O A, 19___, *and that death occurred at* 7:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins 061 (Degree or title): M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-12-53 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Shelton, Wash.

DATE REC'D BY LOCAL REG.: July 3, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M. D. by T. N.
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 18
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand 3mi SW
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTOPHER
b. (Middle):
c. (Last): ROEPER (ROPER)

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 24
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Peter Roper — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Wiegman — BIRTHPLACE: St. Louis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Ferdinand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 6 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 194 *, 19__, to* 6-17 *, 19*53*, that I last saw the deceased alive on* 6-14 *, 19*53*, and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 261 — (Degree or title): MD
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 22 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Ferdinand Ida

DATE REC'D BY LOCAL REG.: July 3, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by T.N.
25. FUNERAL DIRECTOR: Clifford Ashborn — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Amended Oct. 6, 1953

Certificate of Death

STATE OF IDAHO

State File No. 2297
Local Reg. No. 19
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DICK b. (Middle) c. (Last) BOYLES

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 21, 1903?
9. AGE (In years last birthday): 50? IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): New Cambridge ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cy Boyles — BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 519-10-6988
17. INFORMANT'S OWN SIGNATURE: Hospital Records Social Security Card — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 010X Tubercular Meningitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pt had primary atypical pneumonia — 3-27-53

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Spinal Tap- Turbid fluid 25,000 W.B.C/cu
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-13, 1953, *to* 6-17, 1953, *that I last saw the deceased alive on* 6-16, 1953, *and that death occurred at* 10pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D. Kobler, M.D.
23b. ADDRESS: Nezperce, Idaho
23c. DATE SIGNED: 6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-53
24c. NAME OF CEMETERY OR CREMATORY: Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: July 3, 1953
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by tn
25. FUNERAL DIRECTOR ADDRESS: C. E. Clovis, Craigmont, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 212

RECEIVED JUL 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DICK BOYLES b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 17 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?
8. DATE OF BIRTH May 21 1903?
9. AGE (In years last birthday) 50? IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) New Cambridge ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cy Boyles ? BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. 519-10-6988
17. INFORMANT'S OWN SIGNATURE Hospital Records Social Security Card ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

057.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Spinal Meningitis — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyogenic organism exact
DUE TO (c) organism undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pt had Primary atypical Pneumon — 3-27-53.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Spinal Tap - Turbid fluid 25000 W.B.C / cu mm.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-13, 1953, *to* 6-17, 1953, *that I last saw the deceased alive on* 6-16, 1953, *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl D Kobler 644 MD. (Degree or title) M. D.
23b. ADDRESS Nezperce, Idaho
23c. DATE SIGNED 6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-20-53
24c. NAME OF CEMETERY OR CREMATORY Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho.

DATE REC'D BY LOCAL REG. July 3, '53
REGISTRAR'S SIGNATURE Wesley F. Orr M.D. by T.N.
25. FUNERAL DIRECTOR C. E. Clovis ADDRESS Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

MEMORANDUM

Date Sept. 9, 1953

TO: Local Registrar

FROM: W. W. Benson, State Registrar

Re: Death Cert. for Dick Boyles
Date of Death: June 17, 1953
Place of Death: Cottonwood, Idaho
State File No: 53-2297

Dear Registrar:

In order to change the cause of death we require a statement from Dr. Kobler, stating the change to be made in the cause of death.

If you will ask Dr. Kobler to make this statement and send it to this office we will amend the death certificate. Thank you.

Division of Vital Statistics

Nezperce, Idaho
September 30, 1953

To whom it may concern:

This patient died of meningitis and the etiological agent was tubercular bacillus.

Hope this clarifies matters,

Sincerely,

Carl D. Kobler M.D.

Carl D. Kobler, M.D.
Nezperce, Idaho

CDK:cs

Rec'd Oct 2,1953

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 60
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): in car enroute to Hosp.
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): between Harpster and Grangeville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): Grover
c. (Last): Farris

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 29, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Fairview Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Farris — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alice Kincaid — BIRTHPLACE: —, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: 519-30-2703
17. INFORMANT'S OWN SIGNATURE: Harry E. Farris — ADDRESS: Stites, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 444X Mesenteric Embolus — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and
DUE TO (c) Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* June 22, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Dutterwood 029 (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: June 26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Clearwater Cem.
24d. LOCATION (City, town, or county) (State): Clearwater Idaho

DATE REC'D BY LOCAL REG.: June 29 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trevary — ADDRESS: Kooskia, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5406
Local Reg. No. 628
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home - North end of Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Evelyn b. (Middle) (Oatman) c. (Last) Rivera

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE red
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 9 1927
9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Kooskia Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Enoch Oatman BIRTHPLACE Kamiah Idaho
14. MOTHER'S MAIDEN NAME Annie Smith BIRTHPLACE Idaho Co. Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-26-5748
17. INFORMANT'S OWN SIGNATURE Mrs. Ernest Peters ADDRESS Kooskia Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

002X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis had no physician — INTERVAL BETWEEN ONSET AND DEATH: dont know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 6/25/53, 19___, *to* 6/27/53, 19___, *that I last saw the deceased alive on* 6/25/53, 19___, *and that death occurred at* 11:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 041 C.M. Bryan M.D. (Degree or title)
23b. ADDRESS Kamiah, Idaho
23c. DATE SIGNED 6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 3 1953
24c. NAME OF CEMETERY OR CREMATORY Nicodemus Cem.
24d. LOCATION (City, town, or county) Kooskia (State) Idaho

DATE REC'D BY LOCAL REG. July 7, 1953
REGISTRAR'S SIGNATURE Claude Twomey
25. FUNERAL DIRECTOR Claude Twomey ADDRESS Kooskia Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2300
Local Reg. No. 20
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) O. c. (Last) FISHER

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX: female

6. COLOR OR RACE: Whitr

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 6, 1859

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Howell, Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Dean, BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Jerusha Not known BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Lois Bonnie Adamson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cystitis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Fractured Hip and Humerus
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Wesley F. Orr M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: July 3, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by [illegible]
25. FUNERAL DIRECTOR: [illegible] Peterson
ADDRESS: Grangeville, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2301
Local Reg. No. 23
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 53 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DORA PEARL CLICK b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): June 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 1 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Christian ~~Christian~~ County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN THOMAS DeATLEY, BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: SOPHIA JANE HARDIN, BIRTHPLACE: PUTNAM CO., IND.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leo E. Click — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 25 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension C.V. disease — 5 years
DUE TO (c) Pulmonary effusion Rt Side — 25 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. May have had Mediastinal Neoplasm.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D. Kobler M.D. (Degree or title) M. D.
23b. ADDRESS: Nezperce, Idaho.
23c. DATE SIGNED: June 28, '5[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: July 6, 1953
REGISTRAR'S SIGNATURE: Wesley J. Oxie M.D. [illegible]
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2302
Local Reg. No. 22
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROSE
b. (Middle): ELIZABETH
c. (Last): JESSUP

4. DATE OF DEATH (Month) (Day) (Year): June 30 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 17 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John E. Frick — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Dorothy Mundt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

456X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolism — Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Arthritis — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 299 Wesley F. Orr MD
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 July 3 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: July 3, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. by TN
25. FUNERAL DIRECTOR: Clifford Uhlorn — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 8 – 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2303
Local Reg. No. 21
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greencreek.
d. STREET ADDRESS (If rural, give location) 2 mi North

3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) A. c. (Last) Baerlocher

4. DATE OF DEATH (Month) (Day) (Year) June 30 53

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH (Month) (Day) (Year) July Sept 14 1872

9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR: Months 9, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Finton Baerlocher BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Sophia Meesmer BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Catherine Baerlocher ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1953, *to* June 30, 1953, *that I last saw the deceased alive on* June 30, 1953, *and that death occurred at* 7:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 299 Wesley F. Orr M.D.

23b. ADDRESS Cottonwood Idaho

23c. DATE SIGNED 7-2-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 2-53

24c. NAME OF CEMETERY OR CREMATORY Catholic

24d. LOCATION (City, town, or county) (State) Greencreek Idaho

DATE REC'D BY LOCAL REG. July 3, 53

REGISTRAR'S SIGNATURE Wesley F. Orr M.D. Cott

25. FUNERAL DIRECTOR Cletus Uhlorn ADDRESS Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2304
Local Reg. No. 31
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton Rural
c. LENGTH OF STAY (in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Terreton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DOUGLAS b. (Middle) BLAINE c. (Last) McKINLAY

4. DATE OF DEATH (Month) June (Day) 1, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 18, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Rigby, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Blaine F. McKinlay BIRTHPLACE Teton, Idaho.
14. MOTHER'S MAIDEN NAME Thelma Grace Zweifel BIRTHPLACE Dubois, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Blaine F. McKinlay ADDRESS Terreton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Common Cold. — 5 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolianism — From Birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 18, 1953, *to* June 1, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* ___ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 421 Leon Hall, M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 4, 1953
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Ida.

DATE REC'D BY LOCAL REG. 6/4/53
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Bruce [illegible] Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2305
Local Reg. No. 32
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 8 Mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Lincoln
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Lavina
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ? BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Cecil Walker — ADDRESS: Ucon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

191X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rodent ulcer on face — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1952, *to* June 11, 1953, *that I last saw the deceased alive on* June 10, 1953, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 Alden Tall, M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 6/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/15/53 01
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: June 26/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2306
Local Reg. No. 94
Reg. Dist. No. 640
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garfield
c. LENGTH OF STAY (in this place): 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garfield
d. STREET ADDRESS (If rural, give location): Garfield

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): WILKINS
c. (Last): HOBLEY

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1898

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Coltman, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse Wilkins. BIRTHPLACE: So. Cottonwood, Utah.

14. MOTHER'S MAIDEN NAME: Fanny Jane Burton. BIRTHPLACE: Grantsville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Bert Bobley
ADDRESS: Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ventricular Fibbulation — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. 15, 1949, *to* June 24, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B. Rigby M.D. 335
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-53 01
24c. NAME OF CEMETERY OR CREMATORY: Grant Central Cemetery
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 1 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 282 West 1st So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 282 West 1st So.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): MESSMER

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1925
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retail Mdse.
11. BIRTHPLACE (State or foreign country): Halliday, No. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Messmer. BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Wilhelmina Kind. BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 501-20-1129
17. INFORMANT'S OWN SIGNATURE: Elva Messmer — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* -0-, 19-0-, *to* June 26, 1953, *that I last saw the deceased alive on* 6-26, 1953, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE 335 Clifford B. Rigby M.D. (Degree or title)
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: A B Eckersell — ADDRESS: Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 26 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 104
Reg. Dist. No. 440

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 35yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) B; c. (Last) Houston

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9 1870

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elsworth Co Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Houston — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Carrie Brookbank — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Eulalie Downing — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Paralysis Agitans — 4-5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* 6-16, 1953, *that I last saw the deceased alive on* 6-15, 1953, *and that death occurred at* 12:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C Matson MD 245 (Degree or title)

23b. ADDRESS: Jerome Ida.

23c. DATE SIGNED: 6-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 18.1953

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county): Jerome (State): Idaho

DATE REC'D BY LOCAL REG.: June 19, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 108
Reg. Dist. No. 440

BIRTH NO. 111-33-7128

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Paul b. (Middle) Lindsay c. (Last) Pack

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 24, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lynn Pack
BIRTHPLACE: Richmond, Utah

14. MOTHER'S MAIDEN NAME: Enid Bishop
BIRTHPLACE: Inkom, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ✓ Lynn Pack
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) abruptio placenta — 1 hour
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1953, *to* June 24, 1953, *that I last saw the deceased alive on* June 24, 1953, *and that death occurred at* 5:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward A. Parker 345 (Degree or title) M.D.
23b. ADDRESS: Glenns Ferry Idaho
23c. DATE SIGNED: June 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-53
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: Bey Mortuary
ADDRESS: Mountain Home, Ida.

D R Stevenson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2310
Local Reg. No. 107
Reg. Dist. No. 440

BIRTH NO. 111-53-7129

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) c. (Last) Freels

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 25.1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 1 HR. Hours / Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Herbert Freels — BIRTHPLACE: Dawson Missouri

14. MOTHER'S MAIDEN NAME: Lorna Ellis — BIRTHPLACE: Dawson Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Herbert Freels — ADDRESS: Hazelton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Delivery at 6 mos gestation.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-25, 1953, *to* 6-25, 1953, *that I last saw the deceased alive on* 6-25-, 1953, *and that death occurred at* 11 55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. Heber, M.D.
23b. ADDRESS: Jerome
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: June 29/1953
REGISTRAR'S SIGNATURE: Sister M. Rose O.S.B.
25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1953 VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 103
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (In this place): 30yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): C
c. (Last): Wilcox

4. DATE OF DEATH (Month) (Day) (Year): June 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 13 1876
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 7 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Wilcox
BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary Connor
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Herbert Helms.
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1948, *to* May 28, 1953, *that I last saw the deceased alive on* May 28, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S Hopper 165
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: June 13/53
REGISTRAR'S SIGNATURE: Sister M. Rose, O.F.B.
25. FUNERAL DIRECTOR: J R Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3212
Local Reg. No. 103
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): L.
c. (Last): McDonald

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 5, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: No information — BIRTHPLACE: No information
14. MOTHER'S MAIDEN NAME: No information — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ruth Calico — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1949, *to* 6-14, 1953, *that I last saw the deceased alive on* 6-10, 1953, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Halsker MD 165
23b. ADDRESS: Hazelton, Idaho
23c. DATE SIGNED: June 17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-17-53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: June 20 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2313
Local Reg. No. 106
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~Twin Falls~~ Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Twin Falls~~ Jerome
c. LENGTH OF STAY (in this place) ~~[illegible]~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Car - In & near gravel pit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1857 Sigrid Ave

3. NAME OF DECEASED (Type or Print)
a. (First) August
b. (Middle) -
c. (Last) Timm

4. DATE OF DEATH (Month) (Day) (Year) June-16-1953

5. SEX M
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-30-1890
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Roumania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leonard R. Timm — ADDRESS Jerome, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxiated — 973X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carbon-Monoxide Poison
DUE TO (c) Exoust Gas from Motor Car

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near gravel pit
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jerome (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased* ~~dead~~ *on* 6/21, 1953, *and that death occurred at* Sometime - 6/16-53 *m., from the causes and on the date stated above.*

23a. SIGNATURE J R Wiley 470 - 4 (Corner) (Degree or title)
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 6/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/21/53 01
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) TwinFalls, Idaho

DATE REC'D BY LOCAL REG. June 24, 1953
REGISTRAR'S SIGNATURE Sister M. Rose, OSB
25. FUNERAL DIRECTOR [signature] White Mortuary — ADDRESS TwinFalls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2314
Local Reg. No. 103
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tubbs Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 309 Wallace Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): A.
c. (Last): Hoffer

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 19, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Silver Mines
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tony Hoffer — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Lucille Rodler — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-5068
17. INFORMANT'S OWN SIGNATURE: x P. G. Gozzeo — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Suicide by firearms
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tubbs Hill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot himself with 22 Cal. rifle

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner 452
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9, 1953 08
24c. NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-13-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2215
Local Reg. No. 98
Reg. Dist. No. 120

BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 18-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cofax
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Bramwell	Chapman	May 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 15, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE: unknown
14. ~~MOTHER'S MAIDEN NAME~~ BIRTHPLACE: Ruth Ostrom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~OWN SIGNATURE~~ mother name ADDRESS: unknown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 or 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/12, 1953 *to* 5/29, 1953, *that I last saw the deceased alive on* 5/28, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
175 [illegible] M.D.	Coeur d'alene Idaho	6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 29, 1953	Coffax Cemetery	Coffax Wn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-13-53	Lorraine K. Brush	Don English	Ca'a Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

JUL 1 - 1953 STATE OF IDAHO

State File No. 2216
Local Reg. No. 109
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cd'A Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Stillwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Absarokee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gerald	L.	Wright	June 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	May 15, 1936	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	High School	Paris, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pen Wright	Mont.	E.C.Sinclair	N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Pen Wright	Absarokee Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Lake Caeur d'alene	Coeur d'alene	Kotenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Drowned while swimming at City Beach.

22. *I hereby certify that I attended the deceased from* Did not., 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene, Idaho	6-6-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 5, 1953	Absarokee, Cemetery	Absarokee, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-13-53	Lorraine K. Brueck	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT Certificate of Death

JUL 1 - 19

State File No. 2317
Local Reg. No. 101
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minn
b. COUNTY: Becker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frazee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pauline	P.	Hall	June 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 21, 1887	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Peterson	Norway	Unknown	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Russell B Nelson	Adrian Minn

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebrovascular accident	29 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	hypertension	10 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-2, 1953, *to* 6-4, 1953, *that I last saw the deceased alive on* 6-3, 1953, *and that death occurred at* 3:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
018 R. Barclay M.D.	Coeur d'Alene, Ida	6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 4, 1953	Frazee Cemetery	Frazee, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-13-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2318
Local Reg. No. 105
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 308 Davidson

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): V.
c. (Last): Lucas

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 17, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 63
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale-retail
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 517-18-8906
17. INFORMANT'S OWN SIGNATURE: + Mrs C. Rohalt — ADDRESS: Od'A, Idaho

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis c̄ Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 6-4-53 *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M.D. 270
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6-1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-13-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Husted

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3219
Local Reg. No. 102
Reg. Dist. No. 120
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cd'A Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1620 Lakeside

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle) R.; c. (Last) Hentz

4. DATE OF DEATH: (Month) (Day) (Year): June 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 24, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tom Adams
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Kate Foster
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Katherine Stoltzman
ADDRESS: Ellensburg Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 [signature] M.D.

23b. ADDRESS: Coeur d' alene Ida

23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-8-1953

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-25-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5320
Local Reg. No. 107
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 5-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ida	E.	Orton	June 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 19, 1859	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Ingrald Norman	Coeur d' Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	5 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive cardio. vascular renal disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

442 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 6-8-, 19 53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
270 M.D.	Coeur d'Alene, Ida	6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	01 June 10, 1953	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-13-53	Lorraine K. Brush	English Funeral Chapel By N. H. Hopkinger	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

wid

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JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2321
Local Reg. No. 99
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2½ Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LCG hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2211 N 9th St.

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle; b. (Middle); c. (Last) Daley

4. DATE OF DEATH: (Month) (Day) (Year): Jun 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan 27, 1873

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 05

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Daley — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: MaryLockard — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. E. D. Eisenstein — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma, colon, Splenic flexure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: diagnosis made by X-ray

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* May, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard W. A Hughes MD

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 6-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jun 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 6-25-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 1 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2322
Local Reg. No. 100
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle):
c. (Last): Dolan

4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-21-1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry
11. BIRTHPLACE (State or foreign country): Dixon, Wyoming
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Dolan — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ledella Daugherty — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 561-05-9984
17. INFORMANT'S OWN SIGNATURE: Mrs. Rucilla Dolan — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 16, 1953 *that I last saw the deceased alive on* June 16, 1953 *and that death occurred at* 9:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: D M Gumprecht 548 (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 18 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-53
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-20-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Gum pr cht

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JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2323
Local Reg. No. 111
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 2-hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' alene, Idaho
d. STREET ADDRESS (If rural, give location) 417-Garden avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Mahala
b. (Middle) M.
c. (Last) Green

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 5, 1875
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jabez J. Miller — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Harriet Tripp Miller — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Violet E Leslie — ADDRESS Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) athnoschrosis coronary
DUE TO (c) artery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 17, 1953, *that I last saw the deceased alive on* June 17, 1953 *and that death occurred at* 9a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 548 (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED 25 June

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE June 21, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Bonney Watson Funeral Home
24d. LOCATION (City, town, or county) (State) Seattle, Washington

DATE REC'D BY LOCAL REG. 6-30-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2324
Local Reg. No. 106
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 402 Indiania Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle):
c. (Last): McDonald

4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-23-1860
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew McDonald — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Hannah Garthright — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Nursing Home Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 442X Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular-renal disease
DUE TO (c): — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 6-17-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley 270 M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-20-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Moseley

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2325
Local Reg. No. 112
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conklin Park
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Murray
b. (Middle):
c. (Last): Donald

4. DATE OF DEATH (Month) (Day) (Year): 6-20-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 6-8-1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 519-01-1379
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mr. Jim Donald, Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular renal disease — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 6-20-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 270 H. Don Moseley (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 118
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): G.
c. (Last): Whybark

4. DATE OF DEATH (Month) (Day) (Year): June 21 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 11 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Kendrick, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Whybark — BIRTHPLACE: Marble Hill, Mo.
14. MOTHER'S MAIDEN NAME: Ester Harris — BIRTHPLACE: Lisbon, N. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-5144
17. INFORMANT'S OWN SIGNATURE: Jack W. Whybark — ADDRESS: Deary, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism by auto — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple Crush Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 95
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on Collision

22. *I hereby certify that I attended the deceased from* Did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood M.D. Coroner
23b. ADDRESS: Coeur d'alene, Idaho
23c. DATE SIGNED: 6-27-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53
24c. NAME OF CEMETERY OR CREMATORY: Wild Rose Cemetery
24d. LOCATION (City, town, or county) (State): Bear Ridge Latah Idaho

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: K. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2327
Local Reg. No. 117
Reg. Dist. No. 12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) Joe Ann b. (Middle) Mineva c. (Last) Whybark

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 30 1934
9. AGE (In years last birthday): 18 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Deary Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Whybark BIRTHPLACE: Kendrick, Ida.
14. MOTHER'S MAIDEN NAME: Mineva Holm BIRTHPLACE: Burns Tenn.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rachel L. Whybark ADDRESS: Deary, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) FRACTURE, COMPOUND, LEFT WRIST, LEFT FEMUR, & RIGHT ANKLE.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 9 HOURS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): KOOTENAI, IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 20 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* JUNE 20, 1953, *to* JUNE 21, 1953, *that I last saw the deceased alive on* JUNE 21, 1953, *and that death occurred at* 7:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry A. Novak, M.D.
23b. ADDRESS: 609 Sherman Ave Coeur d'Alene, Ida.
23c. DATE SIGNED: June 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53
24c. NAME OF CEMETERY OR CREMATORY: Wild Rose Cemetery
24d. LOCATION (City, town, or county) (State): Bear Ridge Latah Idaho

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: H R Short ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED JUL 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2328
Local Reg. No. 116
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1133-11th, street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	C.	Wager	June 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 28, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of	Own Farm	North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Wager	Unknown	Elizabeth (Unknown)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		x Mrs. Doris Stevens	Coeur d' Alene

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive arterio-sclerotic Cardio vascular disease — 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4433X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 6-25-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
270 M.D.	M.D.	Coeur d'alene, Ida	6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 27 1953	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2329
Local Reg. No. 115
Reg. Dist. No. 120

BIRTH NO.

JUL 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W. 1824 - 1st. Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carolyn		Shaffer	June 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	July 27, 1878	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner 35	Carolyn's Gift Shop	Du Bois, Pa.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Shaffer		Anna Clark	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Kenneth Jones	Spokane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 174X Carcinoma uteri — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 18, 1953, *to* June 27, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard X Hughes MD	Coeur d'Alene Idaho	6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	6-27-53	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-53	Lorraine K. Brush	Stanley May Stanley May Smith & Co.	W. 1124 Riverside Ave. Spokane, Wn.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hughes

RECEIVED
JUL 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2330
Local Reg. No. 121
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) Regnald; c. (Last) Dolgner

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher-Farmer 12

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl Dolgner — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Theodosia Lowe — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: + Mrs Nina Dolgner — ADDRESS: Hayden Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Thrombosis coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, 19____, *to* 6-30, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard A. Hughes M.D. (Degree or title)

23b. ADDRESS: Coeur D'Alene Idaho

23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 7-7-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR ADDRESS: Don English Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Moseley 6-25

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2331
Local Reg. No. 104
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 2½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Sunnyside

3. NAME OF DECEASED (Type or Print)
a. (First): Antionette
b. (Middle): P.
c. (Last): Lafrenz

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 28, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bohemia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Drobny — BIRTHPLACE: Bohemia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frank H. Lafrenz — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

442X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral accident
renal disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio vascular
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 6-11-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Don Moseley, M.D. 270 (Degree or title)
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jun 13, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-25-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2332
Local Reg. No. 108
Reg. Dist. No. 12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte.# 1

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Dorothy; c. (Last) Shopbell

4. DATE OF DEATH (Month) (Day) (Year): 6-18-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-6-1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Koch — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Hermina — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 539-10-1252
17. INFORMANT'S OWN SIGNATURE: Mr. Louis Shopbell — ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: about

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* called, ad, to death, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard S. Hughes M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 6-20-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Robert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hughes

Certificate of Death

STATE OF IDAHO

State File No. 2333
Local Reg. No. 114
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Hghwy 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 704 Wallace Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Glen	B.	Rhodes	June 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 20, 1920	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 10	Garage	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A.E. Rhodes	Unknown	Eva Brown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W II	701-18-3694	Mrs. Glen Rhodes	Cd'A, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism by auto. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Crush Injuries.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Driveway 95	Coeur d'alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Head on Collision

22. *I hereby certify that I attended the deceased from* Did not ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'alene Idaho	6-27-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	23 June 1953	Sanborn Cemetery	Sanborn, North Dakota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-30-53	Lorraine K Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Hughie

Certificate of Death

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2334
Local Reg. No. 119
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Haden Lake
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Mineva b. (Middle) c. (Last) Whybark

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1911

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burns Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chris Holm
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mabel Babcock
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jess C. Holm
ADDRESS: Spokane, Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental traumatism by auto — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Crush Injuries — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Driving 95

21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'alene (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Head on Collision

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood M.D. Coroner

23b. ADDRESS: Coeur d'alene, Idaho

23c. DATE SIGNED: 6-27-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-25-53

24c. NAME OF CEMETERY OR CREMATORY: Wild Rose Cemetery

24d. LOCATION (City, town, or county) (State): Bear Ridge Latah Idaho

DATE REC'D BY LOCAL REG.: 7-1-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

No Nuisance

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2335
Local Reg. No. 113
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rte. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elijah	A.	Napier	6	21	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 2, 1879	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 38
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Steve Napier — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Winnie Hurst — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Napier — ADDRESS: Hayden Lake, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Coronary Occlusion — 1 day

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1948, *to* June 21, 1953, *that I last saw the deceased alive on* June 12, 1953 *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-23-53	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-1-53	Lorraine K. Brush	Gates Funeral Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2336
Local Reg. No. 110
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nell
b. (Middle): A.
c. (Last): Faubion

4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-7-1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George A. Northrup — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Joella Davidson — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: n on e
17. INFORMANT'S OWN SIGNATURE: Mr. Terry Faubion Sr. — ADDRESS: Rathdrum, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

456X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic arthritis — INTERVAL BETWEEN ONSET AND DEATH: 6 Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic myocarditis — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1953, *to* June 24, 1953, *that I last saw the deceased alive on* June 22, 1953 *and that death occurred at* 5:15 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie Henson M. D. 181
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: June 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-26-53 01
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yate — ADDRESS: Coeur d'Alene Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2337
Local Reg. No. 68
Reg. Dist. No. 2

BIRTH NO. Culp

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Latah Co. Boarding Home

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle); c. (Last) Stout

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Aug 3, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Hazel R Stout
ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/21, 1953, *to* 5/27, 1953, *that I last saw the deceased alive on* 5/27, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp, 070 — (Degree or title): MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 6/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Stout
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED JUL 1 - 1953 DIV OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2338
Local Reg. No. 63
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location): Troy-Deary highway

3. NAME OF DECEASED (Type or Print)
a. (First): Zenas
b. (Middle): R.
c. (Last): Hinman

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad worker 70
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wildwood, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maurice Hinman — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Clara F. Rice — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 700-18-1307
17. INFORMANT'S OWN SIGNATURE: x Stewart Hinman — ADDRESS: Deary, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 356.1 Amyotropic lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of 1st lumbar vertebra — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 50, *to* death, 19___, *that I last saw the deceased alive on* 6-17, 19 53, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drury 104 (Degree or title) M.D.
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: HR Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2339
Local Reg. No. 66
Reg. Dist. No. 200

BIRTH NO. 111-53-7216

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Baby	Boy	Doty		June	17	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never married	June 17, 1953	0	0	0	13	38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert S. Doty — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Norma M. Huetreger — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert S. Doty — ADDRESS: Potlatch

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

752X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Achondroplastic dwarf

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* June 17 19 53, *that I last saw the deceased alive on* June 17, 19 53, *and that death occurred at* 2:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde Culp 070	M.D	Moscow, Idaho	6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-18-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/29/53	Lois E. Angel	J R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED JUL 20 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2340
Local Reg. No. 144
Reg. Dist. No. 280

BIRTH NO. 111-53-7225

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ## Pullman
d. STREET ADDRESS (If rural, give location): 400 Garfield

3. NAME OF DECEASED (Type or Print): a. (First) Infant; b. (Middle); c. (Last) Olney

4. DATE OF DEATH: (Month) (Day) (Year): 6/24/53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 6/24/53

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Moscow Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward A Olney — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Joan Crawford — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Ed G Olney — ADDRESS: Pullman Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 776X Premature Delivery — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Rupt. of B.O.W. —
DUE TO (c) Premature dilatation of the C/x —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1953, *to* 6-24, 1953, *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 11:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: L J Stephens 395 (Degree or title): M.D.

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/25/53

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Pullman Wn

DATE REC'D BY LOCAL REG.: 7/2/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR — ADDRESS: KIMBALL FUNERAL HOME PULLMAN WN. Dale Kimball

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2341
Local Reg. No. 70
Reg. Dist. No. 200

BIRTH NO. 53-8719

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle):
c. (Last): Mattson

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 26, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 14 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Harold Mattson — BIRTHPLACE: Kalama, Wn.
14. MOTHER'S MAIDEN NAME: Virginia Spangler — BIRTHPLACE: Carleton, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Harold L. Mattson — ADDRESS: Potlatch, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

756.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Collection of fluid in lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis in congenital malformation in larynx and esophagus
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediately
Only lived a short while

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1953 am, *to* June 26, 1953 pm, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 7:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M. Loeber MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-1953
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Idaho

DATE REC'D BY LOCAL REG.: 7/3/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2342
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 342 North Washington

3. NAME OF DECEASED (Type or Print): a. (First) Leonard b. (Middle) L. c. (Last) Spray

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Sulivan County Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Spray
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Nancy Peak
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Howard Buchanan
ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis. — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 43, 19—, *to* 6/30, 1953, *that I last saw the deceased alive on* 6/30, 1953, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow City Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Latah Idaho

DATE REC'D BY LOCAL REG.: 7/3/53
REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: E R Short
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2343
Local Reg. No. 725
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 209 South Jackson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Shoemaker	Heckathorn	June	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 20, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker 35
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Wells, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Heckathorn — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Rachel Ellen Shoemaker — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-10-8156
17. INFORMANT'S OWN SIGNATURE: Mrs J S Heckathorn — ADDRESS: Moscow, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 10 yrs.
DUE TO (c) Chr. Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1930, 19__, *to* June 30, 1953, *that I last saw the deceased alive on* 6/30, 1953, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Moscow Idaho	7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 2, 1953	Moscow City Cemetery	Moscow Latah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/3/53	Lois E. Angel	E R Hart	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2344
Local Reg. No. 61
Reg. Dist. No. 201

BIRTH NO.

JUN 22 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 7 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles West of Potlatch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 2 Miles West of Potlatch

3. NAME OF DECEASED (Type or Print): a. (First) Zada b. (Middle) Jane c. (Last) Travis

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1924

9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Elberton, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: W. E. Marsh — BIRTHPLACE: Whitman Co. Wash.

14. MOTHER'S MAIDEN NAME: Ruby Irvin — BIRTHPLACE: Colfax, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bob Travis — ADDRESS: Potlatch, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 190X Metastatic Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* June 10, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 8:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. DeBruce M.D. 091 (Degree or title)

23b. ADDRESS: Palouse Wn

23c. DATE SIGNED: 6/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-13-53

24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery

24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 6/18/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR — ADDRESS: A. E. Kimball Palouse Wash

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2345
Local Reg. No. 64
Reg. Dist. No. 200

BIRTH NO. Unknown

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T39N
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T39N
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kate b. (Middle) G. c. (Last) Olson

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 26, 1878

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John G. Miller BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Barbara Wappes BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs S A Hawkins ADDRESS: Pierce, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension. — 10 yrs.

DUE TO (c) Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1953, to 6/12, 1953, *that I last saw the deceased alive on* 6/8, 1953, *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): M.D.

23b. ADDRESS: Moscow Idaho.

23c. DATE SIGNED: 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 16, 1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 6/29/53

REGISTRAR'S SIGNATURE: Lois E Engel

25. FUNERAL DIRECTOR: W R Strock ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2346
Local Reg. No. 62
Reg. Dist. No. 201

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah, Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East of Farmington, Washington
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mail address-Farmington, Washington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	HOWARD	DAWSON	June 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	June 7, 1906	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Invalid 91		Farmington, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H. Dawson	Kansas	Elma L. Baker	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Nettie Harlow	Farmington, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralytic dementia — life
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E R Short 470 4 Coroner, Latah Co.	Moscow, Idaho	6-18-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 19, 1953	Farmington Cemetery	Farmington, Whitman, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/18/53	Lois E. Angell	W.R. Goodrich	L.L. BRUNING FUNERAL HOME, COLFAX, WASHINGTON

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2347
Local Reg. No. 67
Reg. Dist. No. 280

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (in this place): 47 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank		Cermak	June 22 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept. 21, 1889	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 64	Farming	Austria	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. 1		Leo Berge	Princeton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9744 Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hanging by rope
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. He was in very poor health

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Farm home	Princeton Latah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 22 1953 9A.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* Approx. 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E R Short Coroner Latah Co.	Moscow, Idaho	6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-27-53	Mendenhall Cemetery	Princeton Latah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/29/53	Lois E. Angel	E R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2348
Local Reg. No. 89
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 95 1 Mile N. Moscow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T. 40 N. Range 4 W.
d. STREET ADDRESS (If rural, give location): R.F.D. 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elida	Petrine	Ayers	June 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 3, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	at Home	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Hansen	Norway	Petrine Unknown	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs Fred Ayers	Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken back and neck — INTERVAL BETWEEN ONSET AND DEATH: Instan

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway # 95 1 Mile	north of Moscow Latah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 26, 1953 9:45a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Hit by car while crossing Highway # 95

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E R Short 470	Coroner	Moscow, Idaho	6-27-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-30-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/2/53	Lois E. Angel	E R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 20 1953 DIVISION OF VITAL STATISTICS

State File No. 2349
Local Reg. No. 690
Reg. Dist. No.
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frederick b. (Middle) Llewelen c. (Last) Viel

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Brussells, Ontario

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Arthur Viel
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Susan Hanna
BIRTHPLACE: Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-38-6443

17. INFORMANT'S OWN SIGNATURE: Mrs. Fred L. Viel
ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bilateral recurrent Ing hernias

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* June 4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Barbadur M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-7-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Albert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]21

Certificate of Death

STATE OF IDAHO

State File No. 2350
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUN 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 100 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATISTIC

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edgar		Williams	June	12,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 24, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37		Harrisonville, Missouri	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Williams	unknown	Mandie unknown	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Marion Williams	Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility & Arterio-

DUE TO (c) sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept., 19 51, *to* June 12 19 53, *that I last saw the deceased alive on* June 10, 19 53, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Marshall M.D. 031	Salmon Idaho	6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-13-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-18-53	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2351
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
JUN 20 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN: Salmon
c. LENGTH OF STAY (In this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Matilda	Jane	Coiner	June	14,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 5, 1857	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home 01		Watseka, Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh McDade	unknown	Nancy Jones	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	O E Coiner	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-13, 1953, *to* 6-14, 1953, *that I last saw the deceased alive on* 6-14, 1953, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W F Johnson 017 MD	Salmon Idaho	6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 01	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-18-53	Mountain View	Dillon, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-18-53	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-1021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2352
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Salmon Aprts.

3. NAME OF DECEASED (Type or Print)
a. (First): Curtis
b. (Middle): Aquilla
c. (Last): Ricketts

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Ricketts — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Andrews — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-4268
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Fort Sam Houston, Tex

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16, 1953, *to* 6-18, 1953, *that I last saw the deceased alive on* 6-18, 1952, *and that death occurred at* 11:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Zach A Johnson 017 MD
23b. ADDRESS: Salmon - Idaho
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-22-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 6-30-53
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2353
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eesa; b. (Middle) Dorothy; c. (Last) Terry

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 19, 1885
9. AGE (In years last birthday): 68 (IF UNDER 1 YEAR: Months / Days) (IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnessela, So. Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Kingsbury — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Adeleaide Mitchell — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Frank E. Terry — ADDRESS: Salmon Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 20,1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic myocarditis
DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John R Goggins 474 M.D.
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-7-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NON-RESIDENT Certificate of Death

JUN 17 1953

STATE OF IDAHO

State File No. 2354
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 11 mis. up Agency Creek, near Tendoy
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Buffalo Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minneapolis
d. STREET ADDRESS (If rural, give location): 1800 4th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Glen
b. (Middle): Herbert
c. (Last): Weber

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 23, 1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming of
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dallas Center, Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph H. Weber — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Gertie Adrian — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 478-14-7134
17. INFORMANT'S OWN SIGNATURE: Mrs. Glen H. Weber — ADDRESS: Minneapolis Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* June 8, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Sanders 578 Tme
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: June 8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2355
Local Reg. No. 4
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DONIA b. (Middle) OLINE c. (Last) STARCHER

4. DATE OF DEATH: (Month) (Day) (Year) June 17 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 24 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Mt. Zion, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T. L. Landrum, BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Deborah Yount, BIRTHPLACE: Mt. Zion, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-3375B

17. INFORMANT'S OWN SIGNATURE: Carl E. Starcher ADDRESS: Winchester Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 6-17, 1953, *that I last saw the deceased alive on* 6-16, 1953, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: K. M. Collins 061 (Degree or title): M. D.
23b. ADDRESS: Craigmont, Idaho.
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-21-53
24c. NAME OF CEMETERY OR CREMATORY: Henderson Cemetery
24d. LOCATION (City, town, or county) (State): Pangburn, Ark.

DATE REC'D BY LOCAL REG.: 6/19/53
REGISTRAR'S SIGNATURE: C E Lewis
25. FUNERAL DIRECTOR: C. E. Lewis ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2356
Local Reg. No. 22
Reg. Dist. No. 630

BIRTH NO.

REC'D JUN 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Adeline	Sophia	Bush	June	4,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Oct. 6, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid 71
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm James Bush-Bitten	England	Angeline Luddington	Nauvoo, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Laura Orme — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 25 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 10, 1948, *to* June 4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. H. Cline, M.D.	Rexburg, Idaho.	June 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/8/53	Pioneer	Rigby, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-53	Leona Flamm	Kenneth Flamm	Rexburg, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 2357 23
Local Reg. No. 630
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 7 - 1953 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rexburg General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) 22 College Heights

3. NAME OF DECEASED (Type or Print) a. (First) ARLIN b. (Middle) JAMES c. (Last) BOOTHE

4. DATE OF DEATH (Month) (Day) (Year) June 6, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 20, 1953
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leslie James Boothe BIRTHPLACE Eureka, Utah
14. MOTHER'S MAIDEN NAME Lew Ella Johnson BIRTHPLACE Victor, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leslie J. Boothe ADDRESS Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 754.4 Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right upper Lobe atelectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5-, 1953, *to* 6-6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Blaine A. Harvey M.D. (Degree or title)
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9 June 53
24c. NAME OF CEMETERY OR CREMATORY Victor
24d. LOCATION (City, town, or county) (State) Victor, Teton County, Idaho

DATE REC'D BY LOCAL REG. 6-9-53
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR M. L. Hansen ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2358 26
Local Reg. No. 2358 630
Reg. Dist. No.

111-53-7291
BIRTH NO.

RECEIVED
JUL 7 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle): Boy
c. (Last): Laird

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 26, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None or
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lucille Marian Laird
BIRTHPLACE: Roberts, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Anna D. Laird
ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (4½ months) — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1953, *to* June 26, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. C. Truxal, M.D. 433 (Degree or title)
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-26-53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 6-26-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth B. Flamm
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2359
Local Reg. No. 27
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARCHIE	ROBERT	KIMBALL	June 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 28, 1875	78	1	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Heber P. Kimball	Kirkland, Ohio	Phoebe Teresa Judd	North Crosby, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nellie Kimball ADDRESS: Parker, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic cardiovascular disease.	4 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-13-, 1953, *to* 6-29, 1953, *that I last saw the deceased alive on* 6-28-, 1953, *and that death occurred at* 5:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. H. Cline, M.D. 069	Rexburg, Idaho	7-8-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2 July 53	Parker	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-8-53	Leona Flamm	M. D. Hansen St. Anthony, Ida

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2360
Local Reg. No. 26
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rt.2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2 Rexburg,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): William
c. (Last): Saurey

4. DATE OF DEATH (Month) (Day) (Year): June 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 27, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infalid 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hibbard, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Albert Saurey — BIRTHPLACE: Hibbard Ida.
14. MOTHER'S MAIDEN NAME: Olive Martha Rigby — BIRTHPLACE: Hibbard, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Seth Saurey — ADDRESS: Rexburg

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 178X Teratoma right testicle,

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): with metastases to glands right groin and left supraclavicular region

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 16, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 12, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 336 H B Rigby Md.
23b. ADDRESS: Rexburg, Idaho.
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/20/53 06
24c. NAME OF CEMETERY OR CREMATORY: Rexburg,
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 6-23-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russel Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2361
Local Reg. No. 30
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Michigan
b. COUNTY Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Detroit
d. STREET ADDRESS (If rural, give location) 9211 Longworth.

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) Douglas
c. (Last) Bendele

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child.
8. DATE OF BIRTH May 25 1951
9. AGE (In years last birthday) 2 — IF UNDER 1 YEAR Months 0 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Detroit Michigan.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter J. Bendele — BIRTHPLACE Ottoville Ohio
14. MOTHER'S MAIDEN NAME Shirley McMahon — BIRTHPLACE Highland Park Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter J Bendele — ADDRESS Rupert Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction. 570.5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ileus and adhesions
DUE TO (c) band obstruction of ileum.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 258 MD (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 6-6-53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Rodney S Goodman — ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED AUGUST 17, 1953

Certificate of Death

STATE OF IDAHO

State File No. 2362
Local Reg. No. 32
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nicholson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edgar	Ewing	Keithly	June	7,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 6, 1871	82	1	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cuire Township, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Keithly — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Nancy Ewing — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Emily Platts Smith — ADDRESS: Salt Lake City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stenosclerotic Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 1/11, 1953, to ____, 19__, *that I last saw the deceased alive on* 1/11, 1953, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
115 Carroll M. Elmore, M. D.	Rupert, Idaho	6/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-9-53	Heyburn Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-1953	E. H. Elmore	Rodney G. Goodman	Rupert, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 15 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. Death 2362
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for EDWARD EWING KEITHLY (Name on Original Certificate) who died (Was Born or Died) on June 7, 1953 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bonds, etc; Will (Bible Record, Insurance Policy, Etc.) prepared on May 4, 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edward Ewing Keithly	Edgar Ewing Keithly

Subscribed and sworn to before me this 14th day of August, 1953

George E. Kelton

Notary Public, residing at Rupert, Idaho
My commission expires July 15, 1957
(Seal)

Signed Rodney B. Goodman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

GOODMAN MORTUARY, Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1953

George E. Kelton

Notary Public, residing at Rupert, Idaho
My commission expires July 15, 1957
(Seal)

Signed H B Rexford
(Signature of Any Credible Person)

Box 276, Rupert, Idaho
(Street Address, City, State)

FORM DPH - 51117

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2362
Local Reg. No. 76
Reg. Dist. No. 45

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nicholson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Ewing	Keithly	June	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 6 1871	82	1	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cuivre Township, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Keithly	unknown	Nancy Ewing	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grady Platts Smith ADDRESS Salt Lake City.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/11, 1953, to —, 19—, *that I last saw the deceased alive on* 1/11, 1953, *and that death occurred at* 1:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carroll M. Elmore M.D.	Rupert Idaho	6/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-9-53	Heyburn Cemetery	Heyburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-8-1953	[illegible]	Rodney Boardman	Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 2363
Local Reg. No. 96
Reg. Dist. No. 450

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. #2 Rupert
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home. R.F.D. #2 Rupert

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. #2 Rupert
d. STREET ADDRESS (If rural, give location): Highway 25

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) c. (Last) Nelson

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 25, 1881

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months: 3 Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Dealer & Farming

10b. KIND OF BUSINESS OR INDUSTRY: Produce Dealer

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: America

13. FATHER'S NAME: William Nelson

BIRTHPLACE: 36

14. MOTHER'S MAIDEN NAME: Mary Culley

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Helen L. Nelson ADDRESS: Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis
DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 27, 1953 *to* June 27, 1953, *that I last saw the deceased alive on* Arrived after death, 19___, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. F. Dalley M.D. (Degree or title)

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 1, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-18-1953

REGISTRAR'S SIGNATURE: E. E. Edmunds

25. FUNERAL DIRECTOR: Rodney E. Boodman ADDRESS: Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2364
Local Reg. No. 92
Reg. Dist. No. 22

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 719-- 8th Ave,

3. NAME OF DECEASED (Type or Print) a. (First) CARLOUS b. (Middle) G. c. (Last) RILLSTON
4. DATE OF DEATH (Month) (Day) (Year) June 2, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31, 1877
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 91
10b. KIND OF BUSINESS OR INDUSTRY Butcher
11. BIRTHPLACE (State or foreign country) Hanclck , Mich.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Edwin Rillston BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Jane Caro BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-3324
17. INFORMANT'S OWN SIGNATURE W P Smith ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 194X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from June, 1953, to June, 1953 that I last saw the deceased alive on June 2, 1953, and that death occurred at 6:57 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS
23c. DATE SIGNED June 3 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-8-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. June 5 1953
REGISTRAR'S SIGNATURE Jean Wegelin
25. FUNERAL DIRECTOR Brower-Wann by K H Malcom
ADDRESS Lewiston, Ida.

Dr. E. Baldeck

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2365
Local Reg. No. 100
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2-1-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): E.
c. (Last): Eller

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 24, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): McNatt, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Eller — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Mary Jane Parsons — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-4527
17. INFORMANT'S OWN SIGNATURE: C H Eller — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 196X Sarcoma of right humerus. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1953, *to* 6-2-, 1953, *that I last saw the deceased alive on* 6-1-, 1953, *and that death occurred at* 1:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D. 446
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-1953 °1
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: June 8, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2366
Local Reg. No. 10[illegible]
Reg. Dist. No. 22[illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 25
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uniontown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susanna
b. (Middle): Katherine
c. (Last): Ricard

4. DATE OF DEATH (Month) (Day) (Year): 6-5-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 8-10-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Chris Slater — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: C. Ricard — ADDRESS: Uniontown, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic H. Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) by pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr., 1953, *to* June 5, 1953, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* 7:58 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 015 (Degree or title)
23b. ADDRESS: 412 6th Street Lewiston Ida.
23c. DATE SIGNED: 5-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 01
24c. NAME OF CEMETERY OR CREMATORY: Uniontown
24d. LOCATION (City, town, or county) (State): Uniontown, Washington

DATE REC'D BY LOCAL REG.: June 12, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2267
Local Reg. No. 98
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1617--9th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS; b. (Middle) OTIS; c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 22, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): North Port , Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry C. Walker
BIRTHPLACE: Manchester , New Hampshire

14. MOTHER'S MAIDEN NAME: Ida Jane Hunes
BIRTHPLACE: NorthPort , Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-8202

17. INFORMANT'S OWN SIGNATURE: Mrs Tom Walker.
ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia, Confluent — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral softening with Hemorrhage Temporal lobe Rt. — 2 wks

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8 1948, *to* June 6, 1953, *that I last saw the deceased alive on* 6/6, 1953, *and that death occurred at* 2 53 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Long Co 092 (Degree or title) MD
23b. ADDRESS: 307 St John Lewiston Ida
23c. DATE SIGNED: 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 8 1953
REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Wann by K H. Malcom
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-49021

Dr. Douglas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2368
Local Reg. No. 79
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 222 E. S St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ADA	CLEO	SCHENCK	June 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 1, 1899	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Oklahoma	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Pollan	Texas	Zerry Mare	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Naomi B. Bandelwick	Grangeville, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Left Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart
DUE TO (c) disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 8, 1953 only, 19__, to _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Cayce W. Eastman MD 114	Lewiston Idaho	6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6-8-1953 01		Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 8, 1953	Jean Wegelius	Brower-Mann K.H. Malcom	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Hartwood

State File No. 2369
Local Reg. No. 103
Reg. Dist. No. 220

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 - 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 806 - 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle):
c. (Last): WILKINS

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 14, 1878
9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gravit, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arch Foster — BIRTHPLACE: Carolina
14. MOTHER'S MAIDEN NAME: Martha Bookout — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. E. Wilkins — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 [signature] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1953, *to* June 8, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 9:58 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 015 (Degree or title)
23b. ADDRESS: [illegible] Lewiston
23c. DATE SIGNED: June 10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 12, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brooks-Wann — ADDRESS: Lewiston, Idaho
R. E. DeBaun
E. J. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2370
Local Reg. No. 107
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1228-- Rigby Lane

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) MARTIN c. (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year): June 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 16, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 08
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-03-3177
17. INFORMANT'S OWN SIGNATURE: Mrs Arnie Gordon — ADDRESS: Lewiston,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — 420.1 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER Ssignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on arrival at Hospital, 19 —, *that I last saw the deceased alive on* —, 19 —, *and that death occurred at* 10:40 *m.; from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes, M. D. 586
23b. ADDRESS: 307 St Johns Loop
23c. DATE SIGNED: June 12 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 6-12-53
REGISTRAR'S SIGNATURE: Jean Weedin
25. FUNERAL DIRECTOR: Brower-Wann By L. E. De Bauw — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2371
Local Reg. No. 105
Reg. Dist. No. 220

BIRTH NO. 111-53-7348

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Inf. Son of Mr. & Mrs. James Sheehan

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 11, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Sheehan — BIRTHPLACE: Chicago, Ill
14. MOTHER'S MAIDEN NAME: Rachael Bender — BIRTHPLACE: Billings Mt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James Sheehan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 770.0 [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 11, 1953, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 215
23b. ADDRESS: 4 1/2 6th St Lewiston Ida
23c. DATE SIGNED: June 15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 15 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: A. F. Vassar — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2372
Local Reg. No. 106
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO. 111-53-7349

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Inf. Son Of Mr. & Mrs. James Sheehan

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 11, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Sheehan — BIRTHPLACE: Chicago, Ill
14. MOTHER'S MAIDEN NAME: Rachael Bender — BIRTHPLACE: Billings Mt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James Sheehan — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

770.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1953 *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 015
23b. ADDRESS: 412 [illegible] Lewiston Idaho
23c. DATE SIGNED: June 15 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 15, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: C. F. Vassar — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2373
Local Reg. No. 109
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 0335-- 3rd St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	STEWART	DAVID	WALKER	June 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	March 23, 1913	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ob
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Edmonton , Alberta , Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry S. Walker — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Pearl E. Simpson — BIRTHPLACE: Sundridge, Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Graham F. Walker — ADDRESS: Anaheim, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple intrabdominal injuries with hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	highway	Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 14 1953 6 PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile left highway went into river.

22. *I hereby certify that I attended the deceased from* 6-14-53, 19___, *to* 6-14-53, 19___, *that I last saw the deceased alive on* 6-14-53, 19___, *and that death occurred at* 11.15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.S. Douglas MD	307 St Johns Way Lewiston Idaho	6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	6-23-53	Rearden Cemetery	Rearden, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 23 1953	Jean Wegelius	Brower-Wann by K.H. Malcom	Lewiston,

Federal Security Agency
United States Public Health Service
Form DPHS-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

JUL 9 - 1953

STATE OF IDAHO

State File No. 2374
Local Reg. No. 107
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 1913
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 922--11th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 922-- 11th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle):
c. (Last): WHITFORD

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 10, 1884
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: unknown Boyle — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Geo. F. Carson — ADDRESS: Lewiston, Idaho 1412-10th Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1953 *to* [illegible], 1953 *that I last saw the deceased alive on* June 15, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 015
23b. ADDRESS: 412 [illegible]
23c. DATE SIGNED: June 17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): entombment
24b. DATE: 2-6-18-53 01
24c. NAME OF CEMETERY OR CREMATORY: Mountian Gem Abby Mausoleum
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 18, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann By L.E. DeBaun — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. E. J. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2375
Local Reg. No. 108
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 425 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) JESSE b. (Middle) JONATHAN c. (Last) BEALE

4. DATE OF DEATH: (Month) (Day) (Year) June 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 27, 1877	75	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Wheat
11. BIRTHPLACE (State or foreign country): Montour, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonathan Beale — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Esther Harrison — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mabel G. Beale — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis; — 10 yrs
DUE TO (c) Hypertension; — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic hypertrophy

420.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 13, 1953, *to* June 16, 1953, *that I last saw the deceased alive on* June 16, 1953 *and that death occurred at* 1:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jerrold G. Funderburk (Degree or title): M.D. — 23b. ADDRESS: 702 11th St. — 23c. DATE SIGNED: 6/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/19/53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: June 22/1953
REGISTRAR'S SIGNATURE: Jean Wagelins
25. FUNERAL DIRECTOR: M. Merchant — ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-43021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2376
Local Reg. No. 179
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 3524-- 12th St.

3. NAME OF DECEASED (Type or Print) a. (First) HORACE b. (Middle) GREELY c. (Last) CAMPBELL
4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1887
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardening 36
10b. KIND OF BUSINESS OR INDUSTRY Truck
11. BIRTHPLACE (State or foreign country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-8175
17. INFORMANT'S OWN SIGNATURE Mrs Grace Campbell (Rel) ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) Hypertension — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1953, to 6-20, 1953, that I last saw the deceased alive on 6-20, 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Newton 291 (Degree or title) MD
23b. ADDRESS Lewiston, Ida
23c. DATE SIGNED 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-24-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston, (State) Idaho

DATE REC'D BY LOCAL REG. June 25 1953
REGISTRAR'S SIGNATURE Jean Wegeling
25. FUNERAL DIRECTOR Brower-Wann by K. H. Malcom
ADDRESS Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-49021

Dr. J. S. Newton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2377
Local Reg. No. 778
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 3130-9th St.

3. NAME OF DECEASED (Type or Print): a. (First) Peter; b. (Middle); c. (Last) Decaire

4. DATE OF DEATH: (Month) (Day) (Year) June 22, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 27, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chippewa Falls, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Felix Decaire
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Cardin
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 387-18-1040

17. INFORMANT'S OWN SIGNATURE: Walter L. DeCair
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* June 22, 19 53 *that I last saw the deceased alive on* June 22, 19 53 *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] D15 (Degree or title)
23b. ADDRESS: [illegible]
23c. DATE SIGNED: June 23

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-26-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 25 1953
REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Vassar-Rawls
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2378
Local Reg. No. 112
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle):
c. (Last): WEAVER

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Osceola, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Weaver — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: S. D. Weaver — ADDRESS: Kennewick, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 3 days.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1952, *to* 6-24, 1953, *that I last saw the deceased alive on* 6-24-, 1953 *and that death occurred at* 1:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward L. Hoffman MD (Degree or title) 575
23b. ADDRESS: 337 St. John's Way Lewiston
23c. DATE SIGNED: 6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 25, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: K. H. Malcom, Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Hoffman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

State File No. 2379
Local Reg. No. 113
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 432--14th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 432 - 14th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HARVEY	JAMES	EDMENSON	June	24,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 16, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 08
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Edmenson — BIRTHPLACE: Columbus, Ohio
14. MOTHER'S MAIDEN NAME: Sally Wilson — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-6755
17. INFORMANT'S OWN SIGNATURE: Mrs. Lena Oliver (Owen O'Neal) ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy. — 3 yrs.
DUE TO (c) Senility. — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy. Hemiplegia Left. — 6 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1945, *to* June 25, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 707 11th St. Lewiston, Idaho
23c. DATE SIGNED: 6/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 25 1953
REGISTRAR'S SIGNATURE: Jean Hegelins
25. FUNERAL DIRECTOR: Brower-Mann K.H. Malcom
ADDRESS: Lewiston, Idaho

Dr. Joe Baldeck

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2380
Local Reg. No. 114
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle):
c. (Last): Geddes

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1889
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Clifton, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luman Taylor — BIRTHPLACE: Logon, Utah
14. MOTHER'S MAIDEN NAME: Sarrh Howell — BIRTHPLACE: Logon, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J. L. Geddes — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia, R.L.L. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Asthma — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1951, *to* June 24, 1953, *that I last saw the deceased alive on* June 24, 1953, *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. M. Mackey, M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: June 26 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR ADDRESS: Andrew F. Vassar Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2381
Local Reg. No. 117
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0130--26th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 0229-- 26 th St.

3. NAME OF DECEASED (Type or Print)
a. (First): PAULINE
b. (Middle): R.
c. (Last): SCHOENING

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 19, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Rudolph Rohdy — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-1112
17. INFORMANT'S OWN SIGNATURE: Esther Chase — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary; occlusion; — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes; — 5 yrs.
DUE TO (c): Mitral insufficiency — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile; Diabetes gangrene of first

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* June 25th, 1953, *that I last saw the deceased alive on* June 24, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph C. Baldeck, M.D.
23b. ADDRESS: 707 1st St. Lewiston Ida.
23c. DATE SIGNED: 7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. J. E. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2382
Local Reg. No. 115
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) Rt # 2 box 400

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) PRESTON c. (Last) ELLIS

4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 27, 1891
9. AGE (In years last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Dairyman
11. BIRTHPLACE (State or foreign country) Centralia , Washington
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James / Dunbar Ellis BIRTHPLACE Covington, Kentucky
14. MOTHER'S MAIDEN NAME Emma Schuldt BIRTHPLACE Clay Center, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 518-01-4619
17. INFORMANT'S OWN SIGNATURE Mrs E.P. Ellis (REL) ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 4 3 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease,
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25, 1953 *to* 6-26, 1953 *that I last saw the deceased alive on* 6-25, 1953, *and that death occurred at* 7:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE A. J. Tuttle M.D. (Degree or title)
23b. ADDRESS Lewiston, Ida.
23c. DATE SIGNED 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-29-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. June 22 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Wann By W.W. Malcom ADDRESS Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Edgar Preston Ellis (Name on Original Certificate) who died (Was Born or Died) on June 26, 1953 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on April 4th, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edgar P. Ellis	Edgar Preston Ellis
Father's name	James Ellis	James Dunbar Ellis

Subscribed and sworn to before me this 13th day of July, 1953

Fred D. Woodworth
Notary Public, residing at Lewiston Idaho
My commission expires 12-14-1954
(Seal)

Signed Rita Ellis (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston, Idaho - Rt 1 Box 400
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of July, 1953

Betty Lou Dresham
Notary Public residing at Lewiston
My commission expires 3/27/54
(Seal)

Signed Fred D. Woodworth
(Signature of Any Credible Person)

Wenzenburg Bldg
(Street Address, City, State)
Lewiston, Idaho

FORM DPH - 51117

State File No. 2383
Local Reg. No. 116
Reg. Dist. No. 220

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 9th + Linden

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle):
c. (Last): Casey

4. DATE OF DEATH (Month) (Day) (Year): 6-26-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 12-6-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E. Shawls Lewiston, Idaho — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis. Acute — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension: — 6 yrs.
DUE TO (c): Marked Obesity. — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26th 1953, *to* June 26th 1953, *that I last saw the deceased alive on* June 26th 1953, *and that death occurred at* 5a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 005
23b. ADDRESS: 707 11th St Lewiston Idaho
23c. DATE SIGNED: 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 7-1-53
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vincent V. Vasser Lewiston, Idaho — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Joe Bilden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2384
Local Reg. No. 118
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2416 East Main

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): McPHERSON

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 10, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: ? Pitt — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lee McPherson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiorenal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.+

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis, generalized
DUE TO (c): — 10 yrs.+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Apr. 1953, *to* date, 19__, *that I last saw the deceased alive on* 6/22, 1953 *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Salvador Rogers 341 M.D. Clarkston, Wn.
23b. ADDRESS:
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 7-2-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1953
REGISTRAR'S SIGNATURE: Jean Wegdins
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: 1271 Malcom, Lewiston, Idaho
Dr. Rogers

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2385
Local Reg. No. 119
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Eugene	Frear	6-29-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	3-29-1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer ob	Saw Mill	Walnut Kansas	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Miron Frear	N. Y	Ioria Woolard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518044100	Bernard R. Dunn	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c) Arteriosclerotic Cardio-Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon M. Wheeler M.D	337 St Johns Way	7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6-29-1953	Weseman Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 2, 1953	Jean Wegelius	D. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2366
Local Reg. No. 101
Reg. Dist. No. 220

BIRTH NO.

JUL 9 - 1953

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Rural
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Orchard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David		Myers	June 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	ever married	Nov, 3, 1866	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State of foreign country): St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carter Myers	Mo.	Iscenia Barret	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Home Records A.F. Vassar ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953 *to* June 10, 1953, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* _____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Guy W. Eastman M.D.	Lewiston Idaho	6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 12, 53	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 12, 1953	Jean Wegelin	A.F. Vassar	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 2387
Local Reg. No. 12
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Malad) Rural
d. STREET ADDRESS (If rural, give location): Downey Route

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Bybee
c. (Last): Thomas

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX: Fe.
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 9, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Lewiston, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred A. Bybee — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Emily Maria Price — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: John E. Thomas — ADDRESS: Malad

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation & decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4331

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10, 1953, *to* 6/2, 1953, *that I last saw the deceased alive on* 6/2, 1953, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 065 MD (Degree or title)
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 6/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, -53 01
24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery
24d. LOCATION (City, town, or county): Malad City (State): Idaho

DATE REC'D BY LOCAL REG.: June 3. 1953
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: J. Guy Hansen — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2388
Local Reg. No. 13
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location) 651 N. 300 West St

3. NAME OF DECEASED (Type or Print) a. (First) WINIFRED b. (Middle) MC KAY c. (Last) BUDGE

4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 27, 1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Malad, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph McKay BIRTHPLACE American Waters, Atlantic Ocean
14. MOTHER'S MAIDEN NAME Sarah Ann Jenkins BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Thomas A Budge ADDRESS Malad, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 6-13, 1953, *that I last saw the deceased alive on* 6-13, 1953, *and that death occurred at* 9:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O. H. Maley M.D.
23b. ADDRESS Malad Idaho
23c. DATE SIGNED 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 16-53
24c. NAME OF CEMETERY OR CREMATORY Malad City Cemty.
24d. LOCATION (City, town, or county) (State) Malad, Idaho

DATE REC'D BY LOCAL REG. June 16-1953
REGISTRAR'S SIGNATURE J. Guy Benson
25. FUNERAL DIRECTOR Raiford G. Benson ADDRESS Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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State File No. 2389
Local Reg. No. 15
Reg. Dist. No. 530

RECEIVED JUL 6 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): M Rural - Cherry Creek
d. STREET ADDRESS (If rural, give location): RFD Malad

3. NAME OF DECEASED (Type or Print)
a. (First): Morris
b. (Middle): Henry
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1953

5. SEX: Male
6. COLOR OR RACE: wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 5, 1890
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Cherry Creek, Oneida Co.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John M. Jones — BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: Gwenford Williams — BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: La Mar Jones — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

252.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Toxic Stupoid (out)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Heart myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 6-20, 1953, *that I last saw the deceased alive on* 6-20, 1953, *and that death occurred at* 4:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: O. A. Mabey 238 (Degree or title): MD
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-25-53 01
24c. NAME OF CEMETERY OR CREMATORY: Samaria Cemetery
24d. LOCATION (City, town, or county) (State): Samaria, Idaho

DATE REC'D BY LOCAL REG.: June 23, 1953
REGISTRAR'S SIGNATURE: Gary Benson
25. FUNERAL DIRECTOR: J. Gary Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2390
Local Reg. No. 26
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): SARAH
c. (Last): LITTLE OWENS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 22, 1953

5. SEX: Fe.
6. COLOR OR RACE: wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 29, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Morgan, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: Jedediah G. Little
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elizabeth Thurston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Richard T. Owens — ADDRESS: Ogden, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 June, 1953, *to* 22 June, 1953, *that I last saw the deceased alive on* 22 June, 1953, *and that death occurred at* 9 0 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Mabey 621 (Degree or title) M.D
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 26 June '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 25-53 01
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: June 26 1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Rayford G. Dennison — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2391
Local Reg. No. 17
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	David	Morgan	Thomas		June	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	April 2 1872	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Operator Retired	Self	Malad Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Thomas	Wales	Sarah Morgan	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lawrence Thomas	Malad Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Sclerosis — Progressive 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 21 June, 1953, *to* 27 June, 1953, *that I last saw the deceased alive on* 27 June, 1953, *and that death occurred at* 5:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Malone, M.D.	Malad City Idaho	6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-30-53	Malad City	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 29 1953	J. Guy Benson	Lloyd G. Benson	Malad Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 6 - 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2392
Local Reg. No. 14
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holbrook
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holbrook
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Linnie b. (Middle) Jane c. (Last) Carter
4. DATE OF DEATH (Month) (Day) (Year) June 18 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 30 1882
9. AGE (In years last birthday) 71 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crescent Utah
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George A. Burgon BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Adeline Riggs BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Laurell Carter ADDRESS Stone Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart and Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Bright's

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1953 *to* May 15, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE O. D. Mabey (Degree or title) M.D.
23b. ADDRESS Malad
23c. DATE SIGNED 6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 22 53
24c. NAME OF CEMETERY OR CREMATORY Snowville
24d. LOCATION (City, town, or county) (State) Snowville, Box Elder, Utah

DATE REC'D BY LOCAL REG. June 20-1953
REGISTRAR'S SIGNATURE J. Seay Duncan
26. FUNERAL DIRECTOR Floyd A. Duncan ADDRESS Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2393
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Francis	Marion	Dines	June 6 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 9-1867	85	10	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Danville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Florence Dines — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Rebeccah J. Knoof — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Ralph Stark — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

* MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured L femur — 2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 53, *to* June 6 53, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 556 (Degree or title) M.D.
23b. ADDRESS Homedale Ida
23c. DATE SIGNED June 1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 9-1953
24c. NAME OF CEMETERY OR CREMATORY Greenleaf
24d. LOCATION (City, town, or county) (State) Greenleaf, Idaho

DATE REC'D BY LOCAL REG. June 6-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2394
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 30 Miles S.W. Of Murphy
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died in a Sheep Camp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 521 Grove St.

3. NAME OF DECEASED (Type or Print): a. (First) Antonio; b. (Middle); c. (Last) Uribarri

4. DATE OF DEATH: (Month) June (Day) 20. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1906.

9. AGE (In years last birthday): About. 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Herder 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vizcaya Spain

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Francisca Bilbao.
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-36-6743

17. INFORMANT'S OWN SIGNATURE: Mrs. Gus Uresti
ADDRESS: Boise.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Unknown

470.1

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sheep Camp

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Head of Little Cow Cr., Owyhee, Ida.

21d. TIME OF INJURY: (Month) 6 (Day) 20 (Year) 53 (Hour) 6 P.M. m.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from __ __, 19__, to __ __, 19__, that I last saw the deceased alive on __ __, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Wm. H. Reuman (Degree or title) Coroner

23b. ADDRESS: Box 735, Homedale, Idaho

23c. DATE SIGNED: 6/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 2-53

REGISTRAR'S SIGNATURE: Mrs Nina Frosig

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED

Certificate of Death

JUL 2 - 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2395
Local Reg. No. 23
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee, b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller Creek, LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Duck Valley Reservation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller Creek
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Darlene		Little	June	23,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Indian	Single	10/24/39	13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Miller Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Bert Little BIRTHPLACE Owyhee, Nevada
14. MOTHER'S MAIDEN NAME Lillie Nagitsaw, BIRTHPLACE Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS Information taken from official Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

456X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 705.4 Lupus Erythematosus disseminated — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/19, *19* 52, *to* 4/7, *19* 53, *that I last saw the deceased alive on* 4/7, *19* 53, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. N. Knox	J.N.Knox, M. D.	Owyhee, Nevada	6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial			

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 29, 1953	A. H. Anderson	Bert Little,	Miller Creek, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2396
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homedale - Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) Homedale

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LUIE	L.	DAVIS	June 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	July 17, 1875	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self - U.P.RR
11. BIRTHPLACE (State or foreign country) Flower Field, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Davis
BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Silvina Hoyt
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE ADDRESS Mrs Rose Wilson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Homedale, Owyhee, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* June 26, 1953, *to* June 27, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 12:01p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Verdun E. Fulton M.D.
23b. ADDRESS: 137 Caldwell Blvd, Nampa
23c. DATE SIGNED: June29,53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 1 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 5-53
REGISTRAR'S SIGNATURE: Mrs Nina Frosig
25. FUNERAL DIRECTOR: Paul L. Alsip
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2397
Local Reg. No. 29
Reg. Dist. No. 350

BIRTH NO.

RECEIVED JUN 24 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

LENGTH OF STAY (in this place): 18 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 931 - 3rd Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): 931 - 3rd Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Henry c. (Last) Irwin

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: January 17, 1888

9. AGE (In years last birthday): 65 yrs

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician 45

10b. KIND OF BUSINESS OR INDUSTRY: Electrical contractor

11. BIRTHPLACE (State or foreign country): Neole, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Hudson Irwin

BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Rosella Noland

BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fay E. Irwin

ADDRESS: Payette, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — 421.4

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): chronic ~~rheu~~ valvular heart disease with chronic myocarditis

DUE TO (c): arthritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* June 13, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 1:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: June 13- 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 16, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: June 15, 1953

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2398
Local Reg. No. 22
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1899
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1231-1st Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1231-1st Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	MAY	WELLS	June 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 26, 1866	86	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Wheatland, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. L. Spottswood	Pennsylvania	Pheobe Boyd	New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	None	Lillian M. Spottswood Payette, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old Age — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic heart disease — Many years standing
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 17 1910, 19__, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Woodward, M.D.	Payette, Idaho	June 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 20, 1953	Robert E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2399
Local Reg. No. 30
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 1892
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1, Fruitland, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Rt. # 1, Fruitland, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) PALMATIER c. (Last) DORATHY

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 15, 1873
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months: 8 Days: 0 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene B. Dorathy BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: KatherinePalmatier BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Paul A. Dorathy ADDRESS: Fruitland, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated and metastatic prostatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary carcinoma of prostate — 2 or more yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial failure — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 24, 1952, *to* June 15, 1953, *that I last saw the deceased alive on* June 15, 1953, *and that death occurred at* 4:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. E. Davis (Degree or title): M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: June 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: June 18 1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

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Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2400
Local Reg. No. 31
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: PAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. #1 FRUITLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): RT #1 FRUITLand

3. NAME OF DECEASED (Type or Print)
a. (First): TAMISABURO
b. (Middle):
c. (Last): ADACHI

4. DATE OF DEATH (Month) (Day) (Year): JUNE 16 1953

5. SEX: Male
6. COLOR OR RACE: JAPANESE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAY 10, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 1 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): JAPAN
12. CITIZEN OF WHAT COUNTRY?: JAPAN

13. FATHER'S NAME: Unknown
BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Frank M. Adachi
ADDRESS: RT#1, FruitLand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Oct. 1950 to 6-16-53

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 1950, *to* 6-16-53, 19___, *that I last saw the deceased alive on* 6-16-53 19___, *and that death occurred at* 4:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE 545 (Degree or title): M.D
23b. ADDRESS: Ontario, Ore.
23c. DATE SIGNED: 6-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: June 22, 53
24c. NAME OF CEMETERY OR CREMATORY: PortLand Memorial
24d. LOCATION (City, town, or county) (State): PortLand, Ore.

DATE REC'D BY LOCAL REG.: June 18 1953
REGISTRAR'S SIGNATURE: Roberts E Shaffer
25. FUNERAL DIRECTOR: Geo. C. Boechler
ADDRESS: Ontario Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2401
Local Reg. No. 11
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Letitia
b. (Middle): Bell
c. (Last): Confer

4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 7-18-1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles J. Hager
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Carrie A. Potter
BIRTHPLACE: Matron, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Fenton Nelson
ADDRESS: Am. Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Perforation of abdominal aortic aneurysm	10 Min.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriolar sclerosis	15 years
DUE TO (c)	Diabetes Mellitus	20 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	diverticulosis of colon	12 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 15, 1953, *to* June 12, 1953, *that I last saw the deceased alive on* June 12, 1953, *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 149 M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: June 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-15-53 01
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county): American Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Am. Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2402
Local Reg. No. 13
Reg. Dist. No. 500

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schlitz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Rural - Aberdeen

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Charles c. (Last) Gravatt

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 28, 1900

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Davis City, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Gravatt — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nell Parsons, Davis City, Iowa — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Frank Gravatt — ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion (precipitated by severe vomiting) — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar sclerosis — 5 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial congestion — 30 hours

19a. DATE OF OPERATION: March 10, 1948

19b. MAJOR FINDINGS OF OPERATION: Grade III carcinoma of left kidney (Nephrectomy)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec., 1940, *to* June 19, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 7:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. J. Harris, M. D. 149

23b. ADDRESS: American Falls, Idaho

23c. DATE SIGNED: June 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24, 53

24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery

24d. LOCATION (City, town, or county) (State): Bingham Co. Idaho

DATE REC'D BY LOCAL REG.: 6-30-53

REGISTRAR'S SIGNATURE: Gertrude Thornhill

25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

State File No. 2403
Local Reg. No. 13
Reg. Dist. No. 500

RECEIVED
JUN 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): F.
c. (Last): Taylor

4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 19, 1901
9. AGE (In years last birthday): 52 — If under 1 year: Months 5, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Teko, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simon Fredrick — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: not known Munt — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: J. B. Taylor — ADDRESS: American Falls Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriolarsclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Malnutrition, Chronic sinusitis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ------, 19__, *to* -June-20, 19 53, *that I last saw the deceased alive on* ------, 19__, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 149 B. G. Harms M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: June 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 6-23-53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery
24d. LOCATION (City, town, or county) (State): AmericanFalls Idaho

DATE REC'D BY LOCAL REG.: 6-25-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: Am. Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 29 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2404
Local Reg. No. 12
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aztec
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harriet	Lendora	Conder	6	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed	4-3-1855	98	2	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Linden, Tennessee.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lemuel Bakefield	Mississippi	Mary E. Dickson	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	no	none	Della Baker	Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic myocarditis with decompensation	2 weeks
DUE TO (c)	Senile arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

422.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar. 15, 1953, *to* June 20, 1953, *that I last saw the deceased alive on* June 20, 1953, *and that death occurred at* ____ p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls Ida	6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem. & burial	6-21-53	Farmington (Aztec) N.M.	Farmington, N. M.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-25-53	Gertrude Thornhill	H. L. Davis	Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2405
Local Reg. No. 31
Reg. Dist. No. 72

BIRTH NO. JUN 22 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): 107 - H Street

3. NAME OF DECEASED (Type or Print): a. (First) Edith b. (Middle) D c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New Port Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clemmen Smith — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947 *to* 2 June, 1953, *that I last saw the deceased alive on* 2 June, 1953, *and that death occurred at* 3:22 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 6-6-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McClade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2406
Local Reg. No. 4
Reg. Dist. No. 4

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): June 8 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 24 1862
9. AGE (In years last birthday): 91 | IF UNDER 1 YEAR Months: 1 | Days: 14 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record
BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ernest L. Brown
ADDRESS: Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uraemia
INTERVAL BETWEEN ONSET AND DEATH: 6-8-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): U R I & Senilities
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-7-53, *to* 6-8-53, *that I last saw the deceased alive on* 6-8-53, *and that death occurred at* 1230 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stevens
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 11 1953
24c. NAME OF CEMETERY OR CREMATORY: Kansas City Mo
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 6-10-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2407
Local Reg. No. 42
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kellogg High School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 508 A South Division

3. NAME OF DECEASED (Type or Print): a. (First) Onlie b. (Middle) Vane c. (Last) Little

4. DATE OF DEATH (Month) (Day) (Year): June 13 1953

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Custodian
11. BIRTHPLACE (State or foreign country): Summers Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: De Witt Little — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Eddie Forkner — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-34-5289
17. INFORMANT'S OWN SIGNATURE: Ewing H Little — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart Block — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary
DUE TO (c) Arteriosclerosis General

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on* June 13, 1953 *and that death occurred at* 8:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mowry Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 6/17/53
REGISTRAR'S SIGNATURE: Joe Savine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2408
Local Reg. No. 7
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cataldo
d. STREET ADDRESS (If rural, give location) Cataldo

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) William c. (Last) Barker Jr.

4. DATE OF DEATH (Month) (Day) (Year) June 17 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 16 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 hr

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Kellogg Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert W Barker BIRTHPLACE Alberta Canada

14. MOTHER'S MAIDEN NAME Edna Curtis BIRTHPLACE Seattle Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Robert W. Barker ADDRESS Cataldo Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7544

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease, type unknown — INTERVAL BETWEEN ONSET AND DEATH 11 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1953, *to* June 17, 1953, *that I last saw the deceased alive on* June 17, 1953, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Cardwell (Degree or title) MD

23b. ADDRESS Kellogg Idaho

23c. DATE SIGNED 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/18/53

24c. NAME OF CEMETERY OR CREMATORY Evans

24d. LOCATION (City, town, or county) Kingston (State) Idaho

DATE REC'D BY LOCAL REG. 6/18/53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Grant McBride ADDRESS Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2409
Local Reg. No. 75
Reg. Dist. No. 1-2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg Idaho
d. STREET ADDRESS (If rural, give location): 511-2 and one.

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Alice
c. (Last): Fox

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1891
9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR Months: 10 | Days: 26 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Yorkshire England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Robinson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ellen Morshet — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Fox — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 172X Anuria — INTERVAL BETWEEN ONSET AND DEATH: 6-15-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Ca of Fundus.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 53, *to* 6-18, 53, *that I last saw the deceased alive on* 6-18, 53, *and that death occurred at* 5-30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E States (Degree or title): 3-2
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 7-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/27/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2410
Local Reg. No. 45
Reg. Dist. No. 170

BIRTH NO. 111-53-7485

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Colleen c. (Last) Nicholson

4. DATE OF DEATH (Month) June (Day) 1 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 1 - 1903

9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 3 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wallace

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eugene Nicholson — BIRTHPLACE Wallace

14. MOTHER'S MAIDEN NAME Sylvia Kearns — BIRTHPLACE N. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Beulah Nicholson — ADDRESS Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776x

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pre-Eclampsia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953 *to* _____, 19___, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE A. M. Peterson (Degree or title) M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 2-53

24c. NAME OF CEMETERY OR CREMATORY Unitet

24d. LOCATION (City, town, or county) (State) Wallace Shoshone Idaho

DATE REC'D BY LOCAL REG. June 2-53

REGISTRAR'S SIGNATURE John A Bower

25. FUNERAL DIRECTOR John A Bower — **ADDRESS** Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 2411
Local Reg. No. 46
Reg. Dist. No. 140

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Temple Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gloria
b. (Middle): Sabina
c. (Last): Monaco

4. DATE OF DEATH (Month) (Day) (Year): Found June 1 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 17 1922
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Entertainer 65
10b. KIND OF BUSINESS OR INDUSTRY: Shoshone Club
11. BIRTHPLACE (State or foreign country): Rathdrum
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Monaco — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Caroline Crivellone — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 539-05-9191
17. INFORMANT'S OWN SIGNATURE: Mr Louis Monaco E. 902 Sinto Ave, Spokane, Wn — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

353.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Sneathered to death while in epileptic [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? While in Epileptic Spell pulled pillow over face

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 H D Mowery Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: June 5 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5 1953
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross
24d. LOCATION (City, town, or county) (State): Spokane, Wash

DATE REC'D BY LOCAL REG.: June 5 1953
REGISTRAR'S SIGNATURE: Dale J Cornell
25. FUNERAL DIRECTOR: Dale J Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2412
Local Reg. No. 47
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Verda
c. (Last): Schwiger

4. DATE OF DEATH (Month) 6 (Day) 1 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-18-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Creasey — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. Carl Schwiger — ADDRESS: Rose Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

42114

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: 5-10 YRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis, chronic — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1953, *to* June 1, 1953, *that I last saw the deceased alive on* 6-1, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 119 (Degree or title): M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6-3-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 6-9-1953
REGISTRAR'S SIGNATURE: Dale L Cornell Dep
25. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene Idaho — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2113
Local Reg. No. 47
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 213 E Portland

3. NAME OF DECEASED (Type or Print) a. (First) Hazel b. (Middle) V. c. (Last) Kirby

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1953

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH February 8 1925
9. AGE (In years last birthday) 28 | IF UNDER 1 YEAR Months 3 Days 17 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Bryant BIRTHPLACE N. Carolina
14. MOTHER'S MAIDEN NAME Susie Townsend BIRTHPLACE N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 537-20-3558
17. INFORMANT'S OWN SIGNATURE George Kirby ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eclampsia, Post Partum. — Interval between onset and death: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxemia of Pregnancy — 3 Wks.

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13 —, 1952, *to* 6-5, 1953, *that I last saw the deceased alive on* 6-5, 1953, *and that death occurred at* 5:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE John P. Hunter (Degree or title) M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 6 1953
24c. NAME OF CEMETERY OR CREMATORY Okanogan
24d. LOCATION (City, town, or county) Okanogan (State) Washington

DATE REC'D BY LOCAL REG. 6-9-53
REGISTRAR'S SIGNATURE J. Simone
25. FUNERAL DIRECTOR Kirby & Clark ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

JUL 3 - 1953

DIVISION OF VITAL STATISTICS

State File No. 2414
Local Reg. No. 49
Reg. Dist. No. 14-6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) 6 - 13 - 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Month 8 1884
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Clifton E. Steere
BIRTHPLACE Ill.
14. MOTHER'S MAIDEN NAME Sarah Smith
BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lee A. Powell
ADDRESS Spokane Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

421.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis, Chronic — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 13, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 1:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 6-22-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-18-1953
24c. NAME OF CEMETERY OR CREMATORY Reenmount
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. June 24-1953
REGISTRAR'S SIGNATURE Dale L. Coryell
25. FUNERAL DIRECTOR
ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2415
Local Reg. No. 7
Reg. Dist. No. 7

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harris Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): Shoshone Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Estek

4. DATE OF DEATH (Month) (Day) (Year): June 15 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, ~~WIDOWED~~, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 53205 4665
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Block Coronary — Intermittent

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Severe Chronic Nephritis — Several months

DUE TO (c): Arteriosclerosis — Several months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Fertiary climbing observation after being in bed several mos

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct *19*52*, to* 6-15 *, 19*53*, that I last saw the deceased alive on* 6-15 *, 19*53*, and that death occurred at* 18 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Mowery 47D Coroner (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 6/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2416
Local Reg. No. 45
Reg. Dist. No. 172

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Mullan Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) T c. (Last) Bauer

4. DATE OF DEATH (Month) (Day) (Year) June 23 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 21 1907
9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months 5 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY Hardware
11. BIRTHPLACE (State or foreign country) Amemee N. Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Bauer BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Elizabeth McHugh BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Marguerite Bauer ADDRESS Mullan Idaho

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acroscleroses — INTERVAL BETWEEN ONSET AND DEATH 6-8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 53, 19__, *to* 23 June, 1953, *that I last saw the deceased alive on* 23 June, 1953, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 347 Robert T. Russell MD (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 30 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/27/53
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. 6/27/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Grant McGlade ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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State File No. 2417
Local Reg. No. 48
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Travelers Motel Court

3. NAME OF DECEASED (Type or Print) a. (First) NAYDEAN b. (Middle) c. (Last) DUEKER

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 8
9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Beulah Miller BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 491-16-1385
17. INFORMANT'S OWN SIGNATURE E. W. Dueker ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart failure [illegible] minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* June 4, 1953 *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. L. Mowery Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 6/4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE June 5-1953
24c. NAME OF CEMETERY OR CREMATORY Cape Girardeau
24d. LOCATION (City, town, or county) (State) Cape Girardeau Missouri

DATE REC'D BY LOCAL REG. 6-5-1953
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2418
Local Reg. No. 47
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 408 S. Division

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Karasek

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 28 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-7266
17. INFORMANT'S OWN SIGNATURE: Shoshone County Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis several years
DUE TO (c): Several strokes previously

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 [illegible] 5 36 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* June 28, 1953, *that I last saw the deceased alive on* June 28, 1953, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
JUL 6 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2119
Local Reg. No. 7
Reg. Dist. No. 620

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
c. LENGTH OF STAY (in this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor Rural
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) IRA b. (Middle) JOSEPH c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 13, 1887

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months: 4 Days: 5 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Davis
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Celestial Green
BIRTHPLACE: Unknown, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ira S Davis ADDRESS: Victor, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-18, 1953, *to* 6-18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 9:24 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth C Jones 234 (Degree or title) M D
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 23 June 53
24c. NAME OF CEMETERY OR CREMATORY: Victor, Idaho
24d. LOCATION (City, town, or county) (State): Victor, Idaho

DATE REC'D BY LOCAL REG.: July 1-53
REGISTRAR'S SIGNATURE: Stella Greggs
25. FUNERAL DIRECTOR: M L Hansen ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2420
Local Reg. No. 70
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor, rural
c. LENGTH OF STAY (in this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor (rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): J.
c. (Last): DRAKE

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 16, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: White
11. BIRTHPLACE (State or foreign country): Malta, Cassia County, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Drake — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Lavina Beecher — BIRTHPLACE: Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred A. Drake — ADDRESS: 309 Hilton Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* June 20, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): LaGrand C. Lauer 234 M.D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 June 53
24c. NAME OF CEMETERY OR CREMATORY: Victor
24d. LOCATION (City, town, or county) (State): Victor RFD#L, Idaho.

DATE REC'D BY LOCAL REG.: July 1-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2421
Local Reg. No. # 12
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): LAURA GILLETTE
c. (Last): NOVASIO

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Burrville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Albert Cloward, BIRTHPLACE: Pottowattome, Iowa
14. MOTHER'S MAIDEN NAME: Sarah Jane Burr, BIRTHPLACE: Payson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Beatrice Fausett, ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Lung — 9 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 19 52, *to* June 23, 19 53 *that I last saw the deceased alive on* 6-23, 19 53, *and that death occurred at* 9:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grande C. Larsen 234 M.D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Sugar City RFD, Madison, Ida.

DATE REC'D BY LOCAL REG.: July 1-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. D. Hansen, ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2422
Local Reg. No. 12
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HALSEY; b. (Middle) DEAN; c. (Last) FULLMER

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 15, 1865

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 0, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ALMON L. FULLMER — BIRTHPLACE: Penna.

14. MOTHER'S MAIDEN NAME: SARAH ANN FOLLETT — BIRTHPLACE: Lyons. Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles M. Fullmer — ADDRESS: Tetonia, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs.

DUE TO (c) Generalized Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile Dementia — 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec., 1952, *to* 6-24, 1953, *that I last saw the deceased alive on* 6-23, 1953, *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): LeGrand C. Larsen M.D. — **23b. ADDRESS**: Driggs Idaho — **23c. DATE SIGNED**: 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 29 June 53

24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery

24d. LOCATION (City, town, or county) (State): Tetonia, RFD, Idaho.

DATE REC'D BY LOCAL REG.: July 1-53

REGISTRAR'S SIGNATURE: Stella Griggs

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2423
Local Reg. No. 147
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 842 Main Ave North

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. b. (Middle) Mattie c. (Last) Branin

4. DATE OF DEATH (Month) JUNE (Day) 3rd (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 8, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) McComb, Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Champion BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Sadie BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO none
17. INFORMANT'S OWN SIGNATURE * Wm W. Branin ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

453.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis.
DUE TO (c) Bergers disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* June 3, 1953, *that I last saw the deceased alive on* June 3, 1953, *and that death occurred at* 4A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edmund C. Lutze MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6.6.53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. June 8, 53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No. 150
Reg. Dist. No. 460

BIRTH NO.

REGISTERED JUN 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 222 5th Street South

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) LAVERNA c. (Last) BORN

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 3, ~~1955~~ 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: Us

13. FATHER'S NAME: Rush
BIRTHPLACE: Penn

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 496 14 6523

17. INFORMANT'S OWN SIGNATURE: George Bown
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremic pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 24 Nov, 1952, *to* 3 Apr., 1953, *that I last saw the deceased alive on* 2 Apr., 1953, *and that death occurred at* 1.55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Day M Kellogg MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/5/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Hugh Phillips
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2125
Local Reg. No. 1375
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 243- Sixth Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Melford
b. (Middle): Perkins
c. (Last): Sears

4. DATE OF DEATH: June 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Somerset, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Sears
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Farmer
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Spanish American War 1777

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Grace Sears
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) pulmonary edema — 2 weeks
DUE TO (b) Chronic cardiovascular disease and — years
DUE TO (c) Prostatic obstruction — 2 to 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1, 1953
19b. MAJOR FINDINGS OF OPERATION: Hypertrophic prostate with malignant invasion
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1950, *to* June, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* 4:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oldham
Gordon D. Oldham, M. D. 217
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: June 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1953
REGISTRAR'S SIGNATURE: Phyllis Bubler, Deputy
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUN 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2426
Local Reg. No. 151
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 443 2nd Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): Benner
b. (Middle): Garfield
c. (Last): Graham

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 13, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Shop Tools
11. BIRTHPLACE (State or foreign country): Prairie City, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Christian R. Graham — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Anna Ulrich- — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 554-30-5874
17. INFORMANT'S OWN SIGNATURE: Helen V Cannon — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Transverse Colon (post operative 2 wks) — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/27/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Transverse colon
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/18/, 1953, *to* 6/8/, 1953, *that I last saw the deceased alive on* 6/8/, 1953, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall 243 M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: JUN 9 1953
24c. NAME OF CEMETERY OR CREMATORY: Mitchellville, Cemetery
24d. LOCATION (City, town, or county) (State): Mitchellville, Iowa

DATE REC'D BY LOCAL REG.: June 9, 1953
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Home - Twin Falls, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2427
Local Reg. No. 153
Reg. Dist. No. 160

RECEIVED JUN 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Everett c. (Last) Staley

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 17, 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not employed 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Upton, Utah

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: M. T. Staley
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Bethia Powell
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Wasting, cachexia
(2) Cardiac decompensation
(3) Duodenal ulcer

583X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Dec *, 19*52 *to* 11 June *, 19*53*, that I last saw the deceased alive on* 11 June *, 19*53*, and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray M. Kellogg M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-13-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Donna Rich
25. FUNERAL DIRECTOR: S C Pullen
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2428
Local Reg. No. 158
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 309 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 208 14th Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E.
c. (Last): Forest

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 1, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hunt City, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Colman — BIRTHPLACE: ? Ohio
14. MOTHER'S MAIDEN NAME: Barbara Dale — BIRTHPLACE: ? Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs J. W. Johnson — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 mons

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — years
DUE TO (c): Chronic Myocarditis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1953, *to* June 13, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 4:18A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson MD 012
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/16/53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl — (State): Idaho

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Donna Reid
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2429
Local Reg. No. 152
Reg. Dist. No. 460

BIRTH NO.

Certificate of Death
STATE OF IDAHO

RECEIVED
JUN 16 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN (This place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 121 Seventh Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Wiley b. (Middle) Royden c. (Last) Worrell

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1880

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Putnam County, W. Va.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: James Worrell 89 — BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Sabra Davis — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lucy M Worrell — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral embolus	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes mellitus	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Ulcer ~~right~~ great toe	6 mos

260 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* June 14, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: George C Halley 143 (Degree or title) MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Suncrest Park
24d. LOCATION (City, town, or county) (State): Point Pleasant, W. Va.

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Donna Rusch
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUN 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2430
Local Reg. No. 155
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rehrenbach Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 601 Second Avenue West

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Deviney c. (Last) Earhart

4. DATE OF DEATH: (Month) (Day) (Year): June 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 13, 1864
9. AGE (In years last birthday): 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Grain
11. BIRTHPLACE (State or foreign country): Blairsville, Penna.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Earhart BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Susan Fair BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs J. M. Earhart ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Fr. Lobar — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 5 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Jan., 1953 *to* 15 June, 1953 *that I last saw the deceased alive on* 15 June, 1953 *and that death occurred at* 6:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles O. Raymer M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 16 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Fair Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Hutchinson, Kansas

DATE REC'D BY LOCAL REG.: 6-17-53
REGISTRAR'S SIGNATURE: Donna Lack
25. FUNERAL DIRECTOR: S. C. Phillips ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2431
Local Reg. No. 157
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Murtaugh

3. NAME OF DECEASED (Type or Print)
a. (First): VIGGO
b. (Middle):
c. (Last): RASMUSSEN

4. DATE OF DEATH (Month) (Day) (Year): June 16th, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Hans Peter Rasmussen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leo H. Rasmussen — ADDRESS: Box 371 Kimberly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

550.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis — Thrombophlebitis iliac mesentery — INTERVAL BETWEEN ONSET AND DEATH: 4-5-days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction ileum — 8 days
DUE TO (c) Appendicitis, preforation — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-9-53
19b. MAJOR FINDINGS OF OPERATION: Appendicitis with preforation and intestinal obstruction
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* 6-16, 1953, *that I last saw the deceased alive on* 6-16-53, 19___, *and that death occurred at* 2:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 388 Harwood L. Stowe
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6.19.53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memoroal Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-23-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2432
Local Reg. No. 162
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAZELTON
d. STREET ADDRESS (If rural, give location): HAZELTON

3. NAME OF DECEASED (Type or Print)
a. (First): NADINE
b. (Middle):
c. (Last): GUNDELFINGER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 17th, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Houstonia, Missouri
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James S. Napton — BIRTHPLACE: Elk Hill, Mo.
14. MOTHER'S MAIDEN NAME: Mary Houston — BIRTHPLACE: Houstonia, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

293X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anemia - Secondary — 2 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 May, 1953 *to* 17 June, 1953 *that I last saw the deceased alive on* 17 June, 1953, *and that death occurred at* 6:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer, M.D.
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 6/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Donna [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2433
Local Reg. No. 156
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 730 Grant

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Ray
c. (Last): Winkler

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 4, 1946
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Gerald R. Winkler — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Anita Brown — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Anita Winkler — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 812.0 Comminuted compound, extensive fracture of temporo-parietal-frontal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Dea of the skull with extensive brain hemorrhage and
DUE TO (c) laceration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls — Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 17 1953 9:30A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Deceased ~~last control~~ collided with large trunk

22. *I hereby certify that I attended the deceased from* Did not see alive *, 19__, to _____, 19__, that I last saw the deceased alive on* Did not see alive *, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Donna Lisch
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2434
Local Reg. No. 161
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls, Idaho
d. STREET ADDRESS (If rural, give location) 316 Main Ave South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH		JUARISTI	June 17th, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 8, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender 48
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ramon Juaristi — BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Petra Goicoechea — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Vicente Juaristi — ADDRESS Elko, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Bullet Wound of Brain Suicide — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 7:45P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D. 309		Twin Falls, Idaho	6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	6-22-53	TWIN FALLS CEMETERY	TWin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-29-53	[signature]	[signature]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2435
Local Reg. No. 164
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nightengale rest home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Filer
d. STREET ADDRESS (If rural, give location) ~~Filer~~ ~~Twin Falls, Idaho~~

3. NAME OF DECEASED (Type or Print) a. (First) D. b. (Middle) H. c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1882
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bellair, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Davis BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sarah Jane Long BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X O. H. Davis Jr. ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left middle cerebral artery Hypertensive cardiovascular dis — 12 years.
DUE TO (c) Auricular fibrillation — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, 1952, *to* June 19, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 1130 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Max W. Turner 068 (Degree or title) M.D.
23b. ADDRESS Filer, Idaho
23c. DATE SIGNED 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/23/53
24c. NAME OF CEMETERY OR CREMATORY Filer IOOF CEM.
24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 6-29-53
REGISTRAR'S SIGNATURE Thomas Lee
25. FUNERAL DIRECTOR Hugh A. Hullings ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2436
Local Reg. No. 760
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Murtaugh~~ Twin Falls
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.
d. STREET ADDRESS (If rural, give location) Murtaugh

3. NAME OF DECEASED (Type or Print) a. (First) DELVIN b. (Middle) FRANKLIN c. (Last) LINCOLN

4. DATE OF DEATH (Month) (Day) (Year) June 19th, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 7, 1911
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman and Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Filer, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ivan G. Lincoln
BIRTHPLACE 04
14. MOTHER'S MAIDEN NAME Zylpha Stratton
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Delvin Lincoln
ADDRESS Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion & Laceration Kidneys with Hemorrhage — 6 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Lumbar Vertebra — 6 days
DUE TO (c) Rupture of Spleen & Hemorrhage — 6 days
Tractor Accident — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

912.1

19a. DATE OF OPERATION 12 June 1953
19b. MAJOR FINDINGS OF OPERATION (1) Retro Peritoneal Hemorrhage (2) Ruptures of Spleen with Hemorrhage
20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Murtaugh (COUNTY) Twin Falls (STATE) Ida

21d. TIME OF INJURY (Month) June (Day) 12 (Year) 1953 (Hour) 1 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pinned between tractor & post

22. I hereby certify that I attended the deceased from 12 June, 1953, to 19 June, 1953, that I last saw the deceased alive on 19 June, 1953, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE Charles B. Baymer 024 (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 22 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6.22.53
24c. NAME OF CEMETERY OR CREMATORY SUNSET MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) TWIN FALLS, IDAHO

DATE REC'D BY LOCAL REG. 6-29-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS WHITE MORTUARY TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
JUL 6 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2437
Local Reg. No. 166
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 317 3rd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): K.
c. (Last): McMaster

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Sutton, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: H. C. Edmiston — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Sue Harkleroad — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Gertrude Brady — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ca of left ovary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): carcinomatosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: ca of ovary - carcinomatosis.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* 6/27/___, 19 53, *that I last saw the deceased alive on _____, 19___, and that death occurred at* 1:12P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H J Schenck 365 MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 6/30/53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Phyllis Buhler, Deputy
25. FUNERAL DIRECTOR — ADDRESS: Reynolds Funeral Home-Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 6 - 1953 Certificate of Death

State File No. 2438
Local Reg. No. 167
Reg. Dist. No. 460

BIRTH NO. DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 422 4th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First) Charlie
b. (Middle) E.
c. (Last) Cole

4. DATE OF DEATH (Month) (Day) (Year) June 29, 1953

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 14, 1885
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bozeman, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward E. Cole — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-6617-A
17. INFORMANT'S OWN SIGNATURE K Bell Cole — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage, massive — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 June, 1953, *to* 29 June, 1953, *that I last saw the deceased alive on* 28 June, 1953, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 651 Ray M. Kellogg M.D. (Degree or title)
23b. ADDRESS 313 Shoshone St. North Twin Falls
23c. DATE SIGNED 29 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/1/53 01
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 7-2-53
REGISTRAR'S SIGNATURE Phyllis Butler, Dep.
25. FUNERAL DIRECTOR REYNOLDS FUNERAL HOME — ADDRESS Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2439
Local Reg. No. 148
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) a. (First) LANDELL b. (Middle) WAYNE c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) June 6, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar 27, 1945
9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Preston, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Landell Nelson BIRTHPLACE Richmond, Utah
14. MOTHER'S MAIDEN NAME Lucille Duce BIRTHPLACE Hyde Park, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Landell Nelson ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

200.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hepatic Insufficiency — 3 months
DUE TO (c) Lymphosarcoma — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ivan A. Anderson M.D. 003 (Degree or title)
23b. ADDRESS Filer, Idaho
23c. DATE SIGNED 6/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6.10.53
24c. NAME OF CEMETERY OR CREMATORY Dayton
24d. LOCATION (City, town, or county) (State) Dayton, Idaho

DATE REC'D BY LOCAL REG. June 8, 1953
REGISTRAR'S SIGNATURE Donna Lind
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2140
Local Reg. No. 354
Reg. Dist. No. 460

BIRTH NO.

JUN 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Filer
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Filer # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Filer
d. STREET ADDRESS (If rural, give location): Rural - Filer # 2

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) EMMA c. (Last) CARSON ALLEN

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 17, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairfield, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Carson
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Emma Partridge
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Wanda Allen
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Cardio Vascular Dis — 15 years
DUE TO (c) Diabetes mellitus — 3 years,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 5, 1948, *to* June 13, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max W Carver 068 (Degree or Title): M. D.
23b. ADDRESS: Filer Idaho
23c. DATE SIGNED: June 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/53
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Thomas Lewis
25. FUNERAL DIRECTOR: Dwight Hullinger
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2441
Local Reg. No. 163
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE # L.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWINFALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): ROUTE # 1.

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) c. (Last) ROUCH

4. DATE OF DEATH (Month) (Day) (Year): JUNE 16TH 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: March 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Marvin John — ADDRESS: Filer ~~Twin Falls~~, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 7 days
DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 16, 1953, *that I last saw the deceased alive on* June 16, 1953, *and that death occurred at* 4P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gordon D. Oedham MD 297 (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-22-53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary TwinFalls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2442
Local Reg. No. 159
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl R# I
c. LENGTH OF STAY (in this place) 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Buhl, R# I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl, R# I
d. STREET ADDRESS (If rural, give location) Route # I

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Tvrdy

4. DATE OF DEATH (Month) (Day) (Year) June 24, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 22, 1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer of
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Thomas Tvrdy BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X Otto Tvrdy ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular Renal Disease — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. alcoholism for years - Not in past 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1953 *to* June 24, 1953, *that I last saw the deceased alive on* June 20, 1953, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm F Anderson MD
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 30, 1953
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 6-29-53
REGISTRAR'S SIGNATURE Norma Lund
25. FUNERAL DIRECTOR D. T. Albertson ADDRESS Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2443
Local Reg. No. 165
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) Martin c. (Last) Wiseman

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 12, 1899
9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Mitchell County, N. Car.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles M. Wiseman BIRTHPLACE: N. Car.
14. MOTHER'S MAIDEN NAME: Lula Hollifield BIRTHPLACE: N. Car.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: L. D. Wiseman ADDRESS: Hansen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Willard M. Preston M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 2, 1953
REGISTRAR'S SIGNATURE: Phyllis Bubb, Dep.
25. FUNERAL DIRECTOR: [signature] ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 17 1953 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2114
Local Reg. No.
Reg. Dist. No. 311

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Edna c. (Last) Sherrill

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 11, 1884

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Benton City, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herbert M. Williams — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Martha F. Douglas — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x T.C. Sherrill — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* June 1, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. B. Patterson MD — **23b. ADDRESS**: Cascade Ida. — **23c. DATE SIGNED**: 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Margaret

24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: June 8 1953

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR — ADDRESS: Thomas Beatty — The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 20 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 9
Reg. Dist. No. 3/8

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ~~Valley~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyway 15 at Ferncroft
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. Fork Payette River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 713 So. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Austin b. (Middle) William c. (Last) Marchant

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Sept. 4, 1876	76	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teamster	lumber	Poia, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Smith	England	Hannah Marie Russell	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 07 3402	X Minnie Marchant	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cereberial Hemerorage — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Blow on head

DUE TO (c) Falling on rocks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Advanced age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Bank of river	Near Ferncroft	Valley	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jun 28, 53 2:00 pm	WHILE AT WORK ☒ NOT WHILE AT WORK ☒	While fishing

22. *I hereby certify that I attended the deceased from* 6-28-53, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Bagley	Coronor	Cascade Idaho	7-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 1, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 11-1953	Myrtle M Gardner	The Bently Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2446
Local Reg. No. 30
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 15 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 E. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 806 E. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) JASON b. (Middle) WHITE c. (Last) KELLEY

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 8, 1877

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Micholas Kelley
BIRTHPLACE: don't know

14. MOTHER'S MAIDEN NAME: Minerva Lick
BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): Spanish-Amer.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — unknown
DUE TO (c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 7th, 1953, *to* 3 June, 1953, *that I last saw the deceased alive on* 3 June, 1953, *and that death occurred at* 12:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen Hawley, M.D. (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-6-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 6-6-53
REGISTRAR'S SIGNATURE: Marie Hamilton
25. FUNERAL DIRECTOR: P. Vern Thomason
ADDRESS: Weiser, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED JUN 26 1953 DIVISION OF VITAL STATISTICS

Dr. McGrath

Certificate of Death

STATE OF IDAHO

State File No. 2447
Local Reg. No. 32
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. #3

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) GLASCOCK

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Febr. 5 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 24

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clinton Glascock Sr.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ella Langley
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marion Glascock
ADDRESS: Weiser, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26- 1953 *to* 6-5- 1953, *that I last saw the deceased alive on* 6-5- 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. McGrath M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 6-8-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-9-1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6-9-1953

REGISTRAR'S SIGNATURE: Muriel Hawthorne

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Dr. Wyatt

Certificate of Death

JUN 26 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2448
Local Reg. No. 37
Reg. Dist. No. 320

BIRTH NO. 111-53-7565

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Weiser Memorial Hosp.

3. NAME OF DECEASED (Type or Print): a. (First) LILIA b. (Middle) DAVILA c. (Last)

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE:

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 6 1953

9. AGE (In years last birthday): 00 IF UNDER 1 YEAR Months: 00 Days: 00 IF UNDER 24 HRS. Hours: 15 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Weiser Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Natividad Davilda — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Olivia Herrera — BIRTHPLACE: Bryant, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X X X

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Natividad Davilda ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X 2½ months premature — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 6, 1953 *to* June 6, 1953 *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt 565 M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-9-1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6-9-1953

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
JUN 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2449
Local Reg. No. 38
Reg. Dist. No. 320

BIRTH NO. 11-53-7566

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BABY GIRL b. (Middle) c. (Last) HARRIS

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried

8. DATE OF BIRTH: June 8, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 00 Days: 2; IF UNDER 24 HRS. Hours: 0 Min.: 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXXXXX 02

10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXX

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wallace Harris
BIRTHPLACE: Weiser, Idaho

14. MOTHER'S MAIDEN NAME: Delores Leach
BIRTHPLACE: LaGrande, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): XXXXX (If yes, give war or dates of service): XXXXXX

16. SOCIAL SECURITY NO.: XXXXXXX

17. INFORMANT'S OWN SIGNATURE: Delores Leach Harris
ADDRESS: Weiser Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 776X Premature Birth (mo)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 8th, 1953, *to* June 10th, 1953, *that I last saw the deceased alive on* June 10th, 1953, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. McGuth MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6-11-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-11-53
24c. NAME OF CEMETERY OR CREMATORY: Northam-Jones
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6-11-53
REGISTRAR'S SIGNATURE: Maree Hartthorn
25. FUNERAL DIRECTOR: P. Dee Thomson
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUL 8 - 1953
DIVISION OF VITAL STATISTICS

Dr. Wyatt

Certificate of Death

STATE OF IDAHO

State File No. 2450
Local Reg. No. 59
Reg. Dist. No. 520

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 51 w. Liberty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 51 West Liberty Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) WALTER; c. (Last) HARD

4. DATE OF DEATH (Month) (Day) (Year): June 18 1953

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Nov. 21 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Messenger 54

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (State or foreign country): Stockton, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry P. Hard — BIRTHPLACE: New York State

14. MOTHER'S MAIDEN NAME: Nancy R. Ryerson — BIRTHPLACE: Oquaw ka Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mildred Hard — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fibrosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 19 52 *to* June 18, 19 53, *that I last saw the deceased alive on* June 11, 19 53, *and that death occurred at* 7:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Wyatt M.D. 565

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 6/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/20/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6/20/53

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: A. L. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Dr. Coats

Certificate of Death

STATE OF IDAHO

State File No. 2451
Local Reg. No. 40
Reg. Dist. No. 320

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jacobs Convaleseent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Camp U Rest Motel

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) SHAW

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 3 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sheep and Logging

11. BIRTHPLACE (State or foreign country): Harrison Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Shaw
BIRTHPLACE: Harrison Co. Iowa

14. MOTHER'S MAIDEN NAME: Sarah E. Kestling
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-1776

17. INFORMANT'S OWN SIGNATURE: Mrs. Claud Sanders
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of the lungs — INTERVAL BETWEEN ONSET AND DEATH: 6 months ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 28th, 19 53, *to* June 18th, 19 53, *that I last saw the deceased alive on* June 18th, 19 53, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Coats M.D.
23b. ADDRESS: Weiser Idaho
23c. DATE SIGNED: 6/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/23/53
24c. NAME OF CEMETERY OR CREMATORY: Cottonwood Cemetery
24d. LOCATION (City, town, or county) (State): Council, Idaho. (Rural Near)

DATE REC'D BY LOCAL REG.: 6/23/53
REGISTRAR'S SIGNATURE: Murrie Hauthorn
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED

JUL 6 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2452
Local Reg. No. 42
Reg. Dist. No. 3 20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 204 WEst Broad Street

3. NAME OF DECEASED (Type or Print): a. (First) LEONA b. (Middle) MARY c. (Last) CHRISTENSEN

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 22 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Lyons
BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Judy P. Lewis
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Carrie a Williams
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia Gallbladder

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-21- , 1953, *to* 6-23- , 1953, *that I last saw the deceased alive on* 6-23- , 1953, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. McGuth MD 248
(Degree or title)

23b. ADDRESS: Weiser Idaho

23c. DATE SIGNED: 6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6/27/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cem.

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6/26/53

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 3 - 1953
DIVISION OF VITAL STATISTICS

Dr. Coats

Certificate of Death

STATE OF IDAHO

State File No. 2453
Local Reg. No. 47
Reg. Dist. No. 520
Birth No.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): P.O. Box # 21

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WELLINGTON	VISCOUNT	EDMISON	June 23 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Male	White	Widower	Jan. 12 1878	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic (Retired)	Farm Machinery	Peru, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Edmison	Indiana	Jane Linsdy	Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			W E Edmison	Cambridge, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 5th, *19* 53, *to* June 22nd *19* 53, *that I last saw the deceased alive on* June 22nd, *19* 53, *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Coats	Weiser, Idaho	6/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/24/53	College View Cemetery	Lincoln, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/24/53	Maree Hawthorn	C. E. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2454
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enrte to Weiser Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 434 East Butterfield St.

3. NAME OF DECEASED (Type or Print)
a. (First): MOSES
b. (Middle): ANDREW
c. (Last): JENSEN

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1953

5. SEX: Mle
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 9 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jens Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Elsie Andreason — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Becky Coon — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was riding in car with daughter and son in law. Suffered

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) what is presumed to have been a heart attack and was pronounced dead on arrival

DUE TO (c) by physcian at Weiser Hospital. Had

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* suffered 2 heart attacks previously and had been under the care of a physcian.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington Co., Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓ ✓ ✓
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:45P m., from the causes and on the date stated above.*

23a. SIGNATURE: A. S. Jones, Coroner (Degree or title) +70
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/29/53 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 6/29/53
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 11 1953 DIVISION OF VITAL STATISTICS

State File No. 2155
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) TONY b. (Middle) c. (Last) MORITZ

4. DATE OF DEATH (Month) (Day) (Year) 6-5-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9-29-1882

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher

10b. KIND OF BUSINESS OR INDUSTRY Cattle

11. BIRTHPLACE (State or foreign country) Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Moritz BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Marie Swinkfelter BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXX

16. SOCIAL SECURITY NO. XXXXXX

17. INFORMANT'S OWN SIGNATURE Mrs Tony Moritz ADDRESS Cambridge Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.±

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio-vascular-renal disease — 2 yrs.

DUE TO (c) Arteriosclerosis. — 4 yrs.±

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — 3yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21c. (CITY, TOWN, OR TOWNSHIP) 0 (COUNTY) 0 (STATE) 0

21d. TIME OF INJURY (Month) 0 (Day) 0 (Year) 0 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 0

21f. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* 1/1/52, 19__, *to* 6/5/53, 19__, *that I last saw the deceased alive on* 6/5/53, 19__, *and that death occurred at* 12:01 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]

23b. ADDRESS Cambridge, Idaho

23c. DATE SIGNED 6-8-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-8-1953

24c. NAME OF CEMETERY OR CREMATORY Cambridge,

24d. LOCATION (City, town, or county) (State) Cambridge, Idaho

DATE REC'D BY LOCAL REG. 6-8-1953

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2156
Local Reg. No. 43
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3, Weiser, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. # 3, Weiser, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	CLYDE	YOACHUM	June 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 28, 1868	85	2	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Leadhill, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Solomon Yoachum	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	None	Estella Yoachum	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	- - -	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - -

22. *I hereby certify that I attended the deceased from* 6-27, 1953, *to* June 29, 1953, *that I last saw the deceased alive on* 6-29, 1953, *and that death occurred at* 3:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	M.D.	Weiser, Idaho	June 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Burial June 29, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-29-53	Marie Hazelton	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Beaman

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JUL 23 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2457
Local Reg. No. 260
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 433 So. 9th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edward	none	Saffle	6	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	7/10/06	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 08	logging	Deadwood, S.D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no. record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	unknown	Mrs. Edward Saffle	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous cerebrovascular Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [XX] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
045	Boise	17 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Buried	6/22/53 02	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-20-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah
		Relyea Mortuary	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2458
Local Reg. No. 292
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 820 East Logan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): David
c. (Last): Hopper

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 7-1953
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 1, Days 13
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David M. Hopper, BIRTHPLACE: Caldwell, Idaho
14. MOTHER'S MAIDEN NAME: Fauntella Campbell, BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: David M. Hopper, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonitis - bilateral - staph. — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24, 1953, *to* 6/26, 1953, *that I last saw the deceased alive on* 6/26, 1953, *and that death occurred at* 750A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. McLean M.D. 249
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 7/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2459
Local Reg. No. 261
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 39 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1302 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) CHEATHAM c. (Last) CAVANAH

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 26, 1871
9. AGE (In years last birthday): 81-9-4 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jurist
10b. KIND OF BUSINESS OR INDUSTRY: do

11. BIRTHPLACE (State or foreign country): Greensboro, N. C.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Patrick Cavanah-Canada
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ruth Cheatham
BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ruth C. Cavanah
ADDRESS: Boise, Idaho 1302 Warm Springs Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular

DUE TO (c) renal disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4427

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to 6-30-53, that I last saw the deceased alive on 6-30-53 19__, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. D. Spencer M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr McKean

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JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2460
Local Reg. No. 126
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): ANTONE
b. (Middle): JOSEPH
c. (Last): STEELE

4. DATE OF DEATH (Month) (Day) (Year): 7 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6/11/1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ 02
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter R. Steele — BIRTHPLACE: Cowley, Wyoming
14. MOTHER'S MAIDEN NAME: Lillie Hoagland — BIRTHPLACE: Rogerson, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Walter R. Steele — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH: since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (a) multiple defects - transposition of vessels
DUE TO (c) (b) atrial septal defect
(c) patent ductus arteriosus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1951, *to* 7/3, 1953, *that I last saw the deceased alive on* 7/1, 1953, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 249 Robert S McKean M.D
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 7/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

R. Jones

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2461
Local Reg. No. 447
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 27 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 921 E. Wash: St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 921 East Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Manuel b. (Middle) c. (Last) Acordagoitia

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 29. 1871

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock Operator

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Ereno Vizcaya Spain

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME BIRTHPLACE: Juan Maria Acordagoitia. Ereno Spain

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Margarita Ortusar. Ereno Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Tomasa Oreskovich

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1947, *to* July 3, 1953, *that I last saw the deceased alive on* July 3, 1953, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (194) Ralph R. Jones (Degree or title) M.D.

23b. ADDRESS Boise, Idaho

23c. DATE SIGNED 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 7th 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-9-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson Boise Idaho

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Merrill

RECEIVED Certificate of Death

JUL 21 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2462
Local Reg. No. 127
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): # 9 Roger St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KATHERINE	IRENE	GARDNER	7	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	4/27/1894	59	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Hammack — BIRTHPLACE: Greenville, Texas
14. MOTHER'S MAIDEN NAME: Amber Maybelle Cooley — BIRTHPLACE: Edgewood, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Hugh F Gardner — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* 4 July, 1953, *that I last saw the deceased alive on* 3 July, 1953, *and that death occurred at* 1 a.m., *from the cause and on the date stated above.*

23a. SIGNATURE: Frederick Merrill M.D. 536 (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2463
Local Reg. No. 249
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 608 Phillippi

3. NAME OF DECEASED (Type or Print)
a. (First): Hezekiah
b. (Middle): Lincoln
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 21, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Cottage Grove, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leander Gray — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Virginia Collins — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs H L Gray — ADDRESS: 608 S. Phillippi, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pyelonephrosis — 6 mo.
DUE TO (c) Prostatic Disease — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hot. Disease - myocardial — 2 yrs.

612X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: failure + decompensation
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1953, *to* July 4, 1953, *that I last saw the deceased alive on* July 4, 1953, *and that death occurred at* 3 A m. *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Hutton (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Springer

Certificate of Death

STATE OF IDAHO

State File No. 2464
Local Reg. No. 248
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 303 West Bannock St.

3. NAME OF DECEASED (Type or Print): a. (First) Albino; b. (Middle); c. (Last) Sabala

4. DATE OF DEATH: (Month) (Day) (Year): July 5th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 5th 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Employee. 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Nachitua Spain

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pablo Zabala
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Madeline Arginchona
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-9690

17. INFORMANT'S OWN SIGNATURE: X Mrs. A. Aranza
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio -
DUE TO (c) Vascular renal disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27-53 *to* 7-5-53 *that I last saw the deceased alive on* 7-5-53 *and that death occurred at* 9 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Johnson M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9th. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-9-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Print, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2465
Local Reg. No. 250
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1316 N. 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1316 N. 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Anna
c. (Last): Varker

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Walls — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Reseigh — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Anneta Varker, 1316 N. 5th — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis Liver — [redacted]
DUE TO (c): Ascites — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/12, 1953, *to* 7/5, 1953, *that I last saw the deceased alive on* 6/28, 1953, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. V. Lesser, M.D. (Degree or title) 226
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 7/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 8, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mother

111-53-7626
BIRTH NO.

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2466
Local Reg. No. 252
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Frank c. (Last) Wetherwax

4. DATE OF DEATH: (Month) July (Day) 7. (Year) 1953 6 PM

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 6. 1953 9 PM

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 21 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Leon R. Wetherwax. BIRTHPLACE: Peru N.Y.

14. MOTHER'S MAIDEN NAME: Dorothy Elsass BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leon R. Wetherwax ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Patent foramen ovale

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 6, 1953, *to* July 7, 1953, *that I last saw the deceased alive on* July 7, 1953, *and that death occurred at* 6:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 267 John A Mather MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 8. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

F. N. McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2467
Local Reg. No. 123
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5710 Gray Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): MILTON
c. (Last): LOWRY

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 27, 1893
9. AGE (In years last birthday): 60-5-10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager-Boise Payette Lumber Yard
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Southwest City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown 74
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #1 420.1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leola Lowry
ADDRESS: Boise 5710 Gray Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary heart disease — 6 months
DUE TO (c): Hypertensive cardio-vascular

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
rural disease — 4 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* July 7, 1953, *that I last saw the deceased alive on* July 6, 1953, *and that death occurred at* 6:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.D. 381 Springer MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1953 03
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Coroner

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2468
Local Reg. No. 120
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Public Place. Gravel Pit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2810 Madison St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Curtis	Anneker	July 7. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	July 24.1950	2/11/13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Anneker. — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Ida Hutchison — BIRTHPLACE: So. Dak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William C Anneker — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 30 Ft + Idaho
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 7 '53 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowning

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Kelsea 470	Coroner	318 No. Latah Boise Ida	7/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 9. 1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-9-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2469
Local Reg. No. 125
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DeRoss Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2610 N. 29th Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle):
c. (Last): WALTERS

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 13, 1869

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 83-10-25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Liverpool, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Edward Plumpton-Liverpool, England

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Queen-Liverpool, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Thomas Walter — 2610 N 29th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro arteriosclerosis — 5-10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/10, 1953, *to* 7/8, 1953, *that I last saw the deceased alive on* 7/2, 1953, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 267 John A Mather M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 11, 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 14 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2470
Local Reg. No. 251
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY: unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lynd
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Bedow

4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 10/31/07
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): entertainer 65
10b. KIND OF BUSINESS OR INDUSTRY: show - circus
11. BIRTHPLACE (State or foreign country): Little Falls, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Henry Bedow — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Margaret Lilja — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x Lillian Griffith — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES: Left Parietal area.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Extension to Left ventricle

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13, 1953, *to* 7/9, 1953, *that I last saw the deceased alive on* 7/9, 1953 *and that death occurred at* 8/2 *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Lesser 226 (Degree or title) M.D.
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 7/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/11/53 07
24c. NAME OF CEMETERY OR CREMATORY: Tyler
24d. LOCATION (City, town, or county): Tyler (State): Minnesota

DATE REC'D BY LOCAL REG.: 7-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2471
Local Reg. No. 270
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 1 Day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Elmore.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home.
d. STREET ADDRESS (If rural, give location): General Delivery.

3. NAME OF DECEASED (Type or Print)
a. (First): VERLA
b. (Middle): RAE
c. (Last): THOMAS.

4. DATE OF DEATH (Month) (Day) (Year): July. 11. 1953.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: August.19.1939.
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days: 10. — IF UNDER 24 HRS.: Hours / Min.: 22.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student. 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph. W.S. Thomas. BIRTHPLACE: Marion, Kansas.
14. MOTHER'S MAIDEN NAME: Blanche Herrick, BIRTHPLACE: Cascade, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE: Ralph W. S. Thomas — ADDRESS: Mountain Home, Ida. Gen Del.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Ruptured Appendix — 7
DUE TO (c) Acute Enteritis — 7 days previous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1953, *to* July 11, 1953, *that I last saw the deceased alive on* July 11, 1953, *and that death occurred at* 10.45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H A Joelsch MD 210
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July. 14.1953.
24c. NAME OF CEMETERY OR CREMATORY: Margaret Cemetery.
24d. LOCATION (City, town, or county) (State): Cascade, Idaho.

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2472
Local Reg. No. 134
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4706 Overland Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4706 Overland Road

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): M.
c. (Last): STOREY

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 27, 1873
9. AGE (In years last birthday): 80-0-15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wheatland, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Cook — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Rebecca M. Bartche — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. May Cutler Hailey — ADDRESS: Idaho Box 472

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* July, 1953, *that I last saw the deceased alive on* 11 July, 1953, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart J. Merrill MD 536
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 13, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2473
Local Reg. No. 256
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7th & Bannock-on sidewalk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif
b. COUNTY: SanFrancisco
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SanFrancisco
d. STREET ADDRESS (If rural, give location): no record

3. NAME OF DECEASED (Type or Print)
a. (First): Andy
b. (Middle): E.
c. (Last): Jackson

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 53

5. SEX: male
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): no record
8. DATE OF BIRTH: Dec. 1898
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 56
10b. KIND OF BUSINESS OR INDUSTRY: Bldg.
11. BIRTHPLACE (State or foreign country): no record
12. CITIZEN OF WHAT COUNTRY? no record

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no record
16. SOCIAL SECURITY NO.: 385 18 6375
17. INFORMANT'S OWN SIGNATURE: David Nicholas — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Natural causes probably due to

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7th & Bannock
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) 7 (Day) 14 (Year) 53 (Hour) 8:15 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural causes

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea 470 — (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah Boise, Idaho
23c. DATE SIGNED: 7/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/20/53
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah Boise, Idaho
Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2474
Local Reg. No. 262
Reg. Dist. No. 370

RECEIVED JUL 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-53-7681

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 813 Brumback Street

3. NAME OF DECEASED (Type or Print): a. (First) BABY GIRL b. (Middle) c. (Last) SCHULTZ

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 14, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Beeson — BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Georgia Carol Schultz — BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A. Dale McMurtrey — ADDRESS: 1205 Bannock Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* 7-14, 1953, *that I last saw the deceased alive on* 7-14, 1953, *and that death occurred at* 11:49 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold B. Hulme 674 (Degree or title): M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Gilbert
Dr. C. C. Johnson

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2475
Local Reg. No. 268
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ORLAND
b. (Middle): G
c. (Last): Crook

4. DATE OF DEATH (Month) (Day) (Year): July 15 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NOT KNOWN
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: NOT KNOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: NOT KNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Salome McNeilly — ADDRESS: Mtn Home, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) — Cerebral Vascular Accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Diabetes Mellitus
Fractured legs Hip

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* July 15, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson 197 (Degree or title): M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Idaho.

D. A. L. Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3476
Local Reg. No. 257
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1411 E. Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1411 E. Jefferson

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Arrilla Arvilla c. (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 24, 1865
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Fredrick, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Crewse BIRTHPLACE Terre Hutte, Indiana
14. MOTHER'S MAIDEN NAME Rhoda McMullan BIRTHPLACE Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE 1411 E. Jefferson ADDRESS Kathryn M. Heathcock Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 4 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953 *to* July 15, 1953 *that I last saw the deceased alive on* July 7, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE O. M. Braathen (Degree or title)
23b. ADDRESS Boise Idaho
23c. DATE SIGNED July 16 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 18, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Mausoleum
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-20-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2477
Local Reg. No. 258
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 611 N. 6th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 611 N. 6th.

3. NAME OF DECEASED (Type or Print) a. (First) Verner b. (Middle) J c. (Last) Hopkins

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 3, 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness and saddle maker
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Greenwich, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME 13 BIRTHPLACE Albert James Hopkins, Greenwich, Ohio
14. MOTHER'S MAIDEN NAME Susan Brown BIRTHPLACE Greenwich, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Lida Hopkins (Mrs) ADDRESS 611 N. 6th Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 2 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 53, *to* July 15, 19 53, *that I last saw the deceased alive on* July 13 19 53, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O. F. Swindell M.D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 18, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-20-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR C. E. Alden ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 30 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2478
Local Reg. No. 271
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 49 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J.C. Rupp home 116 College Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marie	Antoinette	Trout	July 16-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	February 8-1860	93	5	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Teacher and Nurse		Tonica, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Hetrick	Not Known	Elizabeth Dixon	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Frank Trout	Boise, Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic, with acute Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Bronchial Asthma — 40 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
—	—	Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan 12, 1950, *to* July 16, 1953, *that I last saw the deceased alive on* July 16 1953, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank A. Miller MD	214 Eastman Bldg. Boise Idaho	July 20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 20-1953	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-28-53	Myrtle Palmer	F. W. Peckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR. Pittenger, Frazier

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2479
Local Reg. No. 263
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1011 No. 8th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jess
b. (Middle): F.
c. (Last): Alloway

4. DATE OF DEATH (Month) (Day) (Year): July 16. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3rd 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store
11. BIRTHPLACE (State or foreign country): Turney Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Smith A. Alloway — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Georgiana Mathews — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-09-6104
17. INFORMANT'S OWN SIGNATURE: Mrs J. F. Alloway — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* July, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Frazier (Degree or title): M.D. 523
23b. ADDRESS: Eastman Bldg, Boise, Idaho
23c. DATE SIGNED: July 20 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20. 1953 14
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson- — ADDRESS: Boise Idaho
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

March

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2480
Local Reg. No. 264
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Mountain View Drive

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) Xavier c. (Last) Boisseau

4. DATE OF DEATH: (Month) (Day) (Year) July 17. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9. 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Turf Club

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rutland Vermont

12. CITIZEN OF WHAT COUNTRY?: USA,

13. FATHER'S NAME: Alphone Boisseau — BIRTHPLACE: Quebec Can:

14. MOTHER'S MAIDEN NAME: Alphonsine Lizee — BIRTHPLACE: Quebec Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE. Mrs Frank Boisseau — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

444X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ruptured aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer prostate — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-1, 1946, *to* 7-17, 1953, *that I last saw the deceased alive on* 7-17, 1953, *and that death occurred at* 4:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Lawrence Lasnick M D (239) (Degree or title)

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 7-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 19. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-22-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

K D McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2481
Local Reg. No. 274
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 56 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 506 Pueblo St.

3. NAME OF DECEASED (Type or Print): a. (First) Fernando b. (Middle) John c. (Last) Derifield
4. DATE OF DEATH (Month) (Day) (Year): July 17. 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 31. 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Lawrence Co. Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 548-12-6572 A
17. INFORMANT'S OWN SIGNATURE: Wallace B. Campbell — ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia / Terminal — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* July, 1953, *that I last saw the deceased alive on* 11 July, 1953, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C W Blackburn 532 (Degree or title): M D
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 20 July '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber- McCann-Gibson. — ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Koelsch

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JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2182
Local Reg. No. 216
Reg. Dist. No. 390

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2621 Woodlawn

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle) Catherine; c. (Last) Heying

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Jan. 17 1893	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Alton, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mathew Herring	St. Denitas Iowa	Mary AnnKoob	z Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	no	Ernest N. Heying	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of sigmoid — 8 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-13-53	Obstruction of sigmoid by circular carcinoma	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1953, *to* July 19, 1953, *that I last saw the deceased alive on* July 19, 1953, *and that death occurred at* 3:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
210 H A Koelsch	MD	Boise Idaho	7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	01 July 23 1953	St. John's	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-24-53	Myrtle Palmer	Schreiber-McCann-Gibson--Boise

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-40021

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Certificate of Death

3-4281

STATE OF IDAHO

State File No. 2483
Local Reg. No. 138
Reg. Dist. No. 371

BIRTH NO.

JUL 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 Pearl St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 301 Pearl St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lucinda
b. (Middle):
c. (Last): Blevins

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 30, 1857
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gardner — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Edward Olsen — ADDRESS: 711 N. 20th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 7-20, 1953, *that I last saw the deceased alive on* June, 1953, *and that death occurred at* 11:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. F. Swindell M. D. 393
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Karl Waggoner — ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2484
Local Reg. No. 265
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1214½ Williams St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1214½ Williams St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lon
b. (Middle): Richard
c. (Last): Crenshaw

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/21/30
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenters helper 37
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): River Rouge
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thelbert C. Crenshaw — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 374-28-0201
17. INFORMANT'S OWN SIGNATURE: + Mrs. Bonnie Crenshaw — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

9/6.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death ~~is~~ was accidental due to multiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 3rd degree burns
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) 7 (Day) 22 (Year) 53 (Hour) 2:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fell asleep while smoking a cigarette

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea 470 — (Degree or title): Coroner 4
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 7/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/23/53 (2)
24c. NAME OF CEMETERY OR CREMATORY: River Rouge
24d. LOCATION (City, town, or county) (State): River Rouge, Michigan

DATE REC'D BY LOCAL REG.: 7-23-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2485
Local Reg. No. 143
Reg. Dist. No. 371

BIRTH NO.

AUG 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 208 W. 36th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	ANN	BIDIMAN	July 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 5, 1879	74-2-17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Ray County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus Proctor	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Charles C. Bidiman	Boise Rt 4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 28, 1952	Carcinoma of stomach	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 25, 1952, *to* July 21, 1953 *that I last saw the deceased alive on* July 21, 1953 *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J. Smith M.D.	312 W Idaho Boise	7/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/24/53	Riverside Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-4-53	Myrtle Palmer	Clyde B. Summers	Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2486
Local Reg. No. 278
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) Life In Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Rosetta c. (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year) July 22 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 24, 1917

9. AGE (In years last birthday) 36
IF UNDER 1 YEAR Months 5 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Parma, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joshua Seiber BIRTHPLACE Omba, Missouri

14. MOTHER'S MAIDEN NAME Bessie E. Cearley BIRTHPLACE Richville, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE × Ina Collins ADDRESS Parma, Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

340.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis and right cerebral abscess, multiple — INTERVAL BETWEEN ONSET AND DEATH About 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/22/53

19b. MAJOR FINDINGS OF OPERATION Diffuse right meningitis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 pm 7/22, 1953, *to* 11 pm 7/22, 1953, *that I last saw the deceased alive on* 7/22, 1953, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert A. Kuhl 631 (Degree or title) M.D.

23b. ADDRESS 521 Eastman Bldg, Boise

23c. DATE SIGNED 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 25, 1953

24c. NAME OF CEMETERY OR CREMATORY Parma

24d. LOCATION (City, town, or county) Parma, Idaho (State)

DATE REC'D BY LOCAL REG. 8-4-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Peckha-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1953
DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2487
Local Reg. No. 141
Reg. Dist. No. 371
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4920 Targee Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANNABELLE
b. (Middle):
c. (Last): ROGERS

4. DATE OF DEATH: (Month) (Day) (Year): July 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 10, 1870

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months: 9 Days: 13 | IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Elkhart, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John F. Raymer
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Isabelle Eversole
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leo Rogers
ADDRESS: Boise Idaho 4920 Targee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Arterial thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 2X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest C Ward M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2488
Local Reg. No. 269
Reg. Dist. No. 390

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) C c. (Last) Petrie

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 9, 1887
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaper & Nurseryman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Invergordon, Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James G. Petrie 67 BIRTHPLACE Unk.
14. MOTHER'S MAIDEN NAME Isabella G. BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Mollie V. Petrie ADDRESS Rt. # 2 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Old arteriosclerosis by pretention

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None except B.P. 212/110
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-23, 1953, *to* 7-23, 1953, *that I last saw the deceased alive on* 7-23, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jos. M. Thomas 424 (Degree or title)
23b. ADDRESS 305 Fort St. Boise
23c. DATE SIGNED 7-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 27, 1953 06
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-28-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Carl Waggoner ADDRESS Boise, Idaho
McCratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2489
Local Reg. No. 142
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DeRoss Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4814 Camas

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): E.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): 7 23 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10/8/66
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Murphysboro, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: (Last name) Will — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: (Last name) Boucher — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: + Mrs. Ruth I. Hall — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

794X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/3, 1953, *to* 7/23, 1953, *that I last saw the deceased alive on* 7/23, 1953, *and that death occurred at* 4 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Davies 100 MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7/24

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 7/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2490
Local Reg. No. 272
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): - - - -

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4 DATE OF DEATH (Month) (Day) (Year)
MARY	WEIR	ULREY	July 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 17, 1887	66	3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse 15	Nursing	Preston, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Weir	Scotland	Unknown	Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - - -	- - - -	Walter R Ulrey	Fruitland, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2041 Chronic Myelocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - -	- - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - m.	- - - -	- - - -

22. *I hereby certify that I attended the deceased from* 11/21, 1952, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise, Idaho	July 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 23, 1953	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-28-53	Myrtle Palmer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Spencer 1st + Bannock

RECEIVED AUG 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2491
Local Reg. No. 275
Reg. Dist. No. 371
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1015 No. 5th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GERALD		CRAVEN	July	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	3/21/1900	53	4	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales-representative	Smith-Faus	Clayton, Brad Co. England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Craven	Clayton, England	Elizabeth Spink	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		No Record.	Mrs Gerald Craven	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio —

DUE TO (c) Vascular renal disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* July 24, 1953, *that I last saw the deceased alive on* May 19 53 30, *and that death occurred at* 12 30 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Spencer M.D. 381 C	Boise, Idaho	7-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/1953	Clovardale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-3-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2492
Local Reg. No. 273
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 68 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1419 N. 16th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1419 N. 16th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Victoria
b. (Middle): E.
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): July 24 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Jackson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah M. Bacon — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1419 N 16th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Angina Pectoris.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APR 5, 1950, *to* July, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred A Pilling Ex MD (Degree or title)
23b. ADDRESS: Eastman Bldg Boise
23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] McBrathey-Alden Chapel — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2493
Local Reg. No. 267
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mitchell Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Umatilla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pendleton
d. STREET ADDRESS (If rural, give location): 611 So. East Goodman

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BONNIE	LORRAINE	STALEY	7	25	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	5/26/~~31~~ 23	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 49
10b. KIND OF BUSINESS OR INDUSTRY: restuarant
11. BIRTHPLACE (State or foreign country): Lima, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bradley — BIRTHPLACE: Custer County, Ida.
14. MOTHER'S MAIDEN NAME: Kidder Davis — BIRTHPLACE: Ashville, No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 519-14-9835
17. INFORMANT'S OWN SIGNATURE: Edna Christopherson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

983X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to Strangulation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Manual strangulation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4-5 month pregnancy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mitchell Hotel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 25 53 1:30 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Manual strangulation

22. *I hereby certify that I attended the deceased from* Autopsy 7/29 only ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 045 Beeman MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 25 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/25/53
24c. NAME OF CEMETERY OR CREMATORY: Idaho Falls
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 7-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell V. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 2494
Local Reg. No. 277
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 820 Franklin

3. NAME OF DECEASED (Type or Print): a. (First) Vasiliki b. (Middle) c. (Last) Kassis

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1891

9. AGE (In years last birthday): 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Angelo BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Unk BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Vasiliki Kassis ADDRESS: 820 Franklin Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with metastasis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular disease

19a. DATE OF OPERATION: Oct 53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of antrum Stomach & celiac metastasis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1953 *to* July, 1953 *that I last saw the deceased alive on* 24 July, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Hawley MD

23b. ADDRESS: 205 Eastman Bldg.

23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2495
Local Reg. No. 274
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2004 Manitou Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2004 Manitou Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	ALFREDA	QUIST	July 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Divorced	Nov. 4, 1888	64-8-23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Ong, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred W. Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Aleda Sophia Danielson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs Dorothy M Creswell 819 N. 20th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 970X Acute barbiturate poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27, 1953 - 8pm m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Took poisoning

22. *I hereby certify that I attended the deceased from* autopsy 19 only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C Seeman MD 045	Boise	29 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	01 7/31/53	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-4-53	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953

Certificate of Death

STATE OF IDAHO

State File No. 2196
Local Reg. No. 283
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) William; c. (Last) Dearing

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --

8. DATE OF BIRTH: Feb. 23, 1881

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wm. Dearing — BIRTHPLACE: Kaysville, Ky.

14. MOTHER'S MAIDEN NAME: Maria Ellen Buhler Galion, Ohio. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. A. Miller — ADDRESS: Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - Cardiac
DUE TO (c) decompensation — 1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus - Pernicious Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* July 30, 1953, *that I last saw the deceased alive on* July 30, 19 53, *and that death occurred at* 6: P. M m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Bowman M.D. (Degree or title)
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 8/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/1/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian,
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 8-7-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.W. Eaton — ADDRESS: Meridian, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2497
Local Reg. No. 280
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 33 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 112 Straughan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 112 Straughan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Renna
b. (Middle):
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): July 30. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 19. 1903
9. AGE (In years last birthday): 50 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ft. Collins Colorado
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Leland Fleener — BIRTHPLACE: USA.
14. MOTHER'S MAIDEN NAME: Lillie Reed — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-2734
17. INFORMANT'S OWN SIGNATURE: Leon B. Miller — ADDRESS: 112. Straughan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sarcinomatosis of Abdomen — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Sarcinoma of Ovary — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/28/53
19b. MAJOR FINDINGS OF OPERATION: Abdominal Sarcinomatosis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/22, 1953, *to* 7/30, 1953, *that I last saw the deceased alive on* 7/30, 1953, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene D. Jones 193 M.D.
23b. ADDRESS: 205 N 10 th St. Boise Ida
23c. DATE SIGNED: 7/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 3. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Paindexter AUG 13 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2498
Local Reg. No. 281
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 46 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 714 No 6th.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): R.
c. (Last): Thorne

4. DATE OF DEATH (Month) (Day) (Year): July 31 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25. 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aspen Colorado
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John S. Thorne — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Viola Robbins — BIRTHPLACE: USA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John W Thorne — ADDRESS: San Francisco

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) renal disease with decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 7/27, 1953, *to* 7/31, 1953, *that I last saw the deceased alive on* 7/31, 1953, *and that death occurred at* 4:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: S M Paindexter M.D. 311 (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 4th 1953. 02
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2499
Local Reg. No. 119
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2 Kuna, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route #2
d. STREET ADDRESS (If rural, give location): Kuna, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): M.
c. (Last): Kirkhart

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Augusta, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. H. Watson — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Maphet — BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give year or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl C Kirkhart — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Hypertension — 5 yrs.
DUE TO (c): Arterial Sclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953 *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Montgomery 259
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 8, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR Merville D. Davis — **ADDRESS**: Davis-Warrick Funeral Home Caldwell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No. 121
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 106 E. 38 th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Roberta	NMN	Garrett	July 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 11, 1901	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Otis D. Phillips	Penn.	Vasta Phillips	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Benton Garrett	106 E 38th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 13, 1953, *to* July 6, 1953, *that I last saw the deceased alive on* July 3, 1953, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty M.D.		Meridian Ida	7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1953	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-10-53	Myrtle Palmer	C. E. Alden	Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2501
Local Reg. No. 124
Reg. Dist. No. 371

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 846 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 309 North 4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bert	W.	Weston	July 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-27-94	59	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postmaster	Civil Service	Valley City, N. D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert Weston	Veazy, Maine	Phoebe McFadgen	Guelph, Canada

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
Yes	WW I	Unknown	Records, VA Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive & arteriosclerotic cardio-vascular disease with

DUE TO (c) encephalopathy — 3 yrs plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 12, *19* 51, *to* July 7, *19* 53, *that I last saw the deceased alive on* July 7, *19* 53, *and that death occurred at* 10:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. P. SWENSON, M. D. Chief, Medical Services	VA Hospital, Boise, Idaho	7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 9, 1953	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-16-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2502
Local Reg. No. 137
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 21 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meyers Rest Home Rt. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1117 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Roxana
b. (Middle): Jane Smith
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): July 8th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: ? 1870
9. AGE (In years last birthday): About 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tipton Penn:
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John G. Smith
BIRTHPLACE: Penn:
14. MOTHER'S MAIDEN NAME: Anna O'Donnell
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Archibald Jr.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* July, 1953, *that I last saw the deceased alive on* 7 July, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 53 Mrs. [signature] MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 11th. 53. 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
J S McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2563
Local Reg. No. 122
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle); c. (Last) Mowbray

4. DATE OF DEATH: (Month) July (Day) 9. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 4. 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Laborer 97

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silver City Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. Ward Trotter
ADDRESS: Matron Co. Hosp:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 4 3 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular hypertensive disease

INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Silicosis of Lungs

INTERVAL BETWEEN ONSET AND DEATH: unk

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 1, 1950 *to* July 8, 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 11:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Smoky M D

23b. ADDRESS: Meridan

23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho.

DATE REC'D BY LOCAL REG.: 7-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR
ADDRESS: Schreiber-McCann-Gibson. Boise Idaho

J N McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2504
Local Reg. No. 123
Reg. Dist. No. 371

BIRTH NO.

JUL 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 101 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldier's Home

3. NAME OF DECEASED (Type or Print): a. (First) Don; b. (Middle) C.; c. (Last) Gibbs

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11-16-96

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR — Months: 7 Days: 26
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sam W. Gibbs
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sephrona L. McCraney
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of esophagus with Inanition & cachexia — Approx. 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 2, 1953, *to* July 12, 1953, *that I last saw the deceased alive on* July 12, 1953, *and that death occurred at* 7:26 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Joseph Beeman, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2505
Local Reg. No. 129
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottonwood Gulch Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 404 Ada

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Beverly	Ann	Baker Weaver	7	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	3/26/38	15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student	------	Kansas City, Missouri	U USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Raymon C. Baker	Marysville, Missouri	Marie Olsen	Arnold, Nebraska

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-----	no	Francis M. Weaver	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒ XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	cottonwood gulch	Boise ada Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ XX	21f. HOW DID INJURY OCCUR?
7	13	53	12:10 a.m.		automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell C. Relyea Coroner	318 N. Latah Boise, Idaho	7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/15/53	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
7-17-53	Myrtle Palmer	Russell C. Relyea	318 N. Latah
		Relyea Mortuary	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Emma E. Ellis

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JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2506
Local Reg. No. 128
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 73 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4105 Brand St.

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Ellis

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 53

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 17 1880

9. AGE (In years last birthday): 73
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Jerusalem, Idaho

12. CITIZEN OF WHAT COUNTRY?: Usa

13. FATHER'S NAME: Wm R. Ray
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lelyde G Ellis
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular hypertensive Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 19 53, *to* 7-13, 19 53 *that I last saw the deceased alive on* 7-13, 19 53 *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A Relyea
ADDRESS: 318 N. Latah
Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2507
Local Reg. No. 132
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle (Rural)
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3½ Miles NW

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle (Rural)
d. STREET ADDRESS (If rural, give location) 3½ Miles NW

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Curtis	Jackson	July 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 9, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Allendale, Missouri	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Jackson	Ohio	Hannah Mendenhall	Iowa

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Yes	Pearl Jackson	Rt. 1 Eagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis -	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	years.
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 27, 1952 *to* July 10, 1953, *that I last saw the deceased alive on* July 10, 1953, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Frazier, M.D.	Boise Idaho	July 17, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 17, 1953	Dry Creek	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-20-53	Myrtle Palmer	A. E. Alden McBratney - Alden	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2508
Local Reg. No. 130
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1207 Division St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Daniel	Morrow	7	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	may 30, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter 37	retired	Marshall Countym Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Morrow	no record	unknown Yeager	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			X Ethel G. Long	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio-vascular disease - Ank

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-7, 1953, *to* 7-14, 1953, *that I last saw the deceased alive on* 7-13, 1953, *and that death occurred at* 9:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
230 Carl D Coaty MD	Meridian	7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/18/53	Cloverdale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-17-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah

Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2509
Local Reg. No. 735
Reg. Dist. No. 371

BIRTH NO.

JUL 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) C.; c. (Last) Carl

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-15-89
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mellar S. Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: N. C. Carl — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Myrtle Phillips — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 458055498
17. INFORMANT'S OWN SIGNATURE: Wm. W. Reed — ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion with anterior wall infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, *19*53, *to* July 15, *19*53, *that I last saw the deceased alive on* July 15, *19*53, *and that death occurred at* 2:20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Beeman, M. D. (Degree or title): Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS MEMORIAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2510
Local Reg. No. 136
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 915 N. 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) c. (Last) FENTON

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 18, 1880

9. AGE (In years last birthday): 73-1-27
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frances Marion Lastwood — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Josephine Burgess Morning — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Shirley L. McMurtrey ADDRESS: 1205 Bannock Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular hypertensive — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): uremia-cardio-nephritic syndrome — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952 *to* 7-15, 1953, *that I last saw the deceased alive on* 7-13, 1953, *and that death occurred at* 1:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 15, 1953 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2511
Local Reg. No. 139
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 47 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Josephine; b. (Middle); c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): July 16. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar. 18. 1859

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lenora J. Brown
ADDRESS: 1702 S. Atlantic

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial pneumonia Terminal

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1950, *to* July 17, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 9:a m. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Donaty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 20. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 2512
Local Reg. No. 131
Reg. Dist. No. 371

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) Ellie; b. (Middle) O.; c. (Last) Kobbe

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 6/15/1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: W. H. Odneal
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ellen Hammond
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edd Mulvania
ADDRESS: Meridian Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 18, 1953, *to* July 18, 1953, *that I last saw the deceased alive on* July 18, 1953, *and that death occurred at* 4: P. M. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nancy L. Smith M.D.

23b. ADDRESS: Meridian Idaho

23c. DATE SIGNED: July 19, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/19/53

24c. NAME OF CEMETERY OR CREMATORY: Elkin

24d. LOCATION (City, town, or county) (State): Elkin, Oregon

DATE REC'D BY LOCAL REG.: 7-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Meridian Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2513
Local Reg. No. 140
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 52 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print): a. (First) Pedro; b. (Middle); c. (Last) Echevarria

4. DATE OF DEATH: (Month) (Day) (Year) July 22. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5th. 1881

9. AGE (In years last birthday): 72 + IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wool Grower. Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Livestock.

11. BIRTHPLACE (State or foreign country): Ibarrui Vizcaya Spain

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vicente Echevarria — BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Josefa Guisala — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Victoria Barrutia — ADDRESS: Boise Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 1953, *to* July 22, 1953, *that I last saw the deceased alive on* July 20, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 25. 1953.

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J N McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2514
Local Reg. No. 144
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) KATE b. (Middle) c. (Last) TENNYSON.

4. DATE OF DEATH: (Month) July. (Day) 25. (Year) 1953

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: October. 17. 1882.

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months: 9 Days: 8 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Worth, Texas.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Trank Wesley Tennyson, BIRTHPLACE: Missouri.

14. MOTHER'S MAIDEN NAME: Martha Isabelle Bryan. BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Kathryn Tennyson ADDRESS: R.D. # 2. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 170X Carcinoma of breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-30-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, *19* 53, *to* July 25, *19* 53, *that I last saw the deceased alive on* July 25, *19* 53, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otto Swindell M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: July 27 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July. 28. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-4-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Claude Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2515
Local Reg. No. 145
Reg. Dist. No. 371

BIRTH NO.

AUG 13 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1521 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 13 E. N. Main

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Terriere

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-6-91

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 8 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Republic, Mich.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Terriere
BIRTHPLACE: Franne

14. MOTHER'S MAIDEN NAME: Rose Marks
BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518 22 7076

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Vascular Disease with encephalopathy. — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4417X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 24, 19 49, *to* July 25, 19 53, *that I last saw the deceased alive on* July 25, 19 53, *and that death occurred at* 10:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. K. HELFERTY, M.D. (Degree or title): Chief, Professional Services
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2516
Local Reg. No. 149
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Boise~~ Eagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	(nmn)	Beachler	July	28	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	10/29/84	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of	Farming	Houtsdale, Penna	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Beachler	Lorraine France	Jane Bicklemen	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	x Mary Beachler	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural causes probably due to 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
natural causes	home	Eagle	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7/28/53			12:15 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	natural causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Relyea 410	Coroner	318 N. Latah, Boise, Idaho	7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Jul 31, 1953	Cloverdale	Boise,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-17-53	Myrtle Palmer	Russell A. Relyea RELYEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 8 1953

Certificate of Death

STATE OF IDAHO

State File No. 2517
Local Reg. No. 177
Reg. Dist. No. 343

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna - Rural
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) EDWIN c. (Last) HODGES

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1901

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hodges
BIRTHPLACE: Richmond, Utah

14. MOTHER'S MAIDEN NAME: Jane Spackman
BIRTHPLACE: Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519 01 7029

17. INFORMANT'S OWN SIGNATURE: Alla L. Hodges
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 157X Adenocarcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause undetermined.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-13-53

19b. MAJOR FINDINGS OF OPERATION: Undisposed Carcinoma of Pancreas & Liver

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 19 53, *to* 7-29, 19 53, *that I last saw the deceased alive on* 7-29, 19 53, *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 241 J. H. Mangum M.D.

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 31, 53

24c. NAME OF CEMETERY OR CREMATORY: Preston Idaho

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: Aug 3, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Carl L. Alsip

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2518
Local Reg. No. 13
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): P.O. Box 451, Council, Ida.

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): WASHINGTON
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): July 1 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Williamsburg, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ezekial Sutherland — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nathaniel P. Davis — ADDRESS: Council, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 17, 1953, *to* July 1, 1953, *that I last saw the deceased alive on* July 1, 1953, *and that death occurred at* 6:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Sicard 411 — 23b. ADDRESS: Council, Idaho — 23c. DATE SIGNED: 7/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/7/53 01
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 7/2/53
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2519
Local Reg. No. 179
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) PATSY; b. (Middle) JANE; c. (Last) HAGLER

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 27, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 21

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Boone County Arkansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Fancher
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Jane Bassham
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 542-28-5524

17. INFORMANT'S OWN SIGNATURE: Jimmie Moyes
ADDRESS: Elko, Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4-1-4 Endo-carditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, *19* 52, *to* May 21, *19* 53 *that I last saw the deceased alive on* May 20, *19* 53, *and that death occurred at* 12 MD *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Hughart M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 24, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Jas. Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2520
Local Reg. No. 180
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Dearborn Hotel 123 So. 2nd.

3. NAME OF DECEASED (Type or Print): a. (First) HEITARO b. (Middle) c. (Last) MIHARA

4. DATE OF DEATH: (Month) (Day) (Year) June 2, 1953

5. SEX: Male

6. COLOR OR RACE: Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Japan

12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME: Mihara
BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): **

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S SIGNATURE: Harry Watanabe
ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes mellitus

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 19 53, *to* June 2, 19 53, *that I last saw the deceased alive on* June 1, 19 53, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Hughart M.D.

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 5/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Colin M. Edward
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2521
Local Reg. No. 167
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): George Mathew's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1645 So. 5th Pocatello, .

3. NAME OF DECEASED (Type or Print): a. (First) Margaret Emily b. (Middle) Johnson c. (Last) Foster

4. DATE OF DEATH: (Month) July, (Day) 4. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Johnson
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ann Sarah Dearns
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C. E. Foster
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

492 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Senility ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1953, *to* July 4, 1953, *that I last saw the deceased alive on* July 2, 1953 *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray L. Merkley, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-53
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): S.L.C. Utah S & C Utah

DATE REC'D BY LOCAL REG.: AUG 7 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Fogg Mortuary
ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2522
Local Reg. No. 171
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): One Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1116 N. Grant Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	HANNA	HELLSTEN	BLOMQUIST

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Apr. 30, 1889	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker	College	Dalecarlia, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hellsten	Sweden	Unknown	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-2332	Allen Blomquist	Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 4, *19* 53, *to* July 4, *19* 53, *that I last saw the deceased alive on* July 3, *19* 53, *and that death occurred at* 5:10 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
326 D C Ray M D	Pocatello, Idaho	7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1953	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 13 1953	Darlene Archibald	Downard Funeral Home	Pocatello, Id.

By John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JUL 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2523
Local Reg. No. 168
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 35 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 12th & Halliday

3. NAME OF DECEASED (Type or Print)
a. (First): Wilton
b. (Middle): Joseph
c. (Last): Barrell

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 13, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Brazil, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Barrell — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Marguerite Dixon — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-05-6147
17. INFORMANT'S OWN SIGNATURE: Eugene J Barrell — ADDRESS: 840 S. Arthur Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic heart disease — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Sept, 1952, *to* 4 July, 1953, *that I last saw the deceased alive on* 4 July, 1953, *and that death occurred at* 5:9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R G Randall (Degree or title): MD
23b. ADDRESS: 804 E. Center Pocatello Ida
23c. DATE SIGNED: 6 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 9 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Henderson Funeral Home — ADDRESS: Pocatello, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2524
Local Reg. No. 174
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1818 Almo Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mary Ann b. (Middle) Hardy Fullmer c. (Last) Groesbeck

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): St. George, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hardy — BIRTHPLACE: Louisville, Kentucky
14. MOTHER'S MAIDEN NAME: Cynthia Fredrick — BIRTHPLACE: San Bernadino California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-14-0976
17. INFORMANT'S OWN SIGNATURE: Mrs. Fullmer — ADDRESS: Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left renal calculus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* July 7, 1953, *that I last saw the deceased alive on* July 7, 1953, *and that death occurred at* 5:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth A. Mac Innes M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/7/53
24c. NAME OF CEMETERY OR CREMATORY: Springville
24d. LOCATION (City, town, or county) (State): Springville, Utah

DATE REC'D BY LOCAL REG.: JUL 15 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: J. Garth Taylor — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE

Certificate of Death

JUL 11 1953

STATE OF IDAHO

State File No. 2525
Local Reg. No. 169
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): W. Bannock

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Elizabeth Jones
c. (Last): Dennis P. Metcalf

4. DATE OF DEATH (Month) (Day) (Year): July - 7 - 1953

5. SEX: Female
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 3, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James E. Jones — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Annie Williams — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs Thos Dennis — ADDRESS: Malad Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture Rt. Hip — 7 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterio-sclerotic Heart Disease — 7 cms

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malad City, Oneida, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 22, 1953-12:30pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell going down basement steps

22. *I hereby certify that I attended the deceased from* June 6, 1953, *to* 7-7, 1953, *that I last saw the deceased alive on* 7-7, 1953, *and that death occurred at* 2:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. Wilerrell MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July - 7 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: AUG 7 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUL 14 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2506
Local Reg. No. 773
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, 643 No. 13th. St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 643 No. 13th.

3. NAME OF DECEASED (Type or Print) a. (First) Hyrum b. (Middle) Elmer c. (Last) Lish

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH September 7, 1886

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman-Farmer

10b. KIND OF BUSINESS OR INDUSTRY Railroad & Farming

11. BIRTHPLACE (State or foreign country) Albion, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hyrum Lish 27

BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Erminnie V. Norton

BIRTHPLACE Brigham City, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT'S OWN SIGNATURE Susie J. Lish
ADDRESS 643 No. 13th.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas + metastasis

INTERVAL BETWEEN ONSET AND DEATH 15 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* July 7, 1953, *that I last saw the deceased alive on* 7-7, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE David A. Miller (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 11, 1953

24c. NAME OF CEMETERY OR CREMATORY McCammon Cemetery

24d. LOCATION (City, town, or county) McCammon (State) Bannock Idaho

DATE REC'D BY LOCAL REG. JUL 13 1953

REGISTRAR'S SIGNATURE Darlene Archibald

25. FUNERAL DIRECTOR Allen J. Manning

ADDRESS Manning Funeral Chapel 510 No. 12th. Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2527
Local Reg. No. 189
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 552 E. Benton St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 552 E. Benton St.

3. NAME OF DECEASED (Type or Print): a. (First) Royce; b. (Middle) Willow; c. (Last) Neilson

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 5, 1912

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rupert Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Roy W. Adams
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Grace Crawford
BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Robert B. Wilson
ADDRESS: San Francisco

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Cerebral Vessel or aneurism.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possible old Head Injury

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Evan MD (Degree or title)

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: 7-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 7-10-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: W. E. Wilson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2528
Local Reg. No. 172
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 55yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 452 W. Bonneville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 452 W. Bonneville

3. NAME OF DECEASED (Type or Print): a. (First) Aileen; b. (Middle) Franklin; c. (Last) Coffin

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 19 1897

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathan G. Franklin — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lila F. Wilbur — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. W. T. Wilkerson — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Rheumatic Fever.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

416 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 48, *to* July 7, 19 53, *that I last saw the deceased alive on* July 1, 19 53 *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 169 R. P. Howard M.D. — **23b. ADDRESS**: Pocatello Ida — **23c. DATE SIGNED**: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: 7-10-53 01 — **24c. NAME OF CEMETERY OR CREMATORY**: Mount Moriah Cem. — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 13 1953 — REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Idaho

by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 28 1953

Certificate of Death

STATE OF IDAHO

State File No. 2529
Local Reg. No. 188
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 19-Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 East Poplar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1205 East Poplar

3. NAME OF DECEASED (Type or Print): a. (First) Steven b. (Middle) Ray c. (Last) Pannel

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 30, 1951

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - 2

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marion Pannel — BIRTHPLACE: Sylvia, North Carolina

14. MOTHER'S MAIDEN NAME: Cloerene Bassett — BIRTHPLACE: Howell, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: M J Gamul — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 9, 1953 11:40 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Truck backed over him

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 11:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): J. P.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-11-53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: C. E. Wells — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2520
Local Reg. No. 176
Reg. Dist. No. 511

111-53-7858

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUL 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Karen	Rae	Nelson	July 9, 1953

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	July 6, 1953			3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -0-
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Farold R. Nelson	American Falls, Ida.	Harriet Rae Dunn	Aberdeen, Idaho

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Farold R. Nelson	Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6 July, 1953 *to* 9 July, 1953, *that I last saw the deceased alive on* 9 July, 1953, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Louis G. Brish	MD	Pocatello, Idaho	14 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-11-53	Rockland - Valley View	Rockland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 17 1953	Darlene Archibald		Am. Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED

JUL 28 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2531
Local Reg. No. 183
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 137 West Bryan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 137 West Bryan

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) SAMUEL c. (Last) HALFORD

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26, 1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automotive

11. BIRTHPLACE (State or foreign country): Portage, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Willard Halford
BIRTHPLACE: Portage, Utah

14. MOTHER'S MAIDEN NAME: Rhoda Young
BIRTHPLACE: Perry, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes — World War One

16. SOCIAL SECURITY NO.: 519-16-4770

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Norine Halford — Pocatello,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Prostate with Metastases to spine and pelvis — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1953, *to* 2-16, 1953, *that I last saw the deceased alive on* 2-16, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jay P. Merkley, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-14-53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Colin M. Edward

ADDRESS: Hall-Grant-Mortuary, Pocatello,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2532
Local Reg. No. 182
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dearborn Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 100 S. Second

3. NAME OF DECEASED (Type or Print)
a. (First): Enokichi
b. (Middle):
c. (Last): Kubota

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1953

5. SEX: Male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): About 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY? Japan

13. FATHER'S NAME: Unknown — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 542-14-0247
17. INFORMANT'S OWN SIGNATURE: Sadanobu Inashima — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in bed
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* About 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles W. Hyde (Degree or title) J. P.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: R. E. Weeks — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2533
Local Reg. No. 177
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1154 No. Garfield

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) FERN c. (Last) HEMPHILL

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 2, 1894

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pike County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW M. HAYS
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: BERTIE FOSTER
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: William M. Hemphill
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from _____, 1952, to July 12, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 11:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE: R. Howard M.D. (Degree or title)

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 14 JULY 53

24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH

24d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: JUL 17 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Raymond Funeral Home By George W. Knuth

ADDRESS: Pocatello, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2534
Local Reg. No. 181
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): Pocatello, Creek

3. NAME OF DECEASED (Type or Print)
a. (First): PIERCE
b. (Middle): MARION
c. (Last): CONAWAY

4. DATE OF DEATH: (Month) (Day) (Year): July 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: August 8, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Driller 31

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carr Conaway
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: 519-14-4825

17. INFORMANT'S OWN SIGNATURE: William M. Thorson
ADDRESS: Pocatello,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio-Renal
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 11, 19 53, *to* July 14, 19 53, *that I last saw the deceased alive on* July 13, 19 53, *and that death occurred at* 3:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.H. Hershey, M.D. M. D.
23b. ADDRESS: Pocatello,
23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-18-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Colin M. Edward, Nell Grant Mortuary
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 178
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 263 Willard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LINDA		ROPER	July 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	May 31, 1940	13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Pocatello, Idaho	U.S.A

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles E. Roper	Centralia, Illinois	Vera Payne	Arbon, Idaho

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
***	****	*****	X Charles E. Roper Jr.	Pocatello,

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ewings sarcoma with multiple metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* October, 1952, *to* July, 1953, *that I last saw the deceased alive on* 7/15/53, 19___, *and that death occurred at* 9:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Parks M.D. Joseph A. Parks M.D.	939 W. Pocatello	7/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-18-53	Mt. View	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 17 1953	Darlene Archibald	Colin M. Edward	Hall Grant Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No. 193
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ambulance in route to hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Maggie b. (Middle) c. (Last) Gilbert

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Unknown About

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR Months | Days | IF UNDER 1 HR. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekkeper

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Battle Mountain, Nevada

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Nevada

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rita Hernandez
ADDRESS: Fort Hall, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Few Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Died in ambulance on way to hospital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* About 12:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) L. P.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Battle Mountain
24d. LOCATION (City, town, or county) (State): Battle Mountain, Nevada

DATE REC'D BY LOCAL REG.: JUL 31 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2537
Local Reg. No. 184
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1056 No. Buchanan
d. STREET ADDRESS (If rural, give location): Pocatello

3. NAME OF DECEASED (Type or Print)
a. (First): Lyman
b. (Middle): Greenwell
c. (Last): Tanner

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 27, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Carmen 70
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific Railroad
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Nathan Tanner Jr. — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margeret Harrington — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs L. G. Tanner — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterio sclerotic heart disease — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* July, 1953, *that I last saw the deceased alive on* 17 July, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Randall MD
23b. ADDRESS: 804 E. Center Pocatello, Ida
23c. DATE SIGNED: 21 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-20-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Conway Grant — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 28 1953

Certificate of Death

STATE OF IDAHO

State File No. 2526
Local Reg. No. 186
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 30 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 776 Grace Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 776 Grace Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BARNARD	***	O'KESSON	July	18	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 29, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Farmer	Self employed	Malmo	Sweden	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James O'Kesson	Sweden	Johanna Olson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	*****	519-07-5042	Mrs Barnard O'Kesson	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Found dead in bed, had been sick

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. for several months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **** *to* *****, *that I last saw the deceased alive on* *****, *and that death occurred at* about 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jas Henderson	Bannock County Coroner	Pocatello, Idaho	July 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1953	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 27 1953	Darlene Archibald	Jas Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2529
Local Reg. No. 185
Reg. Dist. No. 511
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY Millard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hinckley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Ore c. (Last) Likes
4. DATE OF DEATH (Month) (Day) (Year) July 18 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Feb. 5, 1865
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 21
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Heber City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Burns Cunningham BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Ellen Gibbs BIRTHPLACE Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Aline Jeppesen ADDRESS Rexburg, Idaho

18. CAUSE OF DEATH 8164
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Intra-thoracic Vessels — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rib fractures — 9 hours
DUE TO (c) Cardiac enlargement
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Pelvis — 9 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 1953 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Collision

22. I hereby certify that I attended the deceased from July 18, 1953, to _____, 19____, that I last saw the deceased alive on July 18, 1953, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE Paul C. Schoff (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/21/53
24c. NAME OF CEMETERY OR CREMATORY Ogden
24d. LOCATION (City, town, or county) (State) Ogden Utah

DATE REC'D BY LOCAL REG. JUL 27 1953
REGISTRAR'S SIGNATURE Darlene Archibald
25. FUNERAL DIRECTOR Holland D Reese ADDRESS Rexburg Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2540
Local Reg. No. 198
Reg. Dist. No. 511

BIRTH NO. 111-53-79C2

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,

c. LENGTH OF STAY (in this place): 8 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,

d. STREET ADDRESS (If rural, give location): Rt. 2 North

3. NAME OF DECEASED (Type or Print)

a. (First): INFANT GIRL

b. (Middle): LELLAH

c. (Last): HATTEN

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **********

8. DATE OF BIRTH: July 18, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ******

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herbert O. Hatten — BIRTHPLACE: Pocatello, Ida.

14. MOTHER'S MAIDEN NAME: Mary Whitaker — BIRTHPLACE: Jacksonville, Florida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **** — (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: ****

17. INFORMANT'S SIGNATURE AND ADDRESS: Herbert O Hatten Pocatello

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity. 6 1/2 mo — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Mother ill.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1953, *to* 7-18, 1953, *that I last saw the deceased alive on* 7-18, 1953, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D C Ray M.D. (Degree or title): 32

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7-30-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR AND ADDRESS: Conway Grant Conway Grant Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
AUG 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 21 11
Local Reg. No. 197
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 445 So. Hayes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	HENRY	TAYLOR	July 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 DAY Hours / Min.
Male	White	Married	January 12, 1902	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fire Builder 70	U.P. Railroad	Fairview, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Y. Taylor	Utah	Tillie Jensen	Weston, Idaho

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—	—		Cecile May Taylor	Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Progressive muscular atrophy — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchopneumonia — 1 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7 Apr, 1952, *to* 21 July, 1953, *that I last saw the deceased alive on* 21 July, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.G. Crandall, M.D.	804 E. Center, Pocatello, Idaho	30 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-24-53	Mountain View	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUL 31 1953	Darlene Archibald	Conway Grant, Hart Grant Mortuary	Poc.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

JUL 28 1953

STATE OF IDAHO

State File No. 2516
Local Reg. No. 187
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Beaverhead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dell - rural
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): a. (First) Ara b. (Middle) Georgia c. (Last) Gravely

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 24, 1885

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Pickens, So. Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W.R. Price — BIRTHPLACE: So. Carolina

14. MOTHER'S MAIDEN NAME: Lucretia Unknown — BIRTHPLACE: So. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Henry L. Gravely — ADDRESS: Dell, Mont.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic H.D. — 3 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 19 53 *to* July 22, 19 53, *that I last saw the deceased alive on* July 22, 1953 *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R.P. Howard M.D. (Degree or title)

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: July 23-53

24c. NAME OF CEMETERY OR CREMATORY: Dell

24d. LOCATION (City, town, or county) (State): Dell Mont.

DATE REC'D BY LOCAL REG.: JUL 27 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

25 FUNERAL DIRECTOR ADDRESS: Downard Funeral Home Pocatello Ida.
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2543
Local Reg. No. 194
Reg. Dist. No. 516

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Belvedere Apts. #211

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL	MAE	ZIEBACH	July 24 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 19, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Evanston, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel J. Gilmore — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ella Hudson — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. M. Ziebach — ADDRESS: Pocatello, I.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Hypertensive cerebral Vascular disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-52, 19___, *to* 7-24, 1953, *that I last saw the deceased alive on* 7-24, 1953, *and that death occurred at* 11:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, DNat	Pocatello, Idaho	7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jul. 27, '53	UNKNOWN	Yankton So. Dak.

DATE REC'D BY LOCAL REG.: JUL 31 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Downard Funl. Home By George W. Kopp — ADDRESS: Pocatello, Id.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 11 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 195
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 302 East Lander Street

3. NAME OF DECEASED (Type or Print): a. (First) SONIA; b. (Middle) ****; c. (Last) HUDSON

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 16, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Oak Ridge Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Bernard Criddle
BIRTHPLACE: Jackson, Missouri

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Siebert
BIRTHPLACE: Jackson, Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: James C. Hudson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pernicious Anemia
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July [illegible], 1953, *to* July 30, 1953, *that I last saw the deceased alive on* July 30, 1953, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sparks Funeral Home
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: AUG 10 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2515
Local Reg. No. 192
Reg. Dist. No. 511

BIRTH NO.

AUG 1 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
c. LENGTH OF STAY (in this place): 15yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
d. STREET ADDRESS (If rural, give location): 1blk west&2blks So. of Cemetery

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET JANE b. (Middle) MESSER c. (Last) GUNTER

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 23, 1861

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months 11 | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Big Springs, No. Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Henry Messer
BIRTHPLACE: No. Carolina

14. MOTHER'S MAIDEN NAME: Kate Sutton
BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: ****

17. INFORMANT'S OWN SIGNATURE: X Mrs Pearle Vaughn
ADDRESS: Arimo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-2-10

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Senility and Agony

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1951, *to* July, 1953, *that I last saw the deceased alive on* 1953, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. G. Burkett M.D.
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Marsh Center
24d. LOCATION (City, town, or county) (State): 3 mi So & West of Arimo,

DATE REC'D BY LOCAL REG.: JUL 31 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR ADDRESS: Colin M. Edward, Hall Grant Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2546
Local Reg. No.
Reg. Dist. No.

111-53-7951
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey, Idaho.
c. LENGTH OF STAY (in this place): 18½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Debra
b. (Middle):
c. (Last): Feller

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 10, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 18 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Downey, Idaho.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ralph Edward Feller — BIRTHPLACE: Weston, Idaho.
14. MOTHER'S MAIDEN NAME: Vadis Bingham — BIRTHPLACE: Cornish, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vadis Feller — ADDRESS: Weston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Eusceratia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — causing bowel obstruction

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and necrosis of bowel

DUE TO (c) Baby taken from delivery to OR

II. OTHER SIGNIFICANT CONDITIONS — and bowels evacuated and replaced in abdomen and defect closed

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-10-53
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8:20 P.M. 7/10 1953 *to* 2:50 P.M. 7/11 1953, *that I last saw the deceased alive on* 2:40 P.M. 7/11 1953, *and that death occurred at* 2:50 P.M. 7/11/53 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 525 Surhettry
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Weston
24d. LOCATION (City, town, or county) (State): Weston, Idaho

DATE REC'D BY LOCAL REG.: 7/16/53
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 31 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 25 [illegible]
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 76 yrs.
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Young c. (Last) Orchard

4. DATE OF DEATH (Month) June (Day) 5, (Year) 1953.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Mar 13 1877

9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Young BIRTHPLACE Grand Rapids Mich

14. MOTHER'S MAIDEN NAME Phoebe Campbell BIRTHPLACE Ogden Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE & Elwood Orchard ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Degenerative Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1953, *to* 6-5, 1953, *that I last saw the deceased alive on* 6-1, 1953, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. P. Gardner M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 9 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 7-29-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Dale Matthews ADDRESS Montpelier, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-18021

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2546
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Lyon

4. DATE OF DEATH (Month) (Day) (Year) June 6 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 7 1877
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hyde Park Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Lyon BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Hannah Ball BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE George Lyon ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) H.C.V.R. Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1953, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953 *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 11 '53
24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery
24d. LOCATION (City, town, or county) (State) Sharon, Idaho.

DATE REC'D BY LOCAL REG. 7/30/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25 16
Local Reg. No.
Reg. Dist. No. 35

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Idaho
c. LENGTH OF STAY (In this place) 79
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Caddie	Caroline	Morgan	June 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Nov. 27, 1873	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Liberty Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Symes	England	Mary Ann Pittman	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	[illegible]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 6, 1952 *to* June 25, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Burgoyne M.D.	Montpelier Ida	July 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 26 1953	Liberty Cemetery	Liberty Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/29/53	[illegible]	Nile Matthews	Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No.
Reg. Dist. No. SJ2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dingle Idaho
c. LENGTH OF STAY (In this place) 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dingle Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Hyrum b. (Middle) c. (Last) Oakey

4. DATE OF DEATH (Month) (Day) (Year) July 17 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 11, 1859
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Oakey BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Cooper BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE A. D. Oakey ADDRESS Dingle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1953, *to* July 17, 1953, *that I last saw the deceased alive on* July 17, 1953, *and that death occurred at* 905 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 21, 1953
24c. NAME OF CEMETERY OR CREMATORY Dingle Cemetery
24d. LOCATION (City, town, or county) (State) Dingle Idaho

DATE REC'D BY LOCAL REG. 7/29/53
REGISTRAR'S SIGNATURE A. A. Berry
25. FUNERAL DIRECTOR Vic Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2551
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles Idaho
c. LENGTH OF STAY (in this place) 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Swimming in Bear Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salt Lake City Utah
d. STREET ADDRESS (If rural, give location) 1100 Major Street

3. NAME OF DECEASED (Type or Print) a. (First) Blaine b. (Middle) Leland c. (Last) Openshaw

4. DATE OF DEATH (Month) (Day) (Year) July 24, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb 12, 1934
9. AGE (In years last birthday) 19 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Going to School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leland Noble Openshaw BIRTHPLACE Santaquin Ut.
14. MOTHER'S MAIDEN NAME Olga M. Openshaw BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Nile Matthews ADDRESS Montpelier Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

927.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) In Bear Lake Idaho
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Drowned in Bear Lake
21c. (CITY, TOWN, OR TOWNSHIP) Near St Chas (COUNTY) B L Co (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1953, *to* July 24, 1953, *that I last saw the deceased alive on* July 24, 1953, *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert B. Burdoyne (Degree or title) M.D. 542
23b. ADDRESS Montpelier, Ida
23c. DATE SIGNED 7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 24 1953
24c. NAME OF CEMETERY OR CREMATORY Salt Lake City Cemetery
24d. LOCATION (City, town, or county) Salt Lake City (State) Utah

DATE REC'D BY LOCAL REG. 7/27/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2552
Local Reg. No. 29
Reg. Dist. No. 136

BIRTH NO.

JUL 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) —; c. (Last) Willoughby

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 6, 1878

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Court Stenographer 25

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Agenda Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no information — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no information — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Wm F Weaver — ADDRESS: Tensed Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy
DUE TO (c) Pulmonary emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1, 1953 *to* July 6, 1953, *that I last saw the deceased alive on* July 6, 1953 *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries Idaho.

DATE REC'D BY LOCAL REG.: 7-7-53
REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Gerald E. Browning — **ADDRESS**: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2553
Local Reg. No. 383
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
JUL 11 1953
VITAL STATISTICS
STATE DIVISION

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Earling	Harold	Harroun	July	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	June 11, 1896	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging 08	Lumbering	Mason City, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Harroun	no data	Sarah Dancy	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.	518-03-6931	Orville E. Harroun	St. Maries Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 936.8 Brain abscess c meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Contusion rt. eye
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
Accident	Woods	Clarkia Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 28, 1953 m.	WHILE AT WORK ☑ NOT WHILE AT WORK ☐	Struck in eye by stick

22. *I hereby certify that I attended the deceased from* July 1, 1953 *to* July 6, 1953, *that I last saw the deceased alive on* July 6, 1953 *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp	M.D	St. Maries, Idaho	7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1953	Woodlawn Cemetery	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-53	Lorraine K. Brush	Gerald E. Browning	St. Maries, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2554
Local Reg. No. 31
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 235 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): MONROE
c. (Last): DAWSON

4. DATE OF DEATH (Month) (Day) (Year): July 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 12, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water & Street Commiss. 62
10b. KIND OF BUSINESS OR INDUSTRY: City of St. Maries
11. BIRTHPLACE (State or foreign country): Waverly, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Monroe Dawson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Charlotte Hays — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-03-2175
17. INFORMANT'S OWN SIGNATURE: Selma Anderson — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastases to liver, stomach

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 1951 *19__, to* July 17, 1953, *that I last saw the deceased alive on* July 17, 1953, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title) M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 7-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2555
Local Reg. No. 112
Reg. Dist. No. 600

RECEIVED JUL 11 1953

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 97 Kirby St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 97 Kirby St.

3. NAME OF DECEASED (Type or Print)
a. (First): Gary
b. (Middle): Paul
c. (Last): Stroschein

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 24, 1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H. Ward Stroschein — BIRTHPLACE: Aberdeen, Idaho.
14. MOTHER'S MAIDEN NAME: Phyllis Jean Jordan, — BIRTHPLACE: Los Angeles, Cal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: H. Ward Stroschein — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

129.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fell in Westside Ditch (Canal)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July, 1, 1953 5:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in canal

22. *I hereby certify that I attended the deceased ~~from~~ on, ~~19~~, to July 1, 1953, that I last saw the deceased dead ~~alive~~ on July 1, 1953, and that death occurred at 5:45p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: July 2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: July 3-1953
REGISTRAR'S SIGNATURE: Mrs Evalin E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 11 1953 DIVISION

Certificate of Death

STATE OF IDAHO

State File No. 2556
Local Reg. No. 113
Reg. Dist. No. 6 ad

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, 6
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 491 N. Oak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 491 N. Oak.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): RALPH
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General contracting
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Muscatine, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME (Foster) 73: William Hulmes — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME (Foster): Jennie — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 519-20-3587
17. INFORMANT'S OWN SIGNATURE: Harry O Roberts 56 Chestnut st — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Chronic~~ Myocarditis (Chronic Myocarditis) — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Enlarged prostate — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 —, 19 53, *to* July 5, 19 53, *that I last saw the deceased alive on* July 5, 19 53, *and that death occurred at* 9:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. O. Hampton 145 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: July 6-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2552
Local Reg. No. 115
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 329 South Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 329 South Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle):
c. (Last): Sandau

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 9, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Operator
10b. KIND OF BUSINESS OR INDUSTRY: Texaco Oil Co.
11. BIRTHPLACE (State or foreign country): Fort Collins, Colorado
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Conrad Sandau — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Louise Schafer — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-9522
17. INFORMANT'S OWN SIGNATURE: Mrs. Vick Sandau — ADDRESS: Blf't. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Seconds.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pt. has been having Coronary attacks for past 5 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1952, *to* July 13, 1953, *that I last saw the deceased alive on* July 13, 1953, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 16 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2556
Local Reg. No. 114
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUL 11 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): By 6m. 23d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSP. SOUTH

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHELLEY
d. STREET ADDRESS (If rural, give location): UNKNOWN

3 NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle); c. (Last) MANNING

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN
8. DATE OF BIRTH: JUNE, 7, 1916
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 1, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): LABORER.
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): GARFIELD, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALPHA MANNING — BIRTHPLACE: DECORAH IOWA
14. MOTHER'S MAIDEN NAME: MARY MEUHLFETT — BIRTHPLACE: LOUISVILLE IDA.

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Schizophrenia — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [4] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY, 27, 1944, *to* JULY, 5, 1953, *that I last saw the deceased alive on* JULY, 5, 1953, *and that death occurred at* 11:28a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-53
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: July 7 1953
REGISTRAR'S SIGNATURE: Mrs Wales E. Peterson
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2559
Local Reg. No. 116
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sterling
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aberdeen-Springfield Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Sterling
d. STREET ADDRESS (If rural, give location): Cpoper Rd. Sterling,

3. NAME OF DECEASED (Type or Print)
a. (First): Terry
b. (Middle): Dale
c. (Last): De Guilio

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 26, 1941
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Grade School
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Santo De Guilio — BIRTHPLACE: Tooele, Utah
14. MOTHER'S MAIDEN NAME: Mabel Line — BIRTHPLACE: Morristown, Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sterling, Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on Arrival, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph G. Coates 546 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-17-53 2
24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 17 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2560
Local Reg. No. 117
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 9 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WYOMING
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AFTON
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ESTELLA
b. (Middle):
c. (Last): NEBKER

4. DATE OF DEATH (Month) (Day) (Year): JULY 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 21, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 7, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ALBIN, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ERNEST LAMPIER — BIRTHPLACE: MORRILLE FRANCE
14. MOTHER'S MAIDEN NAME: ANNE ASTON — BIRTHPLACE: PAROWAN, UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elaine McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 444X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dropsy — 6 mo.
DUE TO (c) Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 6, *1953, to* July 15, *1953, that I last saw the deceased alive on* July 15, *1953, and that death occurred at* 3:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague M.D. 414 (Degree or title)
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 7.15.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 16, 1953 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Montpelier, Idaho.

DATE REC'D BY LOCAL REG.: July 16 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2564
Local Reg. No. 118
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y 6M 25D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELS	W.	ANDERSON	JULY, 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	DEC, 12, 1881	71	6	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	Railroad	BEATRICE NEBRASKA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Alton Young	RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cirrhosis	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Arteriosclerosis	30 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Senile	10 "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DEC, 21, 1951, *to* JULY, 16, 1953, *that I last saw the deceased alive on* JULY, 16, 1953, *and that death occurred at* 8:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Spencer M.D.	State Hosp. So. Blackfoot	7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-17-53		Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17 1953	Mrs Valerie E. Patrick	John C. Sandberg	Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JUL 23 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2502
Local Reg. No. 119
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3 (Gibson)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 3 (Gibson)

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle):
c. (Last): Waters

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lemhi County, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Ft. Hall Indain Agency Records-Ft. Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiorenal disease, Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
BUN = 134 mgm/%

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 13, 1953, *to* July 16, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 10:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard Hansen M.D.
23b. ADDRESS: Pocatello, Idaho.
23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-18-53
24c. NAME OF CEMETERY OR CREMATORY: Gibson-Mission Cemetery
24d. LOCATION (City, town, or county) (State): Rt. 3 Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: July 7 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Fannin
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3563
Local Reg. No. 124
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 12 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS, IDAHO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): D.
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): JULY 18, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 10, 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR Months: 3 Days: 8 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IDAHO FALLS, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MONROE BROWN — BIRTHPLACE: SALT LAKE CITY, UTAH
14. MOTHER'S MAIDEN NAME: EDNA FOX — BIRTHPLACE: RIGBY, IDAHO.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 6, 1953, *to* july 18, 1953, *that I last saw the deceased alive on* July 18, 1953, *and that death occurred at* 12:05P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J O Prominent (Degree or title)
23b. ADDRESS: Blackfoot
23c. DATE SIGNED: 7 18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/21/53
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Rigby Route 2 Idaho

DATE REC'D BY LOCAL REG.: July 28-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2504
Local Reg. No. 120
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blackfoot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lincoln Creek
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Creek Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln Creek
d. STREET ADDRESS (If rural, give location): Rural 8 mi. W. Blackfoot

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Pebeahsy
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 22 1953

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 3, 1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 8, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lawton, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Pebeahsy — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Rechanta Teton — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rechanta Pebeahsy — ADDRESS: Blackfoot Idaho

18. CAUSE OF DEATH 929.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Rt 3, Bingham co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 22, 1953-12:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Children playing in ditch

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 255 A E Miller M D
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-1953 2
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Creek Cemetery
24d. LOCATION (City, town, or county) (State): Bingham Co., Idaho

DATE REC'D BY LOCAL REG.: July 24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2565
Local Reg. No. 123
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3 (Riverton)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 3 (Riverton)

3. NAME OF DECEASED (Type or Print)
a. (First): Denpei
b. (Middle):
c. (Last): Hara

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Okyama, Japan
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Kinjura Hara — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Koto — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-3831
17. INFORMANT'S OWN SIGNATURE: R. Dehio — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): No physician in attendance
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 7- 24, 1953, *to* ---------, 19--, *that I last saw the deceased* Dead on 7-24-, 1953, *and that death occurred at* 3 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. G. Jones — Justice of Peace (Degree or title) Acting Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho.

DATE REC'D BY LOCAL REG.: July 27 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953

Certificate of Death

STATE OF IDAHO

State File No. 2566
Local Reg. No. 122
Reg. Dist. No. 601

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~BLACKFOOT~~ (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 91 (South Blackfoot)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 710 Cottage Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ernest	Gustave	Hackbarth	July	25,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	May 20, 1908	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Kemmer, Wyo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustave Hackbarth	Germany	Rose Hannah Kelly	Ogden, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-07-1418	Evard L. Garner	Sugar City,

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, crushed chest, — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fractured Legs, left arm and
DUE TO (c) Internal injuries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Two car automobile collision

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway 91	S. Blackfoot,	Bingham	Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 25-53 10:10Pm.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Two car automobile collision

22. *I hereby certify that I attended the deceased ~~from~~* ____ *on* ____, *19~~--~~ to* July 25, *1953, that I last saw the deceased* ~~alive~~ Dead *on* July 25, *19 53, and that death occurred at* 10:10pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Jones	Justice of Peace Acting Coroner	Blackfoot, Idaho	July28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/29/53	Sugar City	Sugar City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 28 1953	Mrs Clarice E. Farris	Russell & Eamon Rexburg	

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2567
Local Reg. No. 121
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT (Rural) S. Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Highway 91 (South Blackfoot)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 710 Cottage Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Bonnie Lou
b. (Middle): Garner
c. (Last): Hackbarth

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 7, 1924
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sugar City, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank L. Garner — BIRTHPLACE: Ogden, Utah
14. MOTHER'S MAIDEN NAME: Alice Leulla Haight — BIRTHPLACE: Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank L. Garner — ADDRESS: Sugar City, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, head lacerations, — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) internal injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Two car automobile collision

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): S. Blackfoot, Bingham Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 25, 1953 10:10 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Two car automobile collision

22. *I hereby certify that I attended the deceased ~~from~~* on ~~19~~ ~~to~~ July 25, 1953, *that I last saw the deceased* Dead ~~alive~~ *on* July 25, 1953, *and that death occurred at* 10:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. G. Jones — Justice of Peace (Degree or title) Acting Coroner
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: July 28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial
24b. DATE: 7/29/53
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: July 28-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Russel F. Camm — ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2568
Local Reg. No. 122
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Firth Rt. #1
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firth Rt. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Firth Rt. #1
d. STREET ADDRESS (If rural, give location) Firth Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Sidney
c. (Last) Walker

4. DATE OF DEATH (Month) July (Day) 28, (Year) 1953

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept. 29, 1945
9. AGE (In years last birthday) 7 — IF UNDER 1 YEAR Months 9 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 53
10b. KIND OF BUSINESS OR INDUSTRY Elem. School
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Walker — BIRTHPLACE Oakdale, Tenn.
14. MOTHER'S MAIDEN NAME Beatrice Shoell — BIRTHPLACE Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Neal Stoddart — ADDRESS Firth Rt. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 Caliber rifle wound thru chest — INTERVAL BETWEEN ONSET AND DEATH 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm
21c. (CITY, TOWN, OR TOWNSHIP) Near Wapello (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) July (Day) 28, (Year) 1953 (Hour) 6:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Children playing with rifle

22. *I hereby certify that I attended the deceased from* July 28, 1953, *to* July 28, 1953, *that I last saw the deceased alive on* *, 19___, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter G Hoge (Degree or title) M. D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Firth Cemetery
24d. LOCATION (City, town, or county) (State) Firth, Bingham, Idaho

DATE REC'D BY LOCAL REG. July 30 1953
REGISTRAR'S SIGNATURE Mrs Walter E. Pannie
25. FUNERAL DIRECTOR Howard Packham — ADDRESS Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

* Did not see deceased alive.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIV. OF VITAL STATISTICS

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 2569
Local Reg. No. 2
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (in this place) 24 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Campbell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gillette Wyo.
d. STREET ADDRESS (If rural, give location) 25 mi. North Gillette

3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) Robert c. (Last) Butcher

4. DATE OF DEATH (Month) (Day) (Year) 7-20-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED
8. DATE OF BIRTH 2-10-10
9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months 5 Days 10 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY Wheat
11. BIRTHPLACE (State or foreign country) Melbourne, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Butcher, BIRTHPLACE Melbourne, Nebr.
14. MOTHER'S MAIDEN NAME Cleo Huffman, BIRTHPLACE Melbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Margie Ann Butcher, ADDRESS Gillette Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidentally set mattress on fire-causing suffocation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been dead about six hours when found.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jail
21c. (CITY, TOWN, OR TOWNSHIP) Ketchum (COUNTY) Blaine (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 20 1953 1:30 A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? suffocation from burning mattress.

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 470 Blaine Co. Coroner (Degree or title) 4
23b. ADDRESS Hailey Ida
23c. DATE SIGNED 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-27-53
24c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah
24d. LOCATION (City, town, or county) (State) Gillette, Wyoming

DATE REC'D BY LOCAL REG. Aug 3-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 24

Local Reg. No. 24

Reg. Dist. No. 410

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DILLA b. (Middle) E c. (Last) BARRATT

4. DATE OF DEATH (Month) (Day) (Year) 7-22-53

5. SEX Female

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wm F.

8. DATE OF BIRTH 9-6-1871

9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 10 Days 16 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Gosport Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Tolbert Pearson BIRTHPLACE Gosport Iowa

14. MOTHER'S MAIDEN NAME Mary Cooper BIRTHPLACE GOSPORT IOWA

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S OWN SIGNATURE Mrs. Fred Tilman ADDRESS Atwood Kans

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension. with two previous Cerebral Hemorrhages. — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1953, *to* July 22, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 45c

23b. ADDRESS Hailey, Idaho

23c. DATE SIGNED July 28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 7-25-53

24c. NAME OF CEMETERY OR CREMATORY Hailey

24d. LOCATION (City, town, or county) Hailey (State) Idaho

DATE REC'D BY LOCAL REG. July 28-1953

REGISTRAR'S SIGNATURE Robert H. Wright - per letter

25. FUNERAL DIRECTOR Ray McGoldrick

ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Wright

State File No. 2571
Local Reg. No. 26
Reg. Dist. No. 410

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey,
c. LENGTH OF STAY (in this place): 70 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LOVENIA b. (Middle) CATHERINE c. (Last) CONDRON

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 53

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): JOHN

8. DATE OF BIRTH: 4-15-1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months 3 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carson City Nevada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: HENRY LUFKIN
BIRTHPLACE: VERMONT

14. MOTHER'S MAIDEN NAME: CATHERINE JONES
BIRTHPLACE: WALES

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: Lovenia L Campbell
ADDRESS: Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension and Chronic Arthritis — 11 yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 15, 1953 *to* July 28, 1953, *that I last saw the deceased alive on* July 27, 1953, *and that death occurred at* 5:16 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Hailey Idaho.

23c. DATE SIGNED: Aug-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE: 7-30-53

24c. NAME OF CEMETERY OR CREMATORY: MASONIC PLOT

24d. LOCATION (City, town, or county) (State): HAILEY IDAHO,

DATE REC'D BY LOCAL REG.: Aug 3-1953

REGISTRAR'S SIGNATURE: Robert H. Wright-per [illegible]

25 FUNERAL DIRECTOR: Ray McGoldrick-Hailey

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2572
Local Reg. No. 110
Reg. Dist. No. # 67

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Larson Apts. 110 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Larson Apts. 110 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) WENDLE; c. (Last) BRIDGE

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 2, 1896

9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Wisner, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Bridge — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Elizabeth — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO. 519-20-5616

17. INFORMANT'S OWN SIGNATURE: Marguerite Kindred ADDRESS: San Leandro, Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19 , to — , 19 , *that I last saw the deceased alive on* — , 19 , *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Michael J. Hamilton (Degree or title) MD

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 7/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/21/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 7-29-53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

68

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2573
Local Reg. No. 110
Reg. Dist. No. 68

BIRTH NO. 111-53-8076

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) TEDDY b. (Middle) LEE c. (Last) CARTER

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 22, 1953

9. AGE (In years last birthday): -0- IF UNDER 1 YEAR Months -0- Days 2 IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infancy

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Ira Carter BIRTHPLACE: Sandpoint, Ida

14. MOTHER'S MAIDEN NAME: Dixie Lee Roberts BIRTHPLACE: Gentryville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Theodore Ira Carter ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1953, *to* July 24, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 1:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith (Degree or title) MD

23b. ADDRESS: 109½ N. First Ave. Sandpoint Idaho

23c. DATE SIGNED: 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/25/1953

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 7/29/53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 2574
Local Reg. No. 110
Reg. Dist. No. 73

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarks Fork
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL b. (Middle) CREED c. (Last) ANDERSON

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Chewelah, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake Creed
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Jennie Lowney
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ira Anderson
ADDRESS: Clarks Fork

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 156X CARCINOMA (Liver) — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1946
19b. MAJOR FINDINGS OF OPERATION: Exploratory
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 45 *to* 7-27-, 19 53 *that I last saw the deceased alive on* 7-25-, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. A. Weadle, M.D. 440 (Degree or title)
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 7/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/31/1953
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug 3, 1953
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Chapel
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

AUG 3 1953 STATE OF IDAHO

State File No. 2575
Local Reg. No. 110
Reg. Dist. No. 170

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) HARRY (JACK) b. (Middle) HAROLD c. (Last) MC TAGGERT

4. DATE OF DEATH: (Month) (Day) (Year) July 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan 26, 1901

9. AGE (In years last birthday): 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scaler

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Kenton, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Mc Taggert BIRTHPLACE: Flint, Mich.

14. MOTHER'S MAIDEN NAME: Liza Wilson BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16 SOCIAL SECURITY NO. 541-09-8652

17. INFORMANT'S OWN SIGNATURE: R. E. McTaggert ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1952 *to* July 29, 1953, *that I last saw the deceased alive on* July 28, 1953, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Tyler M D (Degree or title)

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/31/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 7/31/53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Mood Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

#69

Certificate of Death

STATE OF IDAHO

State File No. 2576
Local Reg. No. 110
Reg. Dist. No. 6-9

RECEIVED JUL 31 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 16 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 S. Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocalalla
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) LEONTINE b. (Middle) LEFEBVRE c. (Last) DELCOMTE

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 6, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nandrin, Liege, Belgium

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jean Baptiste Lefebvre
BIRTHPLACE: Belgium

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A. E. Delcomte
ADDRESS: Sagle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis — 2 yrs

DUE TO (c) Arteria Sclerosis — 5 yrs

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1953, *to* July 29, 1953, *that I last saw the deceased alive on* July 28, 1953, *and that death occurred at* 11:30 A m. *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Tyler (Degree or title) M D

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/31/53

24c. NAME OF CEMETERY OR CREMATORY: Hooper Cemetery

24d. LOCATION (City, town, or county) (State): Hooper Utah

DATE REC'D BY LOCAL REG.: 7/31/53

REGISTRAR'S SIGNATURE: Grace Ralph.

25. FUNERAL DIRECTOR: Moon Funeral Home

ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

72

RECEIVED
AUG 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2577
Local Reg. No. 116
Reg. Dist. No. 72

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 810 Alder

3. NAME OF DECEASED (Type or Print): a. (First) VIANNA b. (Middle) ANETTA c. (Last) ERICKSON

4. DATE OF DEATH (Month) July (Day) 31, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 31, 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oakfield, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bessey — BIRTHPLACE: Oakfield, Wisc.
14. MOTHER'S MAIDEN NAME: Mary Shrieve — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lewis Starbird — ADDRESS: Opheim mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

444X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18/53, 19__, *to* 7/31/53, 1953, *that I last saw the deceased alive on* 8/31/53, 19__, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Michael J. Hamilton (Degree or title) M.D.
23b. ADDRESS: Montana Idaho Clin
23c. DATE SIGNED: 8/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/4/53
24c. NAME OF CEMETERY OR CREMATORY: Opheim Cemetery
24d. LOCATION (City, town, or county) (State): Opheim Montana

DATE REC'D BY LOCAL REG.: Aug 3, 1953
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953

Certificate of Death

STATE OF IDAHO

State File No. 2576
Local Reg. No. #66
Reg. Dist. No. 110

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sagle
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route - Sagle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sagle
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) LOUISA; b. (Middle) IRENE; c. (Last) CONVERSE

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Earling, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Porter
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary Amanda Turpin
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ross R Converse
ADDRESS: Sagle, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetis — 20 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1952, *to* June 26, 1953, *that I last saw the deceased alive on* June 20, 1953, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W F Tyler (Degree or title) M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: June 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/1/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Grace Ralph.

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2579
Local Reg. No. 110
Reg. Dist. No. 71

RECEIVED AUG 3 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. South of De Lyle Forks in Kaniksu Nat'l Forest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarks Fork
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	GEORGE	FOSTER	July 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	June 12, 1896	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Lumbering	Clarks Fork, Idaho	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Foster	Germany	Teressa Foerester	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	519-16-2668		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental Traumatism

DUE TO (c) Struck by falling tree.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Kaniksu Nat'l Forest	Clarks Fork Bonner Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Struck by falling tree while logging

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.* did not see

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Sandpoint Idaho	July 29. 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Aug. 1, 1953	Pinecrest Cem.	Sandpoint, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/31/53	[signature]	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2580
Local Reg. No. 110
Reg. Dist. No. #74

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Nordman
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camp No. 9 of Schafer-Hitchcock Lumber Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): no street address - Box 225

3. NAME OF DECEASED (Type or Print)
a. (First): NILS
b. (Middle): M
c. (Last): NORLIN

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug.19,1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cedar pole maker 08
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): unknown Sweden
12. CITIZEN OF WHAT COUNTRY? unknown
13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 539-07-9120
17. INFORMANT'S OWN SIGNATURE: L. J. Davis — ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion c infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Medial Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* July, 1953, *that I last saw the deceased alive on* July 27, 1953 *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Munson 659 (Degree or title): MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 8/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/53 02
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug 7-53
REGISTRAR'S SIGNATURE: Grace Ralph.
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2581
Local Reg. No. 116
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, 15 miles East of Heise
d. STREET ADDRESS (If rural, give location): Burns Creek, So. Fork of Snake River

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): LIONAL
c. (Last): BUCKLAND

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 26, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Silas A. Buckland — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Luella Pack — BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs C. H. Fullmer — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 103 — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 17, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Archer
24d. LOCATION (City, town, or county): Madison County — (State): Idaho

DATE REC'D BY LOCAL REG.: June 17 - 53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2582
Local Reg. No. 148
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY ✓
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ✓ —
d. STREET ADDRESS (If rural, give location) ✓ — —

3. NAME OF DECEASED (Type or Print) a. (First) Brannon b. (Middle) c. (Last) Philpott

4. DATE OF DEATH (Month) (Day) (Year) June 14 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Aug - 2 - 1917
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer -
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gentry - Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ✓ ✓ BIRTHPLACE —
14. MOTHER'S MAIDEN NAME ✓ ✓ ✓ BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S OWN SIGNATURE ✓ — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Snake River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell into River

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Leo A. Williams (Degree or title) (Coroner)
23b. ADDRESS Idaho Falls
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. July 10-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams
ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2583
Local Reg. No. 139
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1180 Bear Ave

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) W c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) June-22 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec-3, 1888
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cs
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burton, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter N. Anderson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Josephine Hansen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl R. Anderson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Degeneration of Kidneys 10 Days
DUE TO (c) Infectious Hepatitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

092X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 214 Wendell F. Nielsen M.D.
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 25 1953
24c. NAME OF CEMETERY OR CREMATORY Ashton Cemetery
24d. LOCATION (City, town, or county) (State) Ashton - Idaho

DATE REC'D BY LOCAL REG. June 30-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUL 24 1953 STATE OF IDAHO

State File No. 2584
Local Reg. No. 134
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. R. Crossing at corner of Anderson St. & Lewisville Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 1705 No. Laramie Street

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA; b. (Middle) ROSALIE; c. (Last) STONE

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 1, 1927

9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Baier
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Anna Giffort
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Arthur Baier
ADDRESS: Chicago, Illinois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8108

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skeletal fractures — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple internal injuries
DUE TO (c) Train - Auto Collision

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY: (Month) June (Day) 23, (Year) 1953 (Hour) 11:52 P. m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Train - Auto Collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:52 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams (Degree or title) Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: St. Adalbert's Cem.

24d. LOCATION (City, town, or county) Chicago (State) Illinois

DATE REC'D BY LOCAL REG.: June 26-1953

REGISTRAR'S SIGNATURE: Elma Bridges

25. FUNERAL DIRECTOR: Orland C. Burk
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4002

RECEIVED NON-RESIDENT

JUL 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 2585
Local Reg. No. 735
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. Crossing Corner Anderson & Lewisville Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 1705 N. Laramie Street

3. NAME OF DECEASED (Type or Print): a. (First) KATHRYN; b. (Middle) ANNE; c. (Last) STONE

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: January 14, 1949

9. AGE (In years last birthday): 4 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Gerald Stone — BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Barbara Rosalie Baier — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Mae Lena Mahoney — ADDRESS: Minneapolis, Minn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crushed skull, with avulsion of brain — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Train - Auto Collision

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 23, 1953 11:52 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Train - Auto Collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:52 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Simmons 470 — (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 30, 1953 3

24c. NAME OF CEMETERY OR CREMATORY: St. Adalbert's Cemetery

24d. LOCATION (City, town, or county) (State): Chicago Illinois

DATE REC'D BY LOCAL REG.: June 26-1953

REGISTRAR'S SIGNATURE: Irma Bridges

25. FUNERAL DIRECTOR: Orland LeBeau — ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

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JUL 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 2586
Local Reg. No. 133
Reg. Dist. No. 610

BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 1705 N. Laramie Street

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) GERALD; c. (Last) STONE

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29, 1921

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical engineer

10b. KIND OF BUSINESS OR INDUSTRY: Atomic research

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cecil M. Stone
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Mae Williams
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.: 475-14-4261

17. INFORMANT'S OWN SIGNATURE: Mrs Mae Stone Mahoney
ADDRESS: Minneapolis, Minnesota

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crushed chest with internal injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Train - Auto Collision
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 23, 1953 11:52 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Train - Auto Collision

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 12:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams, 470 — (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: June 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: St. Adalbert's Cem.

24d. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: June 26-1953

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

AMENDED NOVEMBER 6, 1953

Certificate of Death

STATE OF IDAHO

53 State File No. 2587
Local Reg. No. 139
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) William; c. (Last) Valandra

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 6, 1901	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar tender
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rosebud, S. Dakota
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Valandra — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Julia Gordon — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No- (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Thomas Valandra Sr. — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) .410 ga. shot gun wound in head — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bar room
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Gun placed under chin

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo A. Williams (Coroner)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 30-53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of S. Dak
County of Todd } ss.

Certificate No. Death 53-2587

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Joseph Frank Valandra (Name on Original Certificate) who died (Was Born or Died) on June 25, 1953 (Date of Event)
in Rapid Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on May 26 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph Frank Valandra	Joseph William Valandra

Subscribed and sworn to before me this 3rd day of November 1953
Elmer F. Compton
Notary Public, residing at St. Frances S. D.
My commission expires 14 February 1954
(Seal)

Signed Mrs. Julia Valandra
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St. Frances, So Dak
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of S. Dak
County of Todd } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1953
Elmer F. Compton
Notary Public, residing at St. Frances So Dak
My commission expires 14 February 1954
(Seal)

Signed Vera L. Compton
(Signature of Any Credible Person)
St. Frances So Dak
(Street Address, City, State)

DPH 52-155

RECEIVED

JUL 24 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2587
Local Reg. No. 2739
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Frank c. (Last) Valandra

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1953

5. SEX Male

6. COLOR OR RACE White -

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.

8. DATE OF BIRTH Feb 6 - 1901

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender 48

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rosebud, S. Dakota

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Valandra
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Julia Gordon
BIRTHPLACE Wyoming.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no -

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Thomas Valandra Jr.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410 9a. Shot gun wound in head
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bar Room

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June - m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Gun Placed under Chin

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo A. Williams 470 (Degree or title) Coroner

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED 6/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 29. 53

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. June 30 - 53

REGISTRAR'S SIGNATURE Verna Budgis

25. FUNERAL DIRECTOR Geo A. Williams

ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 2588
Local Reg. No. 142
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hpsp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1 Mi So. 3/4 Mi. West of Lorenz
d. STREET ADDRESS (If rural, give location): Rural Lorenzo

3. NAME OF DECEASED (Type or Print): a. (First) SADIE b. (Middle) MAY c. (Last) MASSENGALE

4. DATE OF DEATH: (Month) (Day) (Year) July 1 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annis, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fredrick Smith Browning. BIRTHPLACE: Ogden, Ut.

14. MOTHER'S MAIDEN NAME: Nancy Elizabeth Casper. BIRTHPLACE: Menan, Ida.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: T. L. Massengale ADDRESS: Lorenzo, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Asthma (Status Asthmaticus) — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs. 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 25, 1953, *to* July 1, 1953, *that I last saw the deceased alive on* July 1, 1953, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall 422 (Degree or title): M. D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 7-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-3-53
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: July 6-1953
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: A. B. Russell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2589
Local Reg. No. 144
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs (Rural)
d. STREET ADDRESS (If rural, give location): West of Driggs

3. NAME OF DECEASED (Type or Print)
a. (First): TERRY
b. (Middle): BRUCE
c. (Last): MURDOCK

4. DATE OF DEATH (Month) (Day) (Year): July 01, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 27, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 2 Days: 4
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Driggs, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Murdock
BIRTHPLACE: Driggs, Idaho

14. MOTHER'S MAIDEN NAME: Letha Anderson
BIRTHPLACE: Lorenzo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E A Murdock
ADDRESS: Driggs Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Williams 462 (Degree or title): MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 7/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 6 July 53
24c. NAME OF CEMETERY OR CREMATORY: Annis
24d. LOCATION (City, town, or county) (State): Annis

DATE REC'D BY LOCAL REG.: July 6-1953
REGISTRAR'S SIGNATURE: Emma Bridges
25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2590
Local Reg. No. 141
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 261 Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 261 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) CLYDE; b. (Middle) ALAN; c. (Last) CURTIS

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 7, 1916

9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49

10b. KIND OF BUSINESS OR INDUSTRY: Restaraunt

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: L. D. Curtis — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ida Petersen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 529-09-9246

17. INFORMANT'S OWN SIGNATURE: Ruby Gessel — ADDRESS: Logan, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot wound to head — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY: (Month) July (Day) 3 (Year) 1953 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 5, 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Logan (State) Utah

DATE REC'D BY LOCAL REG.: July 4-'53

REGISTRAR'S SIGNATURE: Anna Rudgin

25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2591
Local Reg. No. 143
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lott		Kirkham	July	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov 26, 1884	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forman 27	Sugar Industry	Lehi, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kirkham	England	Sarah Russon	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	528-03-7910	Donald R. Kirkham	Box 105 Shelley, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. myocarditis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-10-48, 19__, *to* 7-3, 1953, *that I last saw the deceased alive on* 7-3, 1953 *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Shelley, Ida.	7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-6-53	Mid Crest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 6-1953	Anna Bridges	Floyd M Holden	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2592
Local Reg. No. 156
Reg. Dist. No. 610
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location): 4 miles East of Idaho Falls

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) CHARLES c. (Last) GEORGE

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 11, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter B. George
BIRTHPLACE: Belgium

14. MOTHER'S MAIDEN NAME: Catherine Kler
BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs F W Gourley
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of vessel of brain due to arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio vascular Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 January, 19 53 *to* 4 July, 19 53, *that I last saw the deceased alive on* 4 July, 19 53, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 10-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2593
Local Reg. No. 146
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 280 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 280 9th Street

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) MARK c. (Last) ASTLE

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH October 7, 1879

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster, retired 32

10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal service

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin P. Astle
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Maria Burke
BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs J. M. Astle
ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to July 4, 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 2:10P. m., from the causes and on the date stated above.

23a. SIGNATURE H. W. Corbett (Degree or title) M. D.

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 7, 1953

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. July 13-53

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Orland C. Buck
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2594
Local Reg. No. 159
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 344 Lomax

3. NAME OF DECEASED (Type or Print): a. (First) Judy b. (Middle) Ann c. (Last) Rhoades

4. DATE OF DEATH: (Month) (Day) (Year) July 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 12, 1950

9. AGE (In years last birthday): 2
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None or

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl E. Rhoades
BIRTHPLACE: Idaho Falls

14. MOTHER'S MAIDEN NAME: Arla B. Mitchell
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Arla B. Rhoades
ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gasoline poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): I

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Child swallowed gasoline from pop bottle

22. *I hereby certify that I attended the deceased from* 7-5, 1953, *to* 7-5, 1953, *that I last saw the deceased alive on* 7-5, 1953, *and that death occurred at* 9-10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Hollis (Degree or title) MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 12-53
REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Jack A. Wood Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

H. Hatch

53-456F

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2595
Local Reg. No. 14 x 9
Reg. Dist. No. 6660

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Baby		Lewis	July 7-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white		July-7 1953					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Idaho Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Garnet Lewis	North Carolina	Mary Ethel Sohn	Blackfoot Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Garnet Lewis	Terreton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

769.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (mother had Diabetes)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch	M.D.	Idaho Falls Idaho	July 13 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 8-1953	Thomas Cemetery	Thomas Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 17-'53	R. Bridges.	Geo A. Sheerians	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Kranz

Certificate of Death

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

State File No. 2596
Local Reg. No. 145
Reg. Dist. No. 610

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle)
c. (Last) Struhs

4. DATE OF DEATH (Month) (Day) (Year) July 8 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 1 - 1871
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 4 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer of
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Solothurn, Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Struhs BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Elizabeth Samer - BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Walter Struhs ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver - INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Aug, 1952, *to* 8 July, 1953, *that I last saw the deceased alive on* 8 July, 1953, *and that death occurred at* 1:13 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Leland R. Kranz, M.D. (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - 3
24b. DATE 7-11-53
24c. NAME OF CEMETERY OR CREMATORY Burton Cemetery
24d. LOCATION (City, town, or county) (State) Rexburg - Idaho

DATE REC'D BY LOCAL REG. July 11-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams, ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2597
Local Reg. No. 147
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 275 Oneida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 142 W. 19th Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) J. c. (Last) Slater

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 25, 1906

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Painter 23

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Enock B. Slater
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Anna Winter
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World # 2

16. SOCIAL SECURITY NO.: 518 14 9165

17. INFORMANT'S OWN SIGNATURE: Wilma G. Slater
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9 1953 *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5-30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S. Hutton 155
(Degree or title): M.D.
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 14 '53
REGISTRAR'S SIGNATURE: Leona Bridges
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2598
Local Reg. No. 154
Reg. Dist. No. 6-D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 695 Park Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NED	WILLIAM	THOMPSON	July	22	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 6, 1922	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Building Constr.	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Andrew Thompson	Idaho	LaDilla Leavitt	Wyoming

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II	519-18-4750	Wm Thompson	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured splenic vessels

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured (closed) left lower leg

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs.

INTERVAL BETWEEN ONSET AND DEATH: (a) Several days; (b) "; (c) "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Ruptured splenic vessels (internal hemorrhage)	YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
✓	Highway	

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7	12	53	11 P.M.	✓	Car rolled over.

22. *I hereby certify that I attended the deceased from* 7-13 *19* 53 *to* 7-22, *19* 53 *that I last saw the deceased alive on* 7-22, *19* 53, *and that death occurred at* 7:50P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. Blair Edmunds M.D.	Idaho Falls, Idaho	7-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1953	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 10-53	Anna Rudger	Orland LeBaron	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2599
Local Reg. No. 155
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Fork
d. STREET ADDRESS (If rural, give location): Rural, on Salmon River

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM		PRENDERGAST	July	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	August 1, 1885	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Metals	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	No record	No record	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Idaho Dept. Pub. Asst. records for Lemhi County O.C.B.	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/7, 1953, *to* 7/23, 1953, *that I last saw the deceased alive on* 7/23, 1953, *and that death occurred at* 11:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds, M.D. M. D.	Idaho Falls	8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 25, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 18-1953	Emma Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Form To

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 753
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Willard	Raymond	Harris	July	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan 7- 1894	59	6	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Far mer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) English Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Harris — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Ann Vert — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Paul M. Harris — ADDRESS Route #2 Idaho Falls

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

411X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) R.H.D. & aortic insufficiency — INTERVAL BETWEEN ONSET AND DEATH 15 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolus. — 5 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19, 1953, *to* 29 July, 1953, *that I last saw the deceased alive on* 29 July, 1953, *and that death occurred at* 10:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland K. Francis MD	Idaho Falls, Idaho	8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug-1-1953	Lemon Cemetery	Idaho Falls Route 3

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 6-1953	Verna Rudger	Geo. A. Sullivan	Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2601
Local Reg. No. 152
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Irwin -
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Palisade Dam Project

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Irwin -
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Delbert
b. (Middle) N.
c. (Last) Cromwell

4. DATE OF DEATH (Month) (Day) (Year) July 29 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single -
8. DATE OF BIRTH Oct 13-1926
9. AGE (In years last birthday) 27 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Irwin Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Cromwell - BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Pearl Peterson BIRTHPLACE Swan Valley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Thomas B. Cromwell ADDRESS Irwin Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed head & Chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) run over by heavy
DUE TO (c) Caterpillar tractor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Construction job
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29, 1953 11:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? run over by Caterpillar tractor

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Leo A. Williams (Degree or title) (Coroner)
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED Jul 30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Irwin, Cemetery
24d. LOCATION (City, town, or county) (State) Irwin, Idaho

DATE REC'D BY LOCAL REG. Aug. 6-53
REGISTRAR'S SIGNATURE Anna Budger
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 2602
Local Reg. No. 15
Reg. Dist. No. 611

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #5, 3 mi. West of I. F.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location): Route #5, 3 mi. West of Ida. Falls

3. NAME OF DECEASED (Type or Print): a. (First) CAROLINE b. (Middle) c. (Last) Mc KENZIE

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 24, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Brink
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: O J Allen
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH: Few Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:20P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O J Allen (Degree or title) M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Aug. 1 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Cremation

24b. DATE: Aug. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Mem. Mausoleum

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Aug. 1-1953

REGISTRAR'S SIGNATURE: Anna Bridger

25. FUNERAL DIRECTOR: Orland E. Buck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2603
Local Reg. No. 22-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) Lee c. (Last) Turmon

4. DATE OF DEATH (Month) June (Day) 30, (Year) 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH May 15, 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Ben Lee Turmon BIRTHPLACE Collbran Colorado

14. MOTHER'S MAIDEN NAME Laverne Drake BIRTHPLACE Salines California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Ben Lee Turmon ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of pancreas with metastatic

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

lymph nodes in the mesentery & perifial lymph nodes.

DUE TO (b) marked enlargement of spleen apparently passive congestion.

DUE TO (c) (Chronic myelogenous leukemia biopsy request)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E. W. Whitney (Degree or title) Coroner

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 1, 1953

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 7-24-53

REGISTRAR'S SIGNATURE H. M. Bovill

25. FUNERAL DIRECTOR E. W. Whitney ADDRESS Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2604
Local Reg. No. 21-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) Daniel c. (Last) Helm

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 15, 1867
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Service
10b. KIND OF BUSINESS OR INDUSTRY Indian Service
11. BIRTHPLACE (State or foreign country) Muscatine Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Wesley K. Helm BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Charlott Houtz BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Jesse L. Helm ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
Chronic Lymphatic Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐ no

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* July 2, 1953, *that I last saw the deceased alive on* 7/2, 1953, *and that death occurred at* 12:30 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE G. W. Dunne 097 (Degree or title) MD
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE July 6, 1953
24c. NAME OF CEMETERY OR CREMATORY Smith Funeral Home
24d. LOCATION (City, town, or county) (State) Spokane Washington

DATE REC'D BY LOCAL REG. July 5-1953
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR E. W. Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2605
Local Reg. No. 24-53
Reg. Dist. No. 100

111-53-8211
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) Boy c. (Last) Cone

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: July 28 - 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Communtiy Hospital

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Elbert M. Cone — BIRTHPLACE: Boise Idaho

14. MOTHER'S MAIDEN NAME: Ruth E. Chritchfield — BIRTHPLACE: Vernon Colorado

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Elbert Cone — ADDRESS: Yakima Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/28, 19__, *to* 7/29, 19 53, *that I last saw the deceased alive on* 7/29, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 097 M.D.

23b. ADDRESS: Bonners Ferry

23c. DATE SIGNED: 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 29, 53

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 8-1-53

REGISTRAR'S SIGNATURE: R. M. Bowen

25. FUNERAL DIRECTOR: E. H. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2606
Local Reg. No. 23-53
Reg. Dist. No. 100

BIRTH NO. 111-53-8312

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Infant
b. (Middle) Boy
c. (Last) Cone

4. DATE OF DEATH (Month) July (Day) 29, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH July 28-1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Community Hospital
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elbert M. Cone BIRTHPLACE Boise Idaho
14. MOTHER'S MAIDEN NAME Ruth E. Chritchfield BIRTHPLACE Vernon Colorado

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Elbert Cone ADDRESS Yakima Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28, 1953, *to* 7/29, 1953, *that I last saw the deceased alive on* 7/29, 1953, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred W. Dinon (Degree or title) M.D.
23b. ADDRESS Bonners Ferry
23c. DATE SIGNED 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 29,53
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 8-1-53
REGISTRAR'S SIGNATURE Ruth Bowell
25. FUNERAL DIRECTOR [signature] ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2607
Local Reg. No. 6
Reg. Dist. No. 96 D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Adale b. (Middle) c. (Last) Hutcheson
4. DATE OF DEATH (Month) (Day) (Year) July 5, 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 28, 1897
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 9 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Woodland, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Norton BIRTHPLACE England
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE ADDRESS H H Hutcheson, Fairfield, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 570.5 Cardiac Failure. — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emaciation. — 3 months
DUE TO (c) Chronic Bowel Obstruction — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1953, *to* July 5, 1953, *that I last saw the deceased alive on* July 5, 1953, *and that death occurred at* 6 45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Kraume 661 (Degree or title) M.D
23b. ADDRESS Caldwell, Idaho
23c. DATE SIGNED July 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 7-1953
24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 7/11/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25 06
Local Reg. No. 16
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 413 So. 18th St.

3. NAME OF DECEASED (Type or Print): a. (First) Will b. (Middle) c. (Last) Evans
4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29, 1887
9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months: 3 Days: 9 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Engineer
10b. KIND OF BUSINESS OR INDUSTRY: for J.R. Simplot Co.
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Henry Evans, BIRTHPLACE: Manhattan, Kansas
14. MOTHER'S MAIDEN NAME: Elizabeth Woods, BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-7606
17. INFORMANT'S OWN SIGNATURE: Mrs. Will Evans ADDRESS: Caldwell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1953 *to* July 7, 1953, *that I last saw the deceased alive on* July 7, 1953 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.T. Hubler (Degree or title): M.D.
23b. ADDRESS: 221 East Fourth St. Caldwell Idaho
23c. DATE SIGNED: 7-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/29/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Oakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2609
Local Reg. No.
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): B ox 31

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) B.; c. (Last) Martinat

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: November 12, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months 7 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Barthelmi Martinat
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Mary Long
BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: John Martinat
ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Knife wound of heart — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Homedale (COUNTY) Owyhee (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 9, 1953, *to* July 10, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE 556 (Degree or title): M.D.

23b. ADDRESS: Homedale Idaho

23c. DATE SIGNED: 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/14/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham Oakan Chapel
Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2610
Local Reg. No. 14
Reg. Dist. No. 960

111-53-5[illegible]1 BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1570 Cleveland Blvd., Caldwell

3. NAME OF DECEASED (Type or Print): a. (First) Janette; b. (Middle) Ruth; c. (Last) Nicol

4. DATE OF DEATH: (Month) (Day) (Year): July 11-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 9-1953

9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months: p— Days: 2
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ian R. Nicol
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Gladys Hill
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible] Nicol, Caldwell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital Heart disease — 754.4
INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (septal defect)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* 48 hrs, 19___ *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. K. Sutter (Degree or title): M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/18/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2611
Local Reg. No. 72
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) a. (First) Mina b. (Middle) Belle c. (Last) Whiffin

4. DATE OF DEATH (Month) (Day) (Year) July 11-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH October 30-1877
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 8 Days 11 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David P. Dodd BIRTHPLACE Wooster, Ohio
14. MOTHER'S MAIDEN NAME Isabelle Sprague BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Cal Whiffin ADDRESS Caldwell Rt. 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aleukemic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* July 11, 1953, *that I last saw the deceased alive on* July 11, 1953, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 370 Lester Shape (Degree or title)
23b. ADDRESS Caldwell
23c. DATE SIGNED 7/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 July 15, 1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 7/20/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
Certificate of Death

State File No. 2612
Local Reg. No. 10
Reg. Dist. No. 360

BIRTH NO. JUL 22 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Clatsop
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seaside
d. STREET ADDRESS (If rural, give location) Route #1 Box 109

3. NAME OF DECEASED (Type or Print)
a. (First) Inez
b. (Middle) Mable
c. (Last) Tate

4. DATE OF DEATH (Month) (Day) (Year) July 12-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH January 5, 1937
9. AGE (In years last birthday) 16 — IF UNDER 1 YEAR Months 6 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Junior at Seaside High School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Seaside, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Tate 77 BIRTHPLACE Simmons, Missouri
14. MOTHER'S MAIDEN NAME Gertrude Harriet Terry BIRTHPLACE Ogden, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Henry Tate ADDRESS Seaside, Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH 11 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetic Kelosis — 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11-53, 19__, *to* 7-12-53, 19__, *that I last saw the deceased alive on* 7-12-53, 19__, *and that death occurred at* 335 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Stecher MD 560 (Degree or title)
23b. ADDRESS 230 E. Logan Caldwell Id.
23c. DATE SIGNED 7-14

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 13, 1953
24c. NAME OF CEMETERY OR CREMATORY Seaside
24d. LOCATION (City, town, or county) (State) Seaside, Oregon

DATE REC'D BY LOCAL REG. 7/18/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel
Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2613
Local Reg. No. 168
Reg. Dist. No. 342

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) ,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 215 Banner St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DARRELL	G.	CAGLE	July 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Never married	Aug. 9, 1933	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor ok
10b. KIND OF BUSINESS OR INDUSTRY Storage & Transfer
11. BIRTHPLACE (State or foreign country) Porter, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
True Cagle	Oklahoma	Saddie Barnes	Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518 32 3593	Emerald Cagle	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Brain Concussions — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Shock — DUE TO (a)
(c) Fractured mandible — DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	Caldwell (Huston) Canyon Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 12,53 1:40pm	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car failed to make turn

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. K. Distler MD.	Caldwell Idaho	7-22

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 31, 1953	Mrs. Jane Stack	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2614
Local Reg. No. 9
Reg. Dist. No. 360

BIRTH NO.

JUL 22 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 1 Caldwell
d. STREET ADDRESS (If rural, give location): 300 E. Logan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Orval	Edwin	Payne	7	16	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Aug. 19, 1933	19	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self	Caldwell, Idaaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Payne	Middleton, Idaho	Gladys Lee	North Fort, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Shirley Payne	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 ½ years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1952, *to* July 16, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Hubler 613	MD	221 East Logan St Caldwell, Idaho	7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial,	7/18/53 01	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/18/53	Agnes M Denman	Flahiff Funeral Chapel	Lucy M. Flahiff Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2615
Local Reg. No. 8
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Caldwell Labor Camp

3. NAME OF DECEASED (Type or Print): a. (First) Shimakichi b. (Middle) c. (Last) Sako

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 15, 1880

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months: 5 Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hiroshima, Japan

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME — BIRTHPLACE: Ukichi Sako, Hiroshima, Japan

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Tsune Yokoyama, Hiroshima, Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 538-07-4091

17. INFORMANT'S OWN SIGNATURE — ADDRESS: + Sadao Sako, Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4:30 AM July 19, 1953, *to* 4:35 AM July 19 53, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 4:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 230 S. Main Caldwell

23c. DATE SIGNED: 8-3

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 23-1953

24c. NAME OF CEMETERY OR CREMATORY: Oakwood Crematory

24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE REC'D BY LOCAL REG.: 8/8/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 73
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 7yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 308 Freeport

3. NAME OF DECEASED (Type or Print): a. (First) Howard; b. (Middle) K.; c. (Last) Kinney

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/23/1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 10 Days 28
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Glen Elder, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Kinney BIRTHPLACE: Buffalo New York

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hilts BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. 519-30-5511

17. INFORMANT'S OWN SIGNATURE: * Lowell Kinney ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden pain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7 *19*53*, to* July 21 *, 19*53*, that I last saw the deceased alive on* June 30 *, 19*53*, and that death occurred at* 12:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W J Hubler (Degree or title) MD
23b. ADDRESS: 221 East Logan St Caldwell Idaho
23c. DATE SIGNED: 7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/25/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: Flahiff Funeral Chapel
Lucy M. Flahiff Caldwell, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2615
Local Reg. No. 152
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 216 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Hukill

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: February 22, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 5, Days —; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Orr, BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Maria Gray, BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elva I. Smith, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of The Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 29, 1952, *to* July 22, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 11 55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause (Degree or title) M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: July 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 23-1953
24c. NAME OF CEMETERY OR CREMATORY: Chadron
24d. LOCATION (City, town, or county) (State): Chadron, Nebraska

DATE REC'D BY LOCAL REG.: 7/28/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, ADDRESS: Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

AUG 3 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 221
Local Reg. No. 17
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arock
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Gerald c. (Last) Jinkel

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 4-1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 1 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs Ruby Lynde
ADDRESS: Arock, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, Left Lung — 1 year.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 25, 1953, *to* July 22, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Krause, M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: July 24 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 24-1953

24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley

24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: 7/28/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 12 1953

Certificate of Death

STATE OF IDAHO

State File No. 5516
Local Reg. No. 19
Reg. Dist. No. 360

BIRTH NO. [illegible] DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1324 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle) Newton; c. (Last) Redenbo

4. DATE OF DEATH: (Month) (Day) (Year): July 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 28, 1871

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months: 6 | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenville, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Redenbo — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Sarah Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Max L. Redenbo, Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	peritonitis	10 da
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Surgery for perforated appendix	10 da
DUE TO (c)	not known	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* July 31, 1953, *that I last saw the deceased alive on* July 31, 1953, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Montgomery M.D.
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/10/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR AND ADDRESS: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2526
Local Reg. No. 90
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1019 Elgin St.

3. NAME OF DECEASED (Type or Print): a. (First) Durland b. (Middle) Orville c. (Last) Taggart

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 11-1889

9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months: 3 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY: U.S.R.S.

11. BIRTHPLACE (State or foreign country): Etna Green, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Judson Mongrief Taggart
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Maty Katherine Sellers
BIRTHPLACE: Bucyrus, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-07-0703

17. INFORMANT'S OWN SIGNATURE: Dudley O Taggart
ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemochromatosis
INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952 *to* July 31, 1953 *that I last saw the deceased alive on* July 30, 1953 *and that death occurred at* 1:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Hubler 613 (Degree or title): MD
23b. ADDRESS: 221 E. Logan St. Caldwell Idaho
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 09 August 3-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/10/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS: C. V. Peckham Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2021
Local Reg. No. 162
Reg. Dist. No. 36 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 207 Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 207 Canyon

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANN		WATTS	June 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Febr. 4, 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Preston, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Whalley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ann Ryding — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ida May Miller — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V. disease — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-6-, 1953 *to* 6-17-, 1953, *that I last saw the deceased alive on* 6-17-, 1953 *and that death occurred at* 5:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald E Steele	442 MD	Nampa Ida	6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/19/53	Kohler Lawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 16, 1953	Mrs Jane A Steele	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2622
Local Reg. No. 167
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): NEWLAND
b. (Middle): A.
c. (Last): BURNS

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 26, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Switchman 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. Co.
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Burns — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Effie Pfost — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712-07-6708
17. INFORMANT'S OWN SIGNATURE: x. Mrs. N. A. Burns — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Sclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Embolism — 1 day

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8, 1951, *to* 6-23, 1953, *that I last saw the deceased alive on* 6-23, 1953, *and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Mangum MD (Degree or title) 241
23b. ADDRESS: Box 451 Nampa
23c. DATE SIGNED: 7-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/25/53 06
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 16, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2623
Local Reg. No. 155
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312-13th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Frank
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 27, 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Sam Emmert — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Arteria-Sclerotic C V Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 3-29, 1950 *to* 7-1, 1953, *that I last saw the deceased alive on* 7-1, 1953, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Hoche M.D. 442 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/3/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 8, 1953
REGISTRAR'S SIGNATURE: Mrs. Janet Steck
25. FUNERAL DIRECTOR: Paul R. Cyrandy E. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2624
Local Reg. No. 179
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Na mpa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1019 12th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1019 12th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): C.
c. (Last): BIGELOW

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 21, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamsville, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gottlieb Sigel — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna C. Maah — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Henry Bigelow — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

42011

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Decompensated heart

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:29am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Saltzer MD 361
23b. ADDRESS: Nampa
23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 01
24b. DATE: 7/6/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 8 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2625
Local Reg. No. 157
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reynolds Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) LEWIS; c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 13, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Parsons, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John L. Jackson
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Susanna Garr
BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edna L. Williams
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile dementia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-30, 1953, *to* 7-2, 1953, *that I last saw the deceased alive on* 6-30, 1953, *and that death occurred at* ——— m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Weeks M.D. 442
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/2/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/2/53
REGISTRAR'S SIGNATURE: Mrs. Jane Steele
25. FUNERAL DIRECTOR: C. S. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2626
Local Reg. No. 180
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle):
c. (Last): BOWMAN

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1953

5. SEX: fem
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 27, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mimonk, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank L. Bruning — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Engel Lahners — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Stella King — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — unknown
DUE TO (c) Cholecystitis with Cholelithiasis and postoperative hernia — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1953 *to* July 3, 1953, *that I last saw the deceased alive on* July 3, 1953, *and that death occurred at* 12:10am *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Mangum M.D. 241 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 7/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 8 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 14 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 158
Reg. Dist. No. 363

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morris Nursing Home 423 S. 15th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ANDREW c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH October 3, 1869
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Wilson BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE J C Wilson ADDRESS Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5, 1953, *to* July 5, 1953, *that I last saw the deceased alive on* July 5, 1953, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C Wesche 443 (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED July 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 5, 1953
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Payette, Idaho

DATE REC'D BY LOCAL REG. July 8, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Gifford R. Shaffer ADDRESS Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2628
Local Reg. No. 759
Reg. Dist. No. 363

RECEIVED JUL 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY IN (this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Box 86

3. NAME OF DECEASED (Type or Print): a. (First) Eunice; b. (Middle) Elmira; c. (Last) McIntyre

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 11, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Concordia, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Seth Ballou Crockett — BIRTHPLACE: Abbott, Maine

14. MOTHER'S MAIDEN NAME: Delilah Maria Wolfe — BIRTHPLACE: Dillensberg, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes 519 24 5173

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: L. L. Brickell, Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Nephritis. Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17-, 1953, *to* 7-6-, 1953, *that I last saw the deceased alive on* 7-6-, 1953, *and that death occurred at* P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Samuel Mervyn, M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Middleton
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: July 10, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2629
Local Reg. No. 165
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 2wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Reynolds Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Axel b. (Middle) A. c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 17, 1878

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter Anderson
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Karen Anderson
ADDRESS Parma Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Metastatic carcinoma, primary site undetermined
INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953 *to* July 8, 1953 *that I last saw the deceased alive on* July 7, 1953 *and that death occurred at* 10:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Hubler 6/3
(Degree or title) MD
23b. ADDRESS 221 E Logan St Caldwell, Idaho
23c. DATE SIGNED 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-11-53
24c. NAME OF CEMETERY OR CREMATORY Meridian
24d. LOCATION (City, town, or county) Meridian, Idaho (State)

DATE REC'D BY LOCAL REG. July 20 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stuck
25. FUNERAL DIRECTOR B. B. Robison
ADDRESS Meridian Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2630
Local Reg. No. 181
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print): a. (First) FORREST b. (Middle) c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct. 14, 1933

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Glenn Smith
BIRTHPLACE: Buhl, Idaho

14. MOTHER'S MAIDEN NAME: M. Bernice Smith
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lewis Edmunds ADDRESS: Funeral Director

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction 75614

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Megacolon.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy. Grand mal

INTERVAL BETWEEN ONSET AND DEATH: 3 week.

19a. DATE OF OPERATION: June 24.

19b. MAJOR FINDINGS OF OPERATION: Volvulus of Sigmoid

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* July 9, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.R. Ross 344 (Degree or title): MD

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/13/53

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 8, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 160
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Box 16

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Otis	Clyde	Horn	July 12-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 6, 1877	76	2	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Lancaster, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Horn	Missouri	Mary Lucetta Goodpasture	Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-9852	Jewell Ray Horn	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 155X Cancer of Gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 8	Cancer of gall bladder	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 53, *to* June 12 53, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Homedale Idaho	7/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 1953	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (ADDRESS)
July 18, 1953	Mrs Jane Steck	E. V. Peckham Peckham-Dukan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2632
Local Reg. No. 182
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 12th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 12th Ave. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN		SCHUTZ	July 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 28, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Contone Bearn Switzerland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ulrich Schutz	Switzerland	Marie Brandt	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Sam Olson
ADDRESS: 503-12 ave No.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 dy.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Art. Sel C V. Rheum & Senility yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-, 1953 *to* 7-12-, 1953, *that I last saw the deceased alive on* 7-12-, 1953, *and that death occurred at* 7:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold E Wekehe 442 MD	Nampa Idaho	7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/15/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1953	Mrs Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Dr, Haliday

Certificate of Death

STATE OF IDAHO

State File No. 2633
Local Reg. No. 167
Reg. Dist. No. 363

BIRTH NO.

JUL 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WESLEY
c. (Last): SMITH

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 29 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Clerk 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): St. Jacob, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Smith — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Etta Majors — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 700-01-2907
17. INFORMANT'S OWN SIGNATURE: Mrs Arthur Karpins — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 7-6-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — ?
DUE TO (c) Coronary disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6, 1953, *to* 7-13, 1953, *that I last saw the deceased alive on* 7-13, 1953, *and that death occurred at* 12:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Halliday, M.D. 144
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/13/53 19
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: July 20, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2634
Local Reg. No. 164
Reg. Dist. No. 362

BIRTH NO.

JUL 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -. Rural
d. STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print)
a. (First): HURT
b. (Middle): FRANKLIN
c. (Last): MESSER

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 13, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Smith Co. Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edmond Messer — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Stella Best — BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mirle E. Messer — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation Duodenum — INTERVAL BETWEEN ONSET AND DEATH: 14 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Transverse Colon — 6 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1953, *to* July 15, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. O. Koehne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: July 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 20, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Paul S. Pytarczyk — ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 169
Reg. Dist. No. 362

BIRTH NO.

AUG - 5 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 823 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 823 13th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) JOANNA b. (Middle) c. (Last) APPLEBY

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1953

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 2, 1874

9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Sedan, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Ross
BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Clementine Boynton
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Helen Appleby
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia
1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10-, 1953, *to* 7-15-, 1953, *that I last saw the deceased alive on* 7-15-, 1953, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gerald E. Steele M.D.
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 18, 53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Cedar Vale, Kansas

DATE REC'D BY LOCAL REG. July 30, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steele
25. FUNERAL DIRECTOR John F. Alsip Jr.
ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2636
Local Reg. No. 184
Reg. Dist. No. 362

BIRTH NO.

AUG 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 207 9th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	PAULENA	KOHO	July 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	Widowed	Jan. 1, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home 01		Fredonia, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Squire Baker	Kentucky	Martha Ann Storm	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	H B Koho	1026 E Clark Pocatello Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 443X Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio-Vascular Renal Disease

DUE TO (c) Senility

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1946, *to* July 15, 1953, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 443 MD	Nampa Idaho	7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 01	7/18/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1953	Mrs. Jane Stuck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

AUG - 5 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2637
Local Reg. No. 172
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

WESCHE

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 4

3. NAME OF DECEASED (Type or Print): a. (First) REV. WILLIAM b. (Middle) H. c. (Last) MINOR

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 5, 1887

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aurora, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel H. Minor — BIRTHPLACE: Aurpra, Ark.

14. MOTHER'S MAIDEN NAME: Mary Ledbettor — BIRTHPLACE: Aurora, Ark.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rev R.E. Minor — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio-sclerotic C-V. Disease Yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1953, *to* 7-17-, 1953, *that I last saw the deceased alive on* 7-17-, 1953 *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wesche M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 17, 53

24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 31, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F Alsip Jr. Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2638
Local Reg. No. 183
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL		ROBERTS	July 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	divorced	May 5, 1887	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millright 09		Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Roberts	No Record	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		x Mary K. Mallery	Everett, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 4 2 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Decompensation

DUE TO (c) Cardio Vascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 11, 1947, *to* July 17, 1953, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 5:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D	Nampa Idaho	7-21-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/20/53	Kohler Lawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1953	Mrs. Jane Steed	Lewis Edmunds	Nampa, Ida.

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2639
Local Reg. No. 171
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 312 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) DAISY
b. (Middle) POWELL
c. (Last) MARCUM

4. DATE OF DEATH (Month) (Day) (Year) July 17, 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 28, 1881
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Nance Co., Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel L. Barker — BIRTHPLACE London, Eng.
14. MOTHER'S MAIDEN NAME Helen Walker — BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Addie Heithecker — ADDRESS Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic C-V. Disease — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — 2 yrs.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12-, 1953, *to* 7-17, 1953, *that I last saw the deceased alive on* 7-16-, 1953, *and that death occurred at* 3:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E. Wetsche M.D. (Degree or title) 442
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 53 01
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) Meridian (State) Idaho

DATE REC'D BY LOCAL REG. July 31, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip, Jr. — ADDRESS Nampa, Ida
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2640
Local Reg. No. 170
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY anyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 420 15th Ave No.

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ELIZABETH c. (Last) SPRY
4. DATE OF DEATH (Month) (Day) (Year) July 17, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Febr. 17, 1876
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Ingman BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Louise Johnson BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mamie A. Phillips ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491 X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive heart failure
Bronchial asthma
Cerebral arteriosclerosis — yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14-, 1953, *to* 7-17-, 1953, *that I last saw the deceased alive on* 7-17-, 1953, *and that death occurred at* 1:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gerald E. Strachan M.D.
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 1953
24c. NAME OF CEMETERY OR CREMATORY Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa Idaho

DATE REC'D BY LOCAL REG. July 31, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stuck
25 FUNERAL DIRECTOR Alsip Funeral Chapel
ADDRESS Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 173
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 212 9th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) LEE
c. (Last) WAYBRIGHT

4. DATE OF DEATH (Month) (Day) (Year) July 18, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 23, 1877
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Mills Spring, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME No Record
BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ray Waybright
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6:52a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Joe Saltzer MD (Degree or title)
23b. ADDRESS Nampa
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 53
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. July 31, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR John F. Alsip Jr. Alsip Funeral Chapel
ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG - 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2846
Local Reg. No. 174
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Edward c. (Last) Asher

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6, 1909
9. AGE (In years last birthday): 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ob
10b. KIND OF BUSINESS OR INDUSTRY: Railway Maintenance
11. BIRTHPLACE (State or foreign country): Friley, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Asher BIRTHPLACE: Clay Co. Ky.
14. MOTHER'S MAIDEN NAME: Deborah Durham BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 721-14-1293
17. INFORMANT'S OWN SIGNATURE: Kathryn Asher ADDRESS: Kuna, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~DUE TO (b)~~ & Metastases.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-1-53
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma on liver
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24, 1953, *to* 7-20, 1953, *that I last saw the deceased alive on* 7-20, 1953, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 241 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/53
24c. NAME OF CEMETERY OR CREMATORY: Kuna
24d. LOCATION (City, town, or county) (State): Kuna, Idaho.

DATE REC'D BY LOCAL REG.: July 31 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Bill Robison ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 186
Reg. Dist. No. 362

BIRTH NO. 111-53-8859

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 120 Locust

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) EDWARD c. (Last) VOGLER

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 23, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald Vogler — BIRTHPLACE: Rutland, So. Dak.

14. MOTHER'S MAIDEN NAME: Delores Madsen — BIRTHPLACE: Holstein, Ia.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Donald Vogler — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7544

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis Both Lungs. Hypoglycemia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-23, 1953, *to* 7-24, 1953, *that I last saw the deceased alive on* 7-24, 1953, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Krueck MD — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: July 25, 53 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): Schaller, Iowa

DATE REC'D BY LOCAL REG.: Aug 8, 1953 — **REGISTRAR'S SIGNATURE**: Mrs Jane Steck — **25 FUNERAL DIRECTOR**: John F Alsip Jr — **ADDRESS**: Nampa, Ida

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2644
Local Reg. No. 187
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 16th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 607 16th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): ANN
c. (Last): ORMSBY

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Febr. 18, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hopkinton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Vesey — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Harriett Call — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: George M Ormsby — ADDRESS: Vale, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 1949, *to* 7-27, 1953, *that I last saw the deceased alive on* 7-27, 1953, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Halliday 144 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/53 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8 1953
REGISTRAR'S SIGNATURE: Mrs Jane J Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-45021

RECEIVED
AUG - 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 8615
Local Reg. No. 176
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1612 4th Street So.

3. NAME OF DECEASED (Type or Print) a. (First) ESTHER b. (Middle) EDITH c. (Last) SHARE

4. DATE OF DEATH (Month) July (Day) 27, (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1888
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Eugene, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Smith BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Lorette Lamb BIRTHPLACE Independence, Kan.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 518 36 1109
17. INFORMANT'S OWN SIGNATURE Rena B. Young ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 481X [redacted] acute dilatation of heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) lungs - following
DUE TO (c) shock since April 53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1953, *to* July 27, 1953, *that I last saw the deceased alive on* July , 1953, *and that death occurred at* 6 P m. *from the causes and on the date stated above.*

23a. SIGNATURE H O Belknap MD (Degree or Title) 01
23b. ADDRESS Nampa Ida
23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 31, 1953
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR Paul L Cyhrecht
ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2646
Local Reg. No. 178
Reg. Dist. No. 362

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

AUG - 8 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1216 3rd Street So.

3. NAME OF DECEASED (Type or Print)
a. (First) MATILDA
b. (Middle)
c. (Last) REINHARDT

4. DATE OF DEATH (Month) July (Day) 29, (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 19, 1861
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kalmar, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Peterson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Karolina No Record — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. W. B. Corn — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fract. of left femur and Double fracture of rt. femur.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility. Myocarditis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nampa. Canyon. Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 17-53 6 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Slipped on floor.

22. *I hereby certify that I attended the deceased from* 7-27-, 1953, *to* 7-29-, 1953 *that I last saw the deceased alive on* 7-29-, 1953, *and that death occurred at* 5:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Samuel A. Gwayne. M.D. (Degree or title)
23b. ADDRESS Nampa. Idaho
23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 31, 1953
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State) Nampa. Idaho

DATE REC'D BY LOCAL REG. Aug. 3, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Paul S. Cyforcy — ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2647
Local Reg. No. 187
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 143 Owyhee Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Butler
b. (Middle): Anderson
c. (Last): Acheson

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3-1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months - Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathanial Acheson — BIRTHPLACE: Madison Co., Iowa
14. MOTHER'S MAIDEN NAME: Nancy Gentry — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Paul L Holmes — ADDRESS: Rt. 2 Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic C.V. Dis. — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile dementia — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10, 1948, *to* 7-28, 1953, *that I last saw the deceased alive on* 7-28, 1953, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E Sherbe M.D. (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Aug 10, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: C. V. Peckham — Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2648
Local Reg. No. 166
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): P. O. Box 686

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARIAN	ELIZABETH	CAMPBELL	7	1	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	11/6/19	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 05	- -	Boise, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ARTHUR CAMPBELL	UTAH	MARY SHELLEY	UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
- -	- - -	- -	Grace Stefkenhagen	Box 531, Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Case of Cretinism

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency resulting from Cretinism.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/1, 1950, *to* 7/1, 1953, *that I last saw the deceased alive on* 7/1, 1953, *and that death occurred at* 6:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H W Weinmann 473, M. D.	BOX 531, NAMPA, IDAHO	7/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/3/1953	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 29, 1953	Mrs Jane Steck	Russell A. Kelly RELIEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

#14 amended 11-01-05 ns

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 151
Reg. Dist. No. 303

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Melba
c. LENGTH OF STAY (in this place) 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 miles south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 111 N. Wilson

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) c. (Last) BRUINGTON

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 3, 1883
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Menno, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jake Knodel BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Elizabeth ~~Gauld~~ Gall BIRTHPLACE Russia ~~Germany~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. YES
17. INFORMANT'S OWN SIGNATURE Irma Brown ADDRESS Rt. 1 Melba, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

165X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Lungs — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1953, *to* 7-1, 1953, *that I last saw the deceased alive on* 6-15, 1953, *and that death occurred at* 11 05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clara M. C. Hastings M.D.
23b. ADDRESS 1116 2nd St. So., Nampa,
23c. DATE SIGNED 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 6, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. July 5 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stuck
25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

6-30-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 53-2649
Date Filed JUL. 9, 1953

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for ANNA BRUINGTON (Name on Original Certificate) who DIED (Was Born, Died, etc.) on JULY 1, 1953 (Date of Event)

in MELBA (CANYON) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#14 MOTHER'S MAIDEN NAME	ELIZABETH GAULD	ELIZABETH GALL
MOTHER'S PLACE OF BIRTH	GERMANY	RUSSIA

Subscribed and sworn to before me this 30th day of June, 1997.

Notary Public, Mary Schneider
Residing at Meridian Id
My commission expires 2-16-2000
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

x Irena Brown
Signature of Applicant

x 2116 Longmont Bain
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2656
Local Reg. No. 156
Reg. Dist. No. 363

BIRTH NO.

JUL 14 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1 Robison Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna - Rural
d. STREET ADDRESS (If rural, give location): Robison Blvd. Rt # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	E	FUHRIMAN	July	1,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 20, 1903	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Providence, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank W. Fuhriman		Maud Brown	Providence, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Horace Fuhriman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Autopsy, 19 July to _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Boise	7/July/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1953	Kuna Cemetery	Kuna Ada Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 8, 1953	Mrs. Jane Steele	Carl S. Peterson Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2651
Local Reg. No. 5
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret (Maggie)
b. (Middle)
c. (Last) Ostrem

4. DATE OF DEATH (Month) (Day) (Year) July 6-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH December 6-1873
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 6 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brownsville, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Neibaling, BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Rebeccah Hollenbeck BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Chas J Ostrem ADDRESS Wilder, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Syndrome.
INTERVAL BETWEEN ONSET AND DEATH 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Feb, 1953, *to* 6 July, 1953, *that I last saw the deceased alive on* 12 Feb, 1953, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E Talbot (Degree or title) MD
23b. ADDRESS Wilder Idaho
23c. DATE SIGNED 7 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 9, 1953
24c. NAME OF CEMETERY OR CREMATORY Wilder
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. 7/10/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel
G. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2655
Local Reg. No. 4
Reg. Dist. No. 96 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rural
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rural Route
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Henry c. (Last) Harris

4. DATE OF DEATH: (Month) (Day) (Year) July 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 7, 1911

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Diamond, Newton Co, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C. Harris — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Flora Harned — BIRTHPLACE: Neosho, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 519-36-1394

17. INFORMANT'S OWN SIGNATURE: Arthur W. Harris — ADDRESS: Caldwell Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile Striking victim at riding bicycle

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell Canyon Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): July 7. 1953 2 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Makey — (Degree or title): Actg Coroner

23b. ADDRESS: 1917 Arthur Caldwell Ida

23c. DATE SIGNED: 7/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Greenleaf Cemetery

24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 7/10/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Greville D. Davis — Davis-Warrick Funeral Home

ADDRESS: Caldwell Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 163
Reg. Dist. No. 362

BIRTH NO. JUL 24 1953

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa - Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland & Lone Star Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 508 15th Ave So.

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEE c. (Last) SCHREINER

4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 20, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clarence Schreiner BIRTHPLACE Athens, Wis.
14. MOTHER'S MAIDEN NAME Margaret Mills BIRTHPLACE Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Clarence F. Schreiner ADDRESS Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Cranium — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7, 536:30p
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car ran stop sign hitting car deceased was in.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Mayer (Degree or title) Acting Coroner
23b. ADDRESS Caldwell, Ida.
23c. DATE SIGNED 7/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10, 53
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. July 20 1953
REGISTRAR'S SIGNATURE Marjorie Stuck
25. FUNERAL DIRECTOR Alsip Funeral Chapel
ADDRESS Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2654
Local Reg. No. 183
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #5

3. NAME OF DECEASED (Type or Print)
a. (First): PERCY
b. (Middle): CALVIN
c. (Last): RAND

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 4, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sundance, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin C. Rand — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Nancy Hicks — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Jessie Rand — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Salter MD 361
23b. ADDRESS: Nampa
23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/16/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 8, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — LEWIS EDMUNDS MORTUARY
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2655
Local Reg. No. 26
Reg. Dist. No. 36

BIRTH NO.

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Caldwell
c. LENGTH OF STAY (in this place): ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aprox. 2 mi West on U.P.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: ?
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lander
d. STREET ADDRESS (If rural, give location): Ry. Rt. of Way

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) E.; c. (Last) Boan

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 8, 1908

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 65

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Meade Kansas

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 551-24-9396

17. INFORMANT'S OWN SIGNATURE: Telegram from Veterans Admin.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from severance of right leg, and deep scalp wounds.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable skull fracture.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Compound fracture, of left leg and multiple bruises.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.P.Ry. Track

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Aprox 2 Miles West of Caldwell, Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 21, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Apparently fell from freight train.

22. *I hereby certify that I attended the deceased from* Found dead at 5:10 A.M. *19__ to __ 19__, that I last saw the deceased alive on __ 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE: John F. Blair, Jr. (Degree or title): Coroner

23b. ADDRESS: Nampa, Idaho.

23c. DATE SIGNED: 7/31/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-12-53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home

ADDRESS: Caldwell Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT Certificate of Death

AUG - 5 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 175
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 4 Lake Sr. Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Monte
d. STREET ADDRESS (If rural, give location): 205 Beuville

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): HANNACHER

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Stilwell Hotel

11. BIRTHPLACE (State or foreign country): Glascow, Scotland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael Hannacher
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Derrick
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 549 18 0836

17. INFORMANT'S OWN SIGNATURE: x Mary Hannacher
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, Right Coronary artery
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUTOPSY ONLY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leeman MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 27 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 27, 53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Los Angeles, Calif.

DATE REC'D BY LOCAL REG.: July 31, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 12 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dr. Edith
b. (Middle): Dacre
c. (Last): Gasper

4. DATE OF DEATH (Month) (Day) (Year): July 26-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 10-1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Toronto, Canada
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Richard Chapim — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Not Known, Dacre — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dr. J H Gasper — ADDRESS: Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 983X Asphyxiation due to manual Strangulation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Parma, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 26, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Strangled to death

22. *I hereby certify that I attended the deceased from* Autopsy only, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beeman MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 29 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 8/8/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR (Address): Beckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

JUL 24 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 520-521

BIRTH NO. DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Seerah
b. (Middle) Wood
c. (Last) Hopkins

4. DATE OF DEATH (Month) July (Day) 3 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 26 - 1904
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 05
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wayan Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas. John Wood — BIRTHPLACE Weber Ut.
14. MOTHER'S MAIDEN NAME Mary Dorcas Creger — BIRTHPLACE Lick Creek Vir.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Darley Hopkins — ADDRESS Soda Spgs. Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH 18 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* July 3, 1953, *that I last saw the deceased alive on* July 3, 1953, *and that death occurred at* 3:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Allen H Tigert, M.D.
23b. ADDRESS Soda Springs, Ida.
23c. DATE SIGNED 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July-6-53
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) Soda Springs (State) Idaho

DATE REC'D BY LOCAL REG. 7-7-53
REGISTRAR'S SIGNATURE Betty Mae Burton
25. FUNERAL DIRECTOR [illegible] — ADDRESS Soda Springs, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2256
Local Reg. No. 4
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Niter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 317 West 2nd South

3. NAME OF DECEASED (Type or Print): a. (First) Rasmus b. (Middle) — c. (Last) Rasmussen

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 29 Sept 1872

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rasmus Rasmussen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna (last name unknown) BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-16-0650

17. INFORMANT'S OWN SIGNATURE: * Lydia G Thomas ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-22.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peptic ulcer — 3 "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 June, 1953, *to* 5 July, 1953, *that I last saw the deceased alive on* 3 July, 1953, *and that death occurred at* 12:10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Emmett E Kerrun (Degree or title) MD

23b. ADDRESS: Grace, Idaho

23c. DATE SIGNED: 5 July 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mink Creek

24d. LOCATION (City, town, or county) (State): Mink Creek Idaho

DATE REC'D BY LOCAL REG.: 7-25-53

REGISTRAR'S SIGNATURE: Betty Mae Burton

25. FUNERAL DIRECTOR

ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2660
Local Reg. No. 8
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place): 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Quince
b. (Middle): Rufus
c. (Last): Pack

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov. 29, 1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Pack, BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Jane Walker, BIRTHPLACE: England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elmo Pack, ADDRESS: Grace Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* July, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles C Johnson (Degree or title) M.D.
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: July 27, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 30 1953
24c. NAME OF CEMETERY OR CREMATORY: Grace
24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Sherman Webb, ADDRESS: Preston Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chesterfield
c. LENGTH OF STAY (in this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chesterfield Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): I208 South 3rd.

3. NAME OF DECEASED (Type or Print)
a. (First): MAURICE
b. (Middle):
c. (Last): GRIFFUS

4. DATE OF DEATH (Month) (Day) (Year): July 3I, I953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4, I9I3
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millman and Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Simplot Co.
11. BIRTHPLACE (State or foreign country): Edgemont, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Steve Griffus — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Edna Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War # 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marcella L. Griffus — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.8 Drowned — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservoir
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chesterfield, Caribou co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 31, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell out of boat and drowned, while fishing

22. *I hereby certify that ~~I attended the deceased from~~* Saw the Body Aug 2, 1953, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Whitman Co. Coroner (Degree or title)
23b. ADDRESS: Caribou County Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Manning Funeral Ch. 510 North I2th. Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2662
Local Reg. No. 172
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1042 Yale Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1042 Yale Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Amey b. (Middle) Jesses c. (Last) Hatch Pendergrass

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 28, 1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): State of Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Meltire Hatch — BIRTHPLACE: New York State

14. MOTHER'S MAIDEN NAME: Perl Snider — BIRTHPLACE: New York State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dal Fairchild — ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24, 1952 *to* 7-1, 1953, *that I last saw the deceased alive on* 6-23, 1953 *and that death occurred at* 9:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Bircher MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/53
24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery
24d. LOCATION (City, town, or county) (State): R. F. D. Oakley, Idaho

DATE REC'D BY LOCAL REG.: July 8 1953
REGISTRAR'S SIGNATURE: A. F. Wilson
25. FUNERAL DIRECTOR: Heath Payne — **ADDRESS**: Burley

Federal Security Agency
United States Public Health Service

Form DPH-40021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2663
Local Reg. No. 766
Reg. Dist. No. 471

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 31 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 734 Oakley Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Silas b. (Middle) Asael c. (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2, 1880

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months - Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: work

11. BIRTHPLACE (State or foreign country): Meadow, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Silas Marion Smith, Montrose, Iowa

14. MOTHER'S MAIDEN NAME: Alvira Partridge, Lake, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 518-09-1301

17. INFORMANT'S OWN SIGNATURE: Eleanora Smith ADDRESS: Burley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1951, *to* July 1, 1953, *that I last saw the deceased alive on* June 30, 1953 *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Bircher M.D. 215

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: July 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-3-53

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: July 3 1953

REGISTRAR'S SIGNATURE: B A Nelson

25. FUNERAL DIRECTOR: Tom B. McCulloch ADDRESS: Burley Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2664
Local Reg. No. 171
Reg. Dist. No. 47a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Myrle b. (Middle) Henrietta c. (Last) Elison

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Alma Janson — BIRTHPLACE: [illegible]
14. MOTHER'S MAIDEN NAME: Henrietta Williams — BIRTHPLACE: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 670X
17. INFORMANT'S OWN SIGNATURE: Edna Elison — ADDRESS: Burley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Embolism, pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia — 2 weeks
DUE TO (c): Intestinal obstruction — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paralytic ileus probably secondary to uremia and subsequent to Caesarian Section — 10 days

19a. DATE OF OPERATION: 23 June & 1 July (Specify)
19b. MAJOR FINDINGS OF OPERATION: (1) 1st date C. section for placenta previa & hemorrhage (2) Intestinal obstruction, ileus
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1953, *to* 7-4, 1953 *that I last saw the deceased alive on* 7-4, 1953 *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Arnett M.D. — (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9 1953
24c. NAME OF CEMETERY OR CREMATORY: Malta Cem
24d. LOCATION (City, town or county) (State): Malta Idaho

DATE REC'D BY LOCAL REG.: July 8, 1953
REGISTRAR'S SIGNATURE: [illegible] Elison
25. FUNERAL DIRECTOR: Smith Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2666
Local Reg. No. 33
Reg. Dist. No. 452

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley,
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Alvah c. (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 1-2-75

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months: 6 Days: 3 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cattle feeding

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-4354

17. INFORMANT'S OWN SIGNATURE: Grace King
ADDRESS: Rupert, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-3, 1953, *to* 7-5, 1953 *that I last saw the deceased alive on* 7-3, 1953 *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest Bircher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-53
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: E. T. Elmore
25. FUNERAL DIRECTOR: Rodney L. Goodman
ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 176
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Whitby

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 7, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Evan D. Jones — BIRTHPLACE: South Wales
14. MOTHER'S MAIDEN NAME: Margaret Davies — BIRTHPLACE: South Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ray Han Heyburn — ADDRESS: Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Decompensation — 3 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 7 8, 1953, *that I last saw the deceased alive on* 7 8, 1953, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: [illegible] Idaho
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-53
24c. NAME OF CEMETERY OR CREMATORY: Marion Cemetery
24d. LOCATION (City, town, or county) (State): Marion, Cassia Co. Idaho

DATE REC'D BY LOCAL REG.: July 15 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Tom B. McCulloch — ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 175
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clement
b. (Middle):
c. (Last): Larrea

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 25, 1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 5, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — — 05
10b. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (State or foreign country): Jalruror, Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jose Larrea ---------- BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Unknown ---------- BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leon Larrea — ADDRESS: Malta-Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction, acute myocardial — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolism, coronary artery — ?
DUE TO (c) (Coronary artery disease), chronic? — 2 weeks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus. — Known 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-27, 1949, *to* 7-11, 1953, *that I last saw the deceased alive on* 7-10, 1953 *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Annest 010 (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: July 15 1953
REGISTRAR'S SIGNATURE: L. F. Wilson
25. FUNERAL DIRECTOR: Tom B. McCulloch — ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 18 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2668
Local Reg. No. 184
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Nigel
b. (Middle): Hayward
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Stockman 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Ava, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson Campbell — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Vida L. Campbell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 10 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* July 19, 1953, *that I last saw the deceased alive on* July 19, 1953, *and that death occurred at* 4:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. E. Dean M.D. 089 (Degree or title)
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/23/53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2669
Local Reg. No. 150
Reg. Dist. No. 470

BIRTH NO.

AUG 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) Segal Apartments

3. NAME OF DECEASED (Type or Print) a. (First) Matias b. (Middle) c. (Last) Idoeta

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30, 1893
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Herder
10b. KIND OF BUSINESS OR INDUSTRY Sheep
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY? NO

13. FATHER'S NAME Sande Idoeta - Santiago, Spain BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown - BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-10-0323
17. INFORMANT'S OWN SIGNATURE James Idoeta ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperpyrexia (temperature center damaged) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral hemorrhage — 20 days
DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* 6-7-48, 19__, *to* 7-20-53, 19__, *that I last saw the deceased alive on* 20 July, 1953, *and that death occurred at* 8 24 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 23, 1953
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. Aug 15 1953
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR J. Darth Sayre ADDRESS Burley

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 179
Reg. Dist. No. 470

BIRTH NO. AUG 18 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1300 Normal Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) R c. (Last) Spencer

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 17, 1877

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 9 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home work

11. BIRTHPLACE (State or foreign country): Edgewater, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Hamm BIRTHPLACE: Marion, Virginia

14. MOTHER'S MAIDEN NAME: Emmaline (Unknown) BIRTHPLACE: Marion, Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible] Normal

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dry Gangrene of Leg — 3 weeks

DUE TO (c) Diabetes-Mellitus — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, 19[illegible] *to* July 21, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 11:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh G Dunn (Degree or title) M.D.

23b. ADDRESS: Burley Id.

23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-25-53

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1953

REGISTRAR'S SIGNATURE: R.T. Wilson

25. FUNERAL DIRECTOR: Jim B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 18 1953 OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 180
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 719 Elba Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Terry
b. (Middle): Eugene
c. (Last): Osterhout

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 10, Days -; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albion, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Osterhout, BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Ida Sparks, BIRTHPLACE: Kelton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-24-9482
17. INFORMANT'S OWN SIGNATURE: Burley — ADDRESS: Mrs Terry Osterhout 719 Elba

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950, *to* 7-22, 1953, *that I last saw the deceased alive on* 7-21, 1953, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Bircher (Degree or title): M.D. 215
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-53
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Tom B. McCulloch — ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 183
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly - Rural
d. STREET ADDRESS (If rural, give location): Kimberly - Rural

3. NAME OF DECEASED (Type or Print)
a. (First): ABNER
b. (Middle): CARL
c. (Last): VENABLE

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 25, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. E. Venable — ADDRESS: Kimberly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, coronary artery — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 15 yrs.
DUE TO (c) Senility — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension, [illegible] — Known 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1950, *to* 6-20, 1953, *that I last saw the deceased alive on* 6-20, 1953, *and that death occurred at* 5:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/27/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 16 1953
REGISTRAR'S SIGNATURE: B. H. Wilson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 18 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 8678
Local Reg. No. 182
Reg. Dist. No. 470
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Canada
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Toronto
d. STREET ADDRESS (If rural, give location): No 3 , Lynwood Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) James c. (Last) Vogan

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 28, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant 72	Milling	Toronto, Canada	Canada

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Vogan	Ireland	Sarah Kniel	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Ida B. Vogan	3 Lynwood, Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 July 53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 16 July, 1953, *to* 25 July, 1953, *that I last saw the deceased alive on* 25 July, 1953, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 423	MD	1341 Overland; Burley, Idaho	7-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 26, 1953	Mount Pleasant	Toronto, Canada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 16 1953	[signature]	[signature]	Burley

Federal Security Agency
United States Public Health Service

Form DPH-49021

RE

Certificate of Death

AUG 18 1953

STATE OF IDAHO

State File No. 2074
Local Reg. No. 188
Reg. Dist. No. 470

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Kramer
c. (Last): Gierisch

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Charles K. Kramer - Switzerland
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Zahler - Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm R. Gierisch — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr (about)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): C metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 11-12-52 6-10-53
19b. MAJOR FINDINGS OF OPERATION: (1) annular carcinoma of sigmoid c obstruction (2) small + large bowel obstruction due to metastatic carcinoma.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1952 *to* June 26, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Steven Hatch MD 184
23b. ADDRESS: 1050 Memorial Drive
23c. DATE SIGNED: July 22 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/15/53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Cassia County

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 177
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion -rural
c. LENGTH OF STAY (in this place): 46 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southwest of Albion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion - rural
d. STREET ADDRESS (If rural, give location): Southwest of Albion

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Henry; c. (Last) Albertson

4. DATE OF DEATH: (Month) (Day) (Year): July 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 10, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 11 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Et. Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Henry Albertson, BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Hepworth, BIRTHPLACE: Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Howard D. Albertson ADDRESS: Albion Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9, 1951, *to* 7-23, 1953, *that I last saw the deceased alive on* 7-23, 1953, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A Bircher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-29-53
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Albion, Utah

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: [illegible] Wilson
25. FUNERAL DIRECTOR: [illegible] McCulloch-Burley-Ida.
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 23 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 20 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE Ida
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1002 - 7 St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jennie	Choffin	Bryan	July 3 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	widowed	Dec 6 1866	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Georgia	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
I. J. Choffin	Ga.	Nancy Young	Ga.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			E. L. Berry M.D.	Orofino Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-22-2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chron. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchial Asthma — 3 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 17, 1953 *to* July 3, 1953, *that I last saw the deceased alive on* July 2, 1953 *and that death occurred at* 12 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Berry M.D.	Orofino Ida	July 3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7-3-53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-3-53	Vernon E Farley	Durant Vasser Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JUL 23 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 210

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5yrs 8mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Gall Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Boxtan
c. (Last):

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown
8. DATE OF BIRTH: Aug 9 1873
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Champaign Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Stanwood — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Matilda — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: E. L. Berry ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 6 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-15, 1947, *to* 7-5, 1953 *that I last saw the deceased alive on* 7-5, 1953, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Berry M.D. 025 (Degree or title)
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: July 5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-5-53 101
24c. NAME OF CEMETERY OR CREMATORY: Vater Funeral Home
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 7-5-53
REGISTRAR'S SIGNATURE: Vernon Stanley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 23 1953

Certificate of Death

STATE OF IDAHO

State File No. 2678
Local Reg. No. 3
Reg. Dist. No. 210

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Francis; c. (Last) Bowler

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-7-1887

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor 19

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Layton Utah

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Giles Bowler
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Hudson
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519076165

17. INFORMANT'S OWN SIGNATURE: Wilma Bowler
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ---------- *19--, to* ---------- *19--, that I last saw the deceased alive on* ---------- *19--, and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 (Degree or title): Coroner 4
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Vernon E Fawley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2679
Local Reg. No. 4
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Reeves

4. DATE OF DEATH (Month) (Day) (Year): 7-7-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 9-23-1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Log scaler 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: Canada

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

576X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute intestinal peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): sick about 7 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6-53 *to* 7-7-53, 19__, *that I last saw the deceased alive on* 7-7-53, 19__, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Happenhagen 304 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 07 7-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 7-9-53
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2680
Local Reg. No. 5
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Nick
b. (Middle)
c. (Last) Yolski

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1879
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger 08
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME unk BIRTHPLACE unk
14. MOTHER'S MAIDEN NAME unk BIRTHPLACE unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ok (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk.
17. INFORMANT'S OWN SIGNATURE E. L. Barry MD ADDRESS Orofino Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chron myoca [illegible] — INTERVAL BETWEEN ONSET AND DEATH 16 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 16 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Psychosis c̄ Cereb. arteriosc. — 16 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1943, *to* July 11, 1953, *that I last saw the deceased alive on* July 11, 1953, *and that death occurred at* 5:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Barry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED July 12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-14-53
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 7-13-53
REGISTRAR'S SIGNATURE Vernon E. Dooley
25. FUNERAL DIRECTOR W. E. Gilbert
ADDRESS Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2681
Local Reg. No. 6
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangemont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Willard
c. (Last): Frear

4. DATE OF DEATH (Month) (Day) (Year): 7-12-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-16-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Passiac Mo.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Miron Frear — BIRTHPLACE: N. Y.
14. MOTHER'S MAIDEN NAME: Iora Woolard — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 518018804
17. INFORMANT'S OWN SIGNATURE: Mrs Thomas Wittman — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 912.1 Crushing injury to R leg and R arm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clearwater " Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 PM 7-12-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Tractor Rolled over on him

22. *I hereby certify that I attended the deceased from* 7-12-53, 19__, *to* 7-12-53, 19__, *that I last saw the deceased alive on* 7-12-53, 19__, *and that death occurred at* 10 3/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N B Pappenhagen 304 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2682
Local Reg. No. 8
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 722 Kalaspo Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) L. c. (Last) Alden

4. DATE OF DEATH: (Month) (Day) (Year): 7-19-1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-8-1892

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Benton Co. Ark.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: J. E. France
BIRTHPLACE: Ken.

14. MOTHER'S MAIDEN NAME: Hattie Johnson
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: O. E. Alden
ADDRESS: 419 N 9th Boise Ida.

18. CAUSE OF DEATH 420.1

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 secons

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) rural thrombi & fibrillation — 3 years

DUE TO (c) chronic myocarditis-unknown, approx 10yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. hypertension — " — "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 16, 1950, *to* July 19, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 7:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. C. Hanson (Degree or title): M. D.
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: July 21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gifford
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 17 1953

Certificate of Death

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. 2883
Local Reg. No. 9
Reg. Dist. No. 210
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
c. LENGTH OF STAY (in this place): Few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles-N*E Orofino

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Glenwood

3. NAME OF DECEASED (Type or Print): a. (First) H. b. (Middle) Wayne c. (Last) Bickell

4. DATE OF DEATH (Month) (Day) (Year): 7-22-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-3-1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Lindon Kansas
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Horace Bickell — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Jane Marken — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518014531
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured cervical. — INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple chest injuries. 910.8
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Timber
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino-rural Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-22-53 8:00 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by falling tree.

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 8:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 470 (Degree or title): Coroner 4
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 7-24-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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AUG 17 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2684
Local Reg. No. 10
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Ravalli
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton
d. STREET ADDRESS (If rural, give location): 511 So. 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): R.
c. (Last): Fisk

4. DATE OF DEATH (Month) (Day) (Year): 7-27-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-1-1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 48
10b. KIND OF BUSINESS OR INDUSTRY: Pool Hall
11. BIRTHPLACE (State or foreign country): Sparta Mich.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: William H. Fisk — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Margaret Ross — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Ruth Bird — ADDRESS: Greer-Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* --------, 19--, *to* --------, 19--, *that I last saw the deceased alive on* --------, 19--, *and that death occurred at* 6:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 — (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Hamilton Mont.

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Vernon E. Fowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2685
Local Reg. No. 11
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters-rural
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Nat'l Forest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lake River Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Jackson

4. DATE OF DEATH: (Month) (Day) (Year) 7-29-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
M	W	Single	2-28-1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plumas Co. Calif.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Heart Disease.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 (Degree or title): Coroner 4
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 8-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-4-1953 05
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 8-3-53
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUL 14 1953 STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MacKay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MacKay Reservoir

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 811 Roosevelt ave

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
~~b. (Middle)~~:
c. (Last): Steward

4. DATE OF DEATH (Month) (Day) (Year): July 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 30-1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 9, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: for Sheet metal
11. BIRTHPLACE (State or foreign country): Salt Lake City-Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Steward — BIRTHPLACE: Salt Lake City-Utah
14. MOTHER'S MAIDEN NAME: Alice Willets — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 528-07-0253
17. INFORMANT'S OWN SIGNATURE: Norma Cherrington — ADDRESS: Murray Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: unwind.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* July 5, 1953, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Reines (Degree or title) M.D.
23b. ADDRESS: Box 566, Arco, Idaho
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/6/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 7/11/53
REGISTRAR'S SIGNATURE: A J Ruffett
25. FUNERAL DIRECTOR: W. S. Marvel — ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2687
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
c. LENGTH OF STAY (in this place) 27
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) c. (Last) Larson

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 22, 1866
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 70
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lars Christian Larson BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Flinia Maria Sorenson BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-09-0405
17. INFORMANT'S OWN SIGNATURE Mrs Nora B. Larson ADDRESS Glenn Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. asthma generalized arteriosclerosis — 10 years unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 1948, *to* July 1, 1953, *that I last saw the deceased alive on* July 1, 1953, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Ward A. Rubien M.D. (Degree or title) 3+5
23b. ADDRESS Glenns Ferry
23c. DATE SIGNED July 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/6/1953
24c. NAME OF CEMETERY OR CREMATORY Glenns rest cemetery
24d. LOCATION (City, town, or county) Glenn Ferry (State) Idaho

DATE REC'D BY LOCAL REG. July 4-53
REGISTRAR'S SIGNATURE Mary Sullivan
25. FUNERAL DIRECTOR J. Forrest Heaver ADDRESS Wendell Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2688
Local Reg. No. 24
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mountain Home
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): H.
c. (Last): Groefsema

4. DATE OF DEATH (Month) (Day) (Year): July 12 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 23, 1886
9. AGE (In years last birthday): 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kalamazoo Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harm Groefsema BIRTHPLACE: Gronigen, Netherlands
14. MOTHER'S MAIDEN NAME: Cornelia Kuiper BIRTHPLACE: Gronigen, Netherlands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs John (Olive) Groefsema ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1953, *to* July 12, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone W. Koelsch (Degree or title): M.D.
23b. ADDRESS: Mnt Home Idaho
23c. DATE SIGNED: July 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: July 15, 1953
REGISTRAR'S SIGNATURE: H. F. Anderson
25. FUNERAL DIRECTOR: Bey Mortuary ADDRESS: Mountain Home, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

D A L Herisson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

JUL 21 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2089

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) Thomas c. (Last) Laughlin

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 6, 1945

9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR Months: | Days: 12 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Marvin Laughlin
BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Nell Hudspeth
BIRTHPLACE: Wendell Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mavis Laughlin
ADDRESS: King Hill Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clover Creek

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): King Hill, Elmore co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1953-3pm m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: While wading in creek

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Philo L. Grant (Degree or title): Coroner

23b. ADDRESS: Milner Dam Ida

23c. DATE SIGNED: 7-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 21 53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 18-53

REGISTRAR'S SIGNATURE: Mary Sullivan

25. FUNERAL DIRECTOR: J.R. Wiley
ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2690
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gray Hill
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King Hill
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Kenneth
b. (Middle) Scott
c. (Last) Laughlin

4. DATE OF DEATH (Month) (Day) (Year) July 18 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct 2 1948
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months 9 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Marvin Laughlin — BIRTHPLACE Colorado
14. MOTHER'S MAIDEN NAME Nell Hudspeth — BIRTHPLACE Wendell Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Marvin Laughlin — ADDRESS King Hill Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clover Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) King Hill, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18, 1953 - 3pm m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? While wading in creek

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Philo F. Green Coronet 470 (Degree or title)
23b. ADDRESS Mtn Home Ida
23c. DATE SIGNED 7-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 21, 53 2
24c. NAME OF CEMETERY OR CREMATORY Jerome
24d. LOCATION (City, town, or county) (State) Jerome Idaho

DATE REC'D BY LOCAL REG. July 19 53
REGISTRAR'S SIGNATURE Mary Sullivan
25. FUNERAL DIRECTOR J R Wiley — ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2691
Local Reg. No. 25
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Margaret
c. (Last): Stewart

4. DATE OF DEATH (Month) (Day) (Year): July 18 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 18 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Providence Cash county Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ammon Harmon — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Scott — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Candis E. Crabb — ADDRESS:

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1953, *to* ——, 19——, *that I last saw the deceased alive on* July 18, 1953 *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone W. Voelsch 225 (Degree or title) M.D.
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: July 20 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Marion
24d. LOCATION (City, town, or county) (State): Marion Idaho

DATE REC'D BY LOCAL REG.: July 20, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Idaho

D. A. L'Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME, IDAHO
c. LENGTH OF STAY (in this place): 49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME, IDAHO
d. STREET ADDRESS (If rural, give location):

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JAMES	CLARK	CLAYS		JULY	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	DIVORCED	JAN 16, 1904	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MT. HOME, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAUDE CLAYS — BIRTHPLACE: SANDUSKY, OHIO
14. MOTHER'S MAIDEN NAME: FLORENCE JOHNSON — BIRTHPLACE: MT. HOME, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Florence Clark — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 1/X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1953, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 5:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone M Welch 225	M.D.	Mountain Home, Idaho	July 24 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JULY 25, 53	MOUNTAIN VIEW	MOUNTAIN HOME, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 24, 1953	A.F. Anderson	BEY MORTUARY	MOUNTAIN HOME, IDAHO

D.A. Williamson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 32 East 1st South

3. NAME OF DECEASED (Type or Print): a. (First) Nephi; b. (Middle); c. (Last) Larson

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 1, 1872

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Larson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Jensen
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 28 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1953, *to* July 8, 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 6 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Cutler 064 (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Logan
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 7-11-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR:
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

JUL 27 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Beaver Junction
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Georgia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Augusta
d. STREET ADDRESS (If rural, give location): Route #1, Box 145

3. NAME OF DECEASED (Type or Print): a. (First) Wilfried b. (Middle) Otto Walter Paul c. (Last) Herzig

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	6 Jan 1932	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier, U.S.Army 41	Military	Unknown	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willy P. H. Herzig	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 8-23-51 to 1-7-53	Not Avail.	U.S. Army Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

860X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-46 Airplane crash, near Beaver Junction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Luther J. Hart M.D 402	Utah General Depot, Ogden, Utah	4/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
shipped 3	July 8, 1953		Augusta Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-4-1953	Effie W. Brower	Larkin and Sons	Ogden, Utah

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuba City,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Annie; b. (Middle); c. (Last) Yazzie

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 19, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 10 Days: 10; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tuba City, Arizona

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Kee Ahine Yazzie — BIRTHPLACE: Pinion, Arizona

14. MOTHER'S MAIDEN NAME: Bessie May — BIRTHPLACE: Chichenbits, Arizona

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West on, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell in ditch

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Hanson (Degree or title): Coroner

23b. ADDRESS: Preston, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 7-30-53

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

JUL 11 1953 STATE OF IDAHO

State File No. 2696
Local Reg. No. 36
Reg. Dist. No. 651

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Island Park
LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tourist Cabins-Elk Creek Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle); c. (Last) Erickson

4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 31. 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Karl August Erickson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Charlotte Brons
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE 1466 John Boyden ADDRESS Salt Lake City

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never attended, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE M. L. Hansen (Degree or title)

23b. ADDRESS St. Anthony Ida

23c. DATE SIGNED 8 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE 7/8/53

24c. NAME OF CEMETERY OR CREMATORY: Mount Ogden

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 8 July 53

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: Russell Hamm ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2697
Local Reg. No. 38
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warm River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 341 East First North

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): DOLLY
c. (Last): YANCY

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 17, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 2 | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Sunnydell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David A. Wilcox, BIRTHPLACE: Cedar Fork, Utah

14. MOTHER'S MAIDEN NAME: Martha Parker, BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-1767

17. INFORMANT'S OWN SIGNATURE. Jessie Yancy Rexburg Ida ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Edema Asthma — 2
DUE TO (c) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 17, 1953 *to* ———, 19—, *that I last saw the deceased alive on* July 17, 1953, *and that death occurred at* 1 A. m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Sutton - Ida.

23c. DATE SIGNED: 20 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 20 July 53

24c. NAME OF CEMETERY OR CREMATORY: Sutton

24d. LOCATION (City, town, or county) (State): Thorton, Idaho

DATE REC'D BY LOCAL REG.: 20 July 53

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 40
Reg. Dist. No. 651

BIRTH NO. 111-53-8497

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton, Idaho
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CONNIE
b. (Middle): KAY
c. (Last): ECKMAN

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 13, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days 7; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ashton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Eckman
BIRTHPLACE: Chester, Idaho
14. MOTHER'S MAIDEN NAME: Jessie Welker,
BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE
ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 7 mo. gestation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 July, 1953, *to* 20 July, 1953, *that I last saw the deceased alive on* 21 July, 1953, *and that death occurred at* 2:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 2/3
23b. ADDRESS: Ashton - Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.: 22 July 53
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen
ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2699
Local Reg. No. 39
Reg. Dist. No. 651

BIRTH NO. 111-53-8498

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RONNY
b. (Middle): RAY
c. (Last): ECKMAN

4. DATE OF DEATH (Month) (Day) (Year): July 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 13, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 7; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ashton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth Eckman — BIRTHPLACE: Chester, Idaho
14. MOTHER'S MAIDEN NAME: Jessie Welker — BIRTHPLACE: St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity 7 mos. jestation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Jul, 1953, *to* 20 Jul, 1953, *that I last saw the deceased alive on* July 20, 1953, *and that death occurred at* 11:30P *m, from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 213 (Degree or title)
23b. ADDRESS: Ashton - Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parker, Idaho
24d. LOCATION (City, town, or county) (State): Parker, Idaho.

DATE REC'D BY LOCAL REG.: July 22 1953
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2700
Local Reg. No. 41
Reg. Dist. No. 6551

111-53-8507
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton Mem. Hosp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BABY; b. (Middle) GIRL; c. (Last) GREENHALGH

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 31, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 1 | Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ashton, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sylvan Greenhalgh — BIRTHPLACE: St. Anthony RFD#1, Ida.

14. MOTHER'S MAIDEN NAME: Margaret Waddell, Squirrel, Idaho — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: /s/ Sylvan Greenhalgh — ADDRESS: 1365 Juniper Dr. I.F.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 1½ HRS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 31, *1953, to* July 31, *1953, that I last saw the deceased alive on* July 31, *1953, and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 638 J. Spencer Parkinson, M.D.

23b. ADDRESS: Ashton, Idaho

23c. DATE SIGNED: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1 August 53

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 3 August

REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40001

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2701
Local Reg. No. 52
Reg. Dist. No. 340 - 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 4mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 507 W. 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 507 W. 5th St

3. NAME OF DECEASED (Type or Print)
a. (First) Forest
b. (Middle) Edward
c. (Last) Crandall

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 19, 1905
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months 11 Days 7 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) storekeeper
10b. KIND OF BUSINESS OR INDUSTRY drygoods
11. BIRTHPLACE (State or foreign country) Deluth, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sammuel Crandall
BIRTHPLACE Wiss.
14. MOTHER'S MAIDEN NAME Maude Perry
BIRTHPLACE Lewiston, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 533 05 7219
17. INFORMANT'S OWN SIGNATURE X Marie F. Crandall
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* July 28, 1953, *that I last saw the deceased alive on* July 28, 1953, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald P. Cawhorn
(Degree or title)
23b. ADDRESS Emmett Ida
23c. DATE SIGNED 7/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE June 30, 1953
24c. NAME OF CEMETERY OR CREMATORY Portland
24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. July 2, 1953
REGISTRAR'S SIGNATURE Jean A. Beatty
25. FUNERAL DIRECTOR The Beatty Chapel
ADDRESS Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC
JUL 25 1953
DIVISION
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2702
Local Reg. No. 1
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Paul
c. (Last): McKean

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 28, 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Guy McKean — BIRTHPLACE: Cainsville, Mo.
14. MOTHER'S MAIDEN NAME: Gladys Gerdiner — BIRTHPLACE: Saline, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Guy McKean — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

830.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Horse Shoe Bend Boise Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 2 1953 11 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Run over by car

22. *I hereby certify that I attended the deceased from* July 2, 1953, *to* July 2nd, 1953, *that I last saw the deceased alive on* July 2, 1953, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald K. Rawlinson 325
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 20, 1953
REGISTRAR'S SIGNATURE: Jas. A. Beatty
25. FUNERAL DIRECTOR: Jas. A. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2703
Local Reg. No. 3
Reg. Dist. No. 540 - 111

BIRTH NO.

REC'D JUL 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nellie b. (Middle) Geneva c. (Last) Talley

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 17, 1888

9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR: Months 8 Days 14 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Pitzville, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lafayette Knowlton — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Alice Kendall — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. W. B. Talley — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 45 Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 3, 1952, *to* July 3, 1953, *that I last saw the deceased alive on* Dec. 11, 1953, *and that death occurred at* 5:25 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 582 Quentin E. Howard MD

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: July 7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 7 1953

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR: The Peterson Chapel — **ADDRESS**: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40621

...rmant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 25 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2704
Local Reg. No. 4
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Marshall
c. (Last) Caywood

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 21, 1878
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (State or foreign country) Marysville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Caywood — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Mary Marshall — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X Buell Vaughn — ADDRESS Caywood

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1952, *to* July 5, 1953, *that I last saw the deceased alive on* July 4, 1952, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Quentin E. Howard M D (Degree or title) 582
23b. ADDRESS Emmett, Idaho
23c. DATE SIGNED July 7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Payette
24d. LOCATION (City, town, or county) (State) Payette, Idaho

DATE REC'D BY LOCAL REG. July 7, 1953
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR The Beatty Chapel — ADDRESS Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Howard

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AUG - 8 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2705
Local Reg. No. 5
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Russel Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Ralph c. (Last) Parrott

4. DATE OF DEATH: (Month) (Day) (Year): July 22, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 24, 1868

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months: 6 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Rushville, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Frank Fox
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 177X Unknown
INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cancer of prostate
Probably 2 or 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 11:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: Quentin E. Howard (Degree or title) MD
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: July 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 27, 1953
REGISTRAR'S SIGNATURE: Frank Beatty

25. FUNERAL DIRECTOR
ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 2706
Local Reg. No. 6
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 117 West 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) Bertha c. (Last) Lytle

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 12, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Long Island, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Briant — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Nancy E. Thornburg — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 01 8871
17. INFORMANT'S OWN SIGNATURE: Boyd Lytle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension — 1 year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 1953, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson (Degree or title) — 325
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 27, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2707
Local Reg. No. 7
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GEM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Scotts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 414 No. Boise

3. NAME OF DECEASED (Type or Print): a. (First) RAGNHILD b. (Middle) c. (Last) GUNDERSON

4. DATE OF DEATH: (Month) (Day) (Year): July 31, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 2, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: 7 Days: 29
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Einarhaugen Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ole Einerson — BIRTHPLACE: Grotte Norway

14. MOTHER'S MAIDEN NAME: Ellen Anderson Aunmden — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Hans Bratvold

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Passive Congestion — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Endocarditis — 4 years

DUE TO (c) Possibly Rheumatic

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* July 31, 1953, *that I last saw the deceased alive on* July 31, 1953, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rachel P. Rawlinson, M.D.

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 4, 53

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: Aug. 5, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2708
Local Reg. No. 23
Reg. Dist. No. 240-24

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles west of Emmett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) Fanner c. (Last)

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	unknown	Feb. 26, 1889	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown 65	unknown	Stevenpoint, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	518 26 4859	John M. Beatty	Emmett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

802.X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) run over by train — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	R R right of way	Emmett, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 29, 1953 8:45A m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	fell from train

22. *I hereby certify that I attended the deceased from* never *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Beatty 470	coroner	Emmett, Idaho	July 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 3	July 8, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 6 1953	John M. Beatty	The Beatty [illegible]	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2709
Local Reg. No. 2
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle): Bernard
c. (Last): Hollingsworth

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 3, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 9, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister 62
10b. KIND OF BUSINESS OR INDUSTRY: preaching
11. BIRTHPLACE (State or foreign country): Bruceville, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: J. Clark Hollingsworth
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Jane Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Fern Hollingsworth Ons C B

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: a few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1951, *to* July 2, 1953, *that I last saw the deceased alive on* July 2, 1953, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard 582 M D
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: July 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 21, 1953
REGISTRAR'S SIGNATURE: Jean A. Gratty
25. FUNERAL DIRECTOR — ADDRESS: The [illegible] Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1611
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 605 Nevada

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) c. (Last) PARKS

4. DATE OF DEATH: (Month) (Day) (Year) July 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Cloud County, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Tatro
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Adeline Denno
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. Parks
ADDRESS: Burl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 20 yrs

DUE TO (c) Cerebral Hemorrhage — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953, *to* July 10, 1953, *that I last saw the deceased alive on* July 10, 1953, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Burritt (Degree or title) M.D.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 7-20-53
REGISTRAR'S SIGNATURE: J. A. Cannell

25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1612
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): B.
c. (Last): HOUSER

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 29, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 15; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 52
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Halmond Houser
BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Amma Mc Ghee
BIRTHPLACE: So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Halmond V. Houser
ADDRESS: Gooding Rt. 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

057.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Spinal Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1953, *to* July 14, 1953 *that I last saw the deceased alive on* July 14, 1953 *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Garrett M.D. 021
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: 7/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 7-20-53
REGISTRAR'S SIGNATURE: H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1613
Reg. Dist. No. 42-4

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 306 Oregon

3. NAME OF DECEASED (Type or Print): a. (First) MARJORIE b. (Middle) M. c. (Last) O'DONNELL

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 14, 1912

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist

10b. KIND OF BUSINESS OR INDUSTRY: Dental Office

11. BIRTHPLACE (State or foreign country): Wendell, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Earley Mc Pherson
BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Mary S. Uttback
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs M. S. Roach
ADDRESS: 306 Oregon Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide, Gun Shot wound, Head — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) July (Day) 21 (Year) 1953 (Hour) 7½ A.M.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* July 21, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion K. Hughes M.D. (Degree or title)

23b. ADDRESS: Gooding Idaho

23c. DATE SIGNED: 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/24/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 7-28-53

REGISTRAR'S SIGNATURE: H Cranwell

25. FUNERAL DIRECTOR: Des Jensen

ADDRESS: J. THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2713
Local Reg. No. 1614
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W.
c. (Last): Tingey

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. & Gen Manager of Snake River Trout Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles S. Tingey 74 — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Levina Hyde — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: 518 07 6545
17. INFORMANT'S OWN SIGNATURE: x Mrs J. W. Tingey — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 5 mos
DUE TO (c) Atherosclerosis + Antecedent heart disease — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1953, *to* July 15, 1953, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. McBratney M.D. 246
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 17, '53
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 240

BIRTH NO.

JUL 20 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deer Creek Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELROY; b. (Middle) HOWARD; c. (Last) ANDREWS

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: June 22, 1939

9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school pupil 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lone Rock, Oregon

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles I. Andrews — BIRTHPLACE: Hardman, Ore.

14. MOTHER'S MAIDEN NAME: Vera Hyer, — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Clyde C. Putnam — ADDRESS: Whitebird

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Cervical Spine Cord Severed — INTERVAL BETWEEN ONSET AND DEATH: Instan.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal Skull Fracture

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Deer Creek Road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Whitebird Idaho Idaho

21d. TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 7 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: CAR Accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard A. Cornell (Degree or title): Coroner — **23b. ADDRESS**: Grangeville Idaho — **23c. DATE SIGNED**: 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lone Rock Cemetery

24d. LOCATION (City, town, or county) (State): Condon, Oregon

DATE REC'D BY LOCAL REG.: July 8 1953

REGISTRAR'S SIGNATURE: Irma Comer

25. FUNERAL DIRECTOR: H. B. Peterson — ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 242

BIRTH NO. 111-53-8575

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cotton wood

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) EARL c. (Last) BAILEY

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 16, 1953

9. AGE (In years last birthday): ---
IF UNDER 1 YEAR: Months ---, Days 1
IF UNDER 24 HRS.: Hours 2, Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Kenneth Bailey
BIRTHPLACE: St. Maries, Idaho

14. MOTHER'S MAIDEN NAME: Barbara Sorenson
BIRTHPLACE: Merciad, Calif.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth E. Bailey
ADDRESS: Winchester Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-16, 1953, *to* 7-17, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8: P m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H Collins (Degree or title): MD

23b. ADDRESS: Craigmont Idaho

23c. DATE SIGNED: 7-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: 7-17-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-7-53

REGISTRAR'S SIGNATURE: Wesley J. Orr M.D. by T.M.

25. FUNERAL DIRECTOR: Brower-Wann by K.H. Mallon

ADDRESS: Lewiston Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. K. H. Collins

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 24
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) c. (Last) O. Neil

4. DATE OF DEATH (Month) (Day) (Year) July 18 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 25 1900
9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 5 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender
10b. KIND OF BUSINESS OR INDUSTRY Club
11. BIRTHPLACE (State or foreign country) Tacoma Wash
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Patrick O. Neil BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Jessie Dailey BIRTHPLACE Ncy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 552-01-7594
17. INFORMANT'S OWN SIGNATURE Esther O'Neil ADDRESS Cottonwood Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — 7 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1950, *to* July 18, 1953, *that I last saw the deceased alive on* July 17, 1953, *and that death occurred at* 8:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. J. Orr M.D. (Degree or title)
23b. ADDRESS Cottonwood, Idaho
23c. DATE SIGNED 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-20-53
24c. NAME OF CEMETERY OR CREMATORY Cottonwood
24d. LOCATION (City, town, or county) Cottonwood Id (State) Ida

DATE REC'D BY LOCAL REG. 8-7-53
REGISTRAR'S SIGNATURE Wesley J. Orr, M.D. by TN
25. FUNERAL DIRECTOR Glenn Giles ADDRESS Tranquille

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 1
Reg. Dist. No. 640

BIRTH NO.

RECEIVED AUG 3 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rigby
c. LENGTH OF STAY (in this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carsons Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 250 E. 2nd No.

3. NAME OF DECEASED (Type or Print)
a. (First): ANTOINE
b. (Middle):
c. (Last): HEYREND

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 27, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Providence, Utah
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Antoine Heyrend. BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Margaret Hargraves. BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Nellie Heyrend ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 4 yrs.
DUE TO (c) Arteriosclerosis — 5 yrs+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 10 yrs.

19a. DATE OF OPERATION: Jan. 1953
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 12, 1950, *to* June 25, 1953, *that I last saw the deceased alive on* June 24, 1953, *and that death occurred at* 6:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall 422 M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-53
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton
24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: July 1-53
REGISTRAR'S SIGNATURE: Miss A B Eckersell
25. FUNERAL DIRECTOR: A. B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO. [illegible]

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 143 E. Fremont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 143 E. Fremont

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): HERAL
c. (Last): SWANNER

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14, 1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm- Retired
11. BIRTHPLACE (State or foreign country): Smithfield, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel C. Swanner — BIRTHPLACE: Council Bluffs, Ia.
14. MOTHER'S MAIDEN NAME: Cecilia Morrell — BIRTHPLACE: Little Cottonwood, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Phoebe Swanner — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

180X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of left kidney — 6 mos (?)
DUE TO (c): Metastases to lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1953, *to* 5 July, 1953, *that I last saw the deceased alive on* June 16, 1953, *and that death occurred at* 9:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 21 [signature]
23b. ADDRESS: Ashton - Ida
23c. DATE SIGNED: 7 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 July 53 01
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1 Fremont, Idaho

DATE REC'D BY LOCAL REG.: July 8 1953
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 640

BIRTH NO.

AUG 3 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Orlando b. (Middle) Jackson c. (Last) Carr

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 22, 1868

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Eden, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Carr
BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Melvina Butler
BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Lawrence Carr
ADDRESS Annis, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10-12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19 41 19____, *to* July 19, 1953 *that I last saw the deceased alive on* July 18, 1953, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Leon Tall M.D.

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 7/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/23/53

24c. NAME OF CEMETERY OR CREMATORY Cedar Butte Cemetery

24d. LOCATION (City, town, or county) Annis, Idaho (State)

DATE REC'D BY LOCAL REG. July 22/53

REGISTRAR'S SIGNATURE Mrs A B Parker

FUNERAL DIRECTOR Jack A. Wood

ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 113
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) John c. (Last) Nordmeyer

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 11 1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 4, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Man Railroad
10b. KIND OF BUSINESS OR INDUSTRY: U.P.
11. BIRTHPLACE (State or foreign country): Sterling Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Nordmeyer — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise Gerke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 505-16-0344
17. INFORMANT'S OWN SIGNATURE: Gladys Nordmeyer — ADDRESS: Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple internal injuries — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi way.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck rolled over.

22. *I hereby certify that I attended the deceased from* 6.30, 1953, *to* 6-30, 1953, *that I last saw the deceased alive on* 6.30.53 19__, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Lee Leher, M.D. (Degree or title) 282
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 7-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6 1953
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: July 18, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Rodney S. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2721
Local Reg. No. 111
Reg. Dist. No. 440

BIRTH NO. INFANT

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 1 DY.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location): " 2 MI. WEST

3. NAME OF DECEASED (Type or Print): a. (First) QUENTIN b. (Middle) PAUL c. (Last) WILLIAMS

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1953

5. SEX: MMM
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: JUNE 22, 1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WENDELL IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HAROLD WILLIAMS — BIRTHPLACE: MONTANA
14. MOTHER'S MAIDEN NAME: JULIA RIST — BIRTHPLACE: OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): INFANT
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harold Williams — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden respiratory arrest. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1951, *to* 7-5, 1953, *that I last saw the deceased alive on* 7-5, 1953, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Schad M.D.
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/8/1953
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: July 14, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB.
25. FUNERAL DIRECTOR: J. Farrell Weaver
ADDRESS: Wendell Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED Certificate of Death

State File No. 2722
Local Reg. No. 112
Reg. Dist. No. 440

BIRTH NO.

JUL 25 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 5 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Rural - Hazelton

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) FREDRICK c. (Last) SAUNDERS

4. DATE OF DEATH: (Month) (Day) (Year) July 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 20, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04
11. BIRTHPLACE (State or foreign country): Walla, Walla, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas. F. Saunders — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Georgia Ann Deckerson — BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Clarence Saunders — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11- , 1953, *to* 7-11 , 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/14/53
24c. NAME OF CEMETERY OR CREMATORY: Walla Walla, Wash.
24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: July 22, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.P.
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 115
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 417 E. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 417 - Main

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle):
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): July 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23.1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 00, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: 04 — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lucille B. Graham — ADDRESS: Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rifle Shot in Head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Self Inflicted

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 24, 1953 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased* ~~alive~~ on July 24, 1953, *and that death occurred at* about 5:00 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 J R Wiley 4 (Coroner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: July 25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 July 29.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 29, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....

Local Reg. No. 116

Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benidicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Jerome

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. STREET ADDRESS (If rural, give location): 133 - E - H

3. NAME OF DECEASED (Type or Print)

a. (First): Fern

b. (Middle): Hazel

c. (Last): Kalland Johnston

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 22 1894

9. AGE (In years last birthday): 59

IF UNDER 1 YEAR — Months: — Days: 4

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40

10b. KIND OF BUSINESS OR INDUSTRY: Office

11. BIRTHPLACE (State or foreign country): Girard Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H.C. Van Husdon

BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: June Struebel

BIRTHPLACE: OKla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): No 199X

16. SOCIAL SECURITY NO.: 518-07-2499

17. INFORMANT'S OWN SIGNATURE: Loys Wright

ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gen. abd. carcinomatosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Primary site not found.

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 7/27/53

19b. MAJOR FINDINGS OF OPERATION: See 18 1a above

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6/IX, 1953, *to* 7/28, 1953, *that I last saw the deceased alive on* 7/28, 1953, *and that death occurred at* ____ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Carlyle Smith, MD (Degree or title)

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 7/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 31 - 53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Aug. 3, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: Glen Buehler

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

hant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2725
Local Reg. No. 117
Reg. Dist. No.

111-53-8658
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Benedict's HOspital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEN
b. (Middle): TIMM
c. (Last): ANDERSEN

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: July 29,1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------- ------02
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Marvin LeRoy Andersen, BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Anita Gwen Grieve, BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----; (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: Anita Andersen, ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): prematurity due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): to faulty attachment
DUE TO (c): of placenta
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1953, *to* death, 1953, *that I last saw the deceased alive on* July 29, 1953, *and that death occurred at* 8:35p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice E. Sched M.D. 415 (Degree or title)
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: July 31,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30,1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: July 31, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Marvin LeRoy Andersen, ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 2536
Local Reg. No. 118
Reg. Dist. No. 440

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rural
d. STREET ADDRESS (If rural, give location): R 2

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W c. (Last) Phillips

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 23 1892

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR Months: 1 Days: 8 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oshkosh Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Phillips — BIRTHPLACE: [illegible]

14. MOTHER'S MAIDEN NAME: Not [illegible] — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs John Phillips — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-30, 1953, *to* 7-31, 1953 *that I last saw the deceased alive on* 7-31, 1953, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD — 245

23b. ADDRESS: Jerome Ida.

23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 2.1953

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Aug 3 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 9 1953

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No. 109
Reg. Dist. No. 440

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Susie b. (Middle) Missura c. (Last) Tibbits

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 28. 1861

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months: 8 Days: 3 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: David H Swart BIRTHPLACE: N Y

14. MOTHER'S MAIDEN NAME: Carolyn Wagner BIRTHPLACE: N Y

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Susie Tibbits ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH 420.0

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-18, 1950, *to* 7-1-, 1953, *that I last saw the deceased alive on* 7-1-, 1953, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Ka. Baker 282 Ln, D. **23b. ADDRESS**: Jerome **23c. DATE SIGNED**: 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: July 6. 53 **24c. NAME OF CEMETERY OR CREMATORY**: Jerome **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: July 6 1953 **REGISTRAR'S SIGNATURE**: Sister M. Rose, OSB.

25. FUNERAL DIRECTOR: J R Wiley **ADDRESS**: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Brown

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 114
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDEN
c. LENGTH OF STAY (in this place): 7.yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDEN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALMA b. (Middle) RAY c. (Last) MOLYNEUX

4. DATE OF DEATH: (Month) JULY (Day) 18. (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 7. 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 64

10b. KIND OF BUSINESS OR INDUSTRY: RANCHER

11. BIRTHPLACE (State or foreign country): SALT LAKE CITY UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ALMA MOLYNEUX
BIRTHPLACE: UNK.

14. MOTHER'S MAIDEN NAME: ELIZABETH LERWELL
BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 563-10-1655

17. INFORMANT'S SIGNATURE: Elizabeth Molyneux
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Infarction of Myocardium, acute — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arthery atherosclerosis (prior infarction Dec. 1952) — 8 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 7 *, 19*53*, to* July 18 *, 19*53*, that I last saw the deceased alive on* July 18 *, 19*53*, and that death occurred at* 9:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown, M.D., FACP
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/24/1953
24c. NAME OF CEMETERY OR CREMATORY: BURLEY
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: July 27 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB.
25. FUNERAL DIRECTOR: J. Farrish Weaver
ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 20 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 129
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) S. 10th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Elton	E.	Plank		July	1	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct, 22, 1908	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Planing Mill
10b. KIND OF BUSINESS OR INDUSTRY P.F.I.
11. BIRTHPLACE (State or foreign country) Gilbert, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME C.A. Plank — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Ada M. Ladde — BIRTHPLACE Orofino, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-20-0957
17. INFORMANT'S OWN SIGNATURE Mrs. Gayen Whitted — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture, left femur and left tibia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 28 (Year) 1953 (Hour) 1:30 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* June 28, 1953, *to* July 1, 1953, *that I last saw the deceased alive on* July 1, 1953 *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Henry Novak 652 (Degree or title) M.D.
23b. ADDRESS 609 Sherman Ave Coeur d'Alene Idaho
23c. DATE SIGNED July 14 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston, Idaho. (State)

DATE REC'D BY LOCAL REG. 7-15-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Andrew H. Vassar — ADDRESS Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Moseley

RECEIVED

JUL 16 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2730
Local Reg. No. 120
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 1-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: KKootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1619-7th, st.

3. NAME OF DECEASED (Type or Print): a. (First) Sally; b. (Middle) O.; c. (Last) Cogswell

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 20, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshaa Carey	Kentucky	Margaret Wants	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	none	E L Cogswell Dc	Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 442X Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular renal disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7-2-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
270 Don Moseley	M.D.	Coeur d'Alene Ida	7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7-6-53 01	Forest Cemetery	Coeur d' Alene	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-13-53	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 130
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Streeter Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Mullan Park

3. NAME OF DECEASED (Type or Print)
a. (First): Gail
b. (Middle): Le Roy
c. (Last): Rice

4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1920
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Man
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Company
11. BIRTHPLACE (State or foreign country): Neb.
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Parm Rice — BIRTHPLACE: Neb
14. MOTHER'S MAIDEN NAME: Ella Johnson — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mr. F. W. Krieter — ADDRESS: St Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

973X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Carbon Monoxide poisoning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Hiway 10.
21c. (CITY, TOWN, OR TOWNSHIP): East of Coeur d'alene — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? attached hose to exhaust pipe

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood 470 — (Degree or title): Cororner M.D. 4
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 7-11-53 01
24c. NAME OF CEMETERY OR CREMATORY: Smiths
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

PANHANDLE DISTRICT HEALTH UNIT

BONNER COUNTY OFFICE
SANDPOINT

SERVING BENEWAH, BONNER AND KOOTENAI COUNTIES
IN COOPERATION WITH THE STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH
HEADQUARTERS AND KOOTENAI COUNTY OFFICE
COURT HOUSE
COEUR D'ALENE, IDAHO

BENEWAH COUNTY OFFICE
ST. MARIES

FEB 7 1957

September 2, 1953

Mrs. Mabel F. Elder
Deputy Registrar
Division of Vital Statistics
Department of Public Health
Boise, Idaho

Dear Mrs. Elder:

I am sorry for the long delay in obtaining the date of birth for Gail LeRoy Rice, who died July 4, 1953 in Coeur d' Alene.

The date of birth is November 18, 1920.

Sincerely yours,

Lorraine Brush

(Mrs.) Lorraine Brush
Local Registrar

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 127
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'A lene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carlin Bay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' lene
d. STREET ADDRESS (If rural, give location) Rte. # 1

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) C. c. (Last) McBride
4. DATE OF DEATH (Month) 7- (Day) 7- (Year) 53
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-15-1907
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Tractor
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME UNKNOWN BIRTHPLACE
14. MOTHER'S MAIDEN NAME Lena Walkter BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 579-05-2177
17. INFORMANT'S OWN SIGNATURE Mrs. Inabelle McBride ADDRESS Coeur d'Ale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental traumatism by Tractor — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Carlin Bay
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor turned over Crushing him

22. *I hereby certify that I attended the deceased from* Did not, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Hood (Degree or title) Coroner MD
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 7-14-'53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-11-53
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. 7-14-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Husted

RECEIVED
JUL 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2733
Local Reg. No. 122
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Cd'A Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Hans
b. (Middle): B.
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr 16, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker 09
10b. KIND OF BUSINESS OR INDUSTRY: Sawmills
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nels Olson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: ? Anderson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cd'A Homes Records D.E. — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/21, 1945, *to* 7/8, 1953, *that I last saw the deceased alive on* 7/8, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 [signature] M.D.
23b. ADDRESS: Coeur d'Alene Id
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-11-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-11-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2724
Local Reg. No. 124
Reg. Dist. No. 120
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1212-C-Street

3. NAME OF DECEASED (Type or Print) a. (First) Hildor b. (Middle) c. (Last) Soderberg
4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 19, 1883
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millworker 09
10b. KIND OF BUSINESS OR INDUSTRY Saw Mills
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ole Soderberg BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-03-3978
17. INFORMANT'S OWN SIGNATURE Hemogene Daniels ADDRESS Coeur d' Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1952
19b. MAJOR FINDINGS OF OPERATION Orchidectomy Transurethral resection Dr. Hempstead Spokane
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* 1953, 19__, *that I last saw the deceased alive on* 7-6, 1953, *and that death occurred at* . m., *from the causes and on the date stated above.*

23a. SIGNATURE Howard A Hughes (Degree or title) 172
23b. ADDRESS Coeur d' Alene Idaho
23c. DATE SIGNED 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jul. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 7-11-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUL 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 20
Local Reg. No. 123
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison
d. STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) Nels c. (Last) Olson

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-12-1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Aushin Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels Olson
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 517-10-4500

17. INFORMANT'S OWN SIGNATURE: Delbert O. Olson
ADDRESS: St. Maries

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-vascular disease — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

44 ? X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 7-12-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Coeur d'alene
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 7-13-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St. Maries Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2736
Local Reg. No. 131
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 30 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gladys Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kooteanai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Johanna		Schuster	7	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	2-29-1364	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Scharff	Denmark	UNKNOWN	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. William Schuster	Enaville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary occlusion	36 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Myocarditis	5 yrs
DUE TO (c)	Arteriosclerotic Cardio-vascular	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	disease	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7-13-53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-17-53	Athol, Cemetery	Athol, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-17-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 135
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eddyville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W118 - 31st.

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): David
c. (Last): Sobol

4. DATE OF DEATH (Month) (Day) (Year): July 14 1953

5. SEX: male
6. COLOR OR RACE: white,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 8-20-1946
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spokane, Wn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dave Sobol — BIRTHPLACE: Mpls Minn
14. MOTHER'S MAIDEN NAME: Rubye V. Moline — BIRTHPLACE: Pepin Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Dave Sobol — ADDRESS: Spokane W118 - 31st.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Coeur d'alene
21c. (CITY, TOWN, OR TOWNSHIP): Eddyville — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell into Lake & drowned.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner
23b. ADDRESS: Coeur d'alene, Idaho
23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 7-14-53 4
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Wn.

DATE REC'D BY LOCAL REG.: 7-27-53
REGISTRAR'S SIGNATURE: Larraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Moseley

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5208
Local Reg. No. 126
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2½-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Augusta		Godleski	July 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 16, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Per Olson	Sweden	Karen Olson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	X Edith Strand	Coeur d' Alene Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION (422.1)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	7 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio sclerotic cardio vascular disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-14-53 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 7-14-53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (270)	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Moseley	M.D.	Coeur d' Alene	7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-18-53 01	Forest cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-15-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2739
Local Reg. No. 133
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur dAlene
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 616 River Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 616 River Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Melvin; b. (Middle) E,; c. (Last) Phillips

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-13-1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Sawmills

11. BIRTHPLACE (State or foreign country): Brookins, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Thea Thompson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-03-6300

17. INFORMANT'S OWN SIGNATURE: Mrs. Hazel Phillips
ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Ford (Degree or title): CoronerM.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 7-20-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-23-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-22-53

REGISTRAR'S SIGNATURE: Lorraine R. Brush

25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2740
Local Reg. No. 132
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 323½ Forest Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Jane
c. (Last): Hunter

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-13-1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UnkOWN — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Bertha Nob — ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/19, 1953, *to* 7/19, 1953 *that I last saw the deceased alive on* 7/19, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: 175 [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 7-22-53 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene Idaho — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 136
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1202 Foster

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1202 Foster

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Eby

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 14, 1872

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Kans

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME David Eby
BIRTHPLACE Unkown

14. MOTHER'S MAIDEN NAME Mary Schriner
BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Idaho Pub. Asst Records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion (probable).
INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D. Coroner.
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-23-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Orfino (State) Idaho

DATE REC'D BY LOCAL REG. 8-3-53
REGISTRAR'S SIGNATURE Lorraine F. Brush
25. FUNERAL DIRECTOR Gilbert Gates
ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NON-RESIDENT
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2540
Local Reg. No. 140
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Missoula
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missoula
d. STREET ADDRESS (If rural, give location): Missoula Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Frederick; b. (Middle); c. (Last) Ostermeyer

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan 5, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman 51

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Ostermeyer — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Josephine ? — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 517-12-2504

17. INFORMANT'S OWN SIGNATURE: X Lorraine C Ostermeyer — ADDRESS: Cd'A, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/22, 1953, *to* 7/26, 1953, *that I last saw the deceased alive on* 7/26, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O M Husted M D

23b. ADDRESS: O M H.

23c. DATE SIGNED: 7/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jul 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Missoula

24d. LOCATION (City, town, or county) (State): Missoula, Montana

DATE REC'D BY LOCAL REG.: 7-30-53

REGISTRAR'S SIGNATURE: Lorraine K Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 139
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peder	Arnholt	Norlie	7	27	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	7-5-1868	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hans Peter Anderson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Christian Hansdette — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: CdA Homes Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/25, 1953 *to* 7/27, 1953, *that I last saw the deceased alive on* 7/25, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 7/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-30-53
24c. NAME OF CEMETERY OR CREMATORY: Deary Cemetery
24d. LOCATION (City, town, or county) (State): Deary, Idaho

DATE REC'D BY LOCAL REG.: 7-30-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 137
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Clarke House

3. NAME OF DECEASED (Type or Print)
a. (First): Lorene
b. (Middle): V.
c. (Last): Erickson

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-6-1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Gardner — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Viola Lemon — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 547-14-7274
17. INFORMANT'S OWN SIGNATURE: Mr. Kenneth Erickson — ADDRESS: Hayden Lake

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma of the Cervix — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastases &
DUE TO (c) emaciation.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* July 30, 1953, *that I last saw the deceased alive on* July 28, 1953, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-53 01
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 8-3-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 138
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 102 Miller Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle) Lillian; c. (Last) Everitt

4. DATE OF DEATH: (Month) 7- (Day) 31 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-14-1908

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mr. William Everitt
ADDRESS: Coeur d'Alene

153 X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation of colon with peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* July 31, 1953, *that I last saw the deceased alive on* July 31, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald M Engwicht (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-4-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG: 8-3-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gale
ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
Certificate of Death

JUL 16 1953

STATE OF IDAHO

State File No. 2746
Local Reg. No. 125
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 8-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif.
b. COUNTY: San Joaquin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stockton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle); c. (Last) Underwood

4. DATE OF DEATH: (Month) (Day) (Year): July 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: Mar. 23, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sanford Wildman
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Adeline Williams
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 526-01-3360

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mr. Ralph Talbot By. English. Chapel Coeur d'Alene Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4222

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fatty Myocarditis — Interval between onset and death: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. Myocarditis — Interval between onset and death: 3 or 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Over weight.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 9, 1953 *to* July 9, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 1a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 685 W. H. Stephan M.D.
23b. ADDRESS: Post Falls, Idaho
23c. DATE SIGNED: 7/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-9-53 01
24c. NAME OF CEMETERY OR CREMATORY: Riplinger Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 7-11-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Rte. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rural Rte. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Burrell; b. (Middle); c. (Last) McNett

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-15-1888

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thornton McNett
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Julia Hines
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 518-03-5714

17. INFORMANT'S OWN SIGNATURE: Mrs. Helen McNett
ADDRESS: Rathdrum, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Essential Hypertension — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* July 9, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: July 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-13-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 7-14-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JUL 31 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 134
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springston Idaho
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) on Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Rt # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Judson	Thornton	July	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Mar 19 1893	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bus Driver 87	Auto Interurban	Mich	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Thornton	Mich	Bell Waggner	Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	533-03-2475	Mrs. Violet Thornton	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-24, 1953, *to* 7-14, 1953, *that I last saw the deceased alive on* 7-14, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene	7-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-23-53	Smith	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-22-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 13 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 144
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake, Windy Point
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W-1021 Augusta

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): F.
c. (Last): Hammel

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 9, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Stock Cutter
10b. KIND OF BUSINESS OR INDUSTRY: C.W.Hill Printing Col
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Hammel — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Theresa Gsell — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 533-01-5714
17. INFORMANT'S OWN SIGNATURE: Mrs Letitia M. Miller — ADDRESS:

18. CAUSE OF DEATH — 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. Coroner (Degree or title) 470
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-30-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane Spokane, Wash

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Lorraine R. Brush
25. FUNERAL DIRECTOR: S. E. Belman — ADDRESS: Spokane, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Moseley

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2750
Local Reg. No. 142
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Wahl

4. DATE OF DEATH (Month) (Day) (Year): Jul 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jul 11, 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosuewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknwon
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Matt Swenson — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio-sclerotic Hypertensive cardiovascular disease
DUE TO (c): — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 7-26-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 270 H. Don Moseley, MD.
23b. ADDRESS: Cd'Alene, Ida
23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 Jul, 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Worley Cemetery
24d. LOCATION (City, town, or county) (State): Worley, Idaho

DATE REC'D BY LOCAL REG.: 7-30-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 141
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hauser Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hauser Lake
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	Ramigi	Toya	7	30	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Unknown	4-1-1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Lumber	Italy	Italy

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	539-07-0951	Deceased Registration Papers	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ____, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood Coroner M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-3-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-3-53	Laraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-8724

BIRTH NO.

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JUL 20 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 75
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): W. 6th. Vets Village

3. NAME OF DECEASED (Type or Print)
a. (First): Axel
b. (Middle): David
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): July 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 4, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Axel Johnson — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Donna Ila Miller — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Axel A. Johnson — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow Latah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-4, 1953 *to* 7-4, 1953, *that I last saw the deceased alive on* 7-4, 1953 *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 395 Lakele J. Stephens M.D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7/17/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 77
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 415 Pine

3. NAME OF DECEASED (Type or Print): a. (First) Ernest b. (Middle) R. c. (Last) Danneman
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 29, 1879
9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad 70
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME: BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Garaed Hunter ADDRESS: Potlatch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 years
DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1941 *to* July 5 1953, *that I last saw the deceased alive on* July 5 1953, *and that death occurred at* 7:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J.W. DeBree 091 (Degree or title): M.D. 23b. ADDRESS: Palouse Wn 23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: July 8, 1953 24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery 24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 8/5/53 REGISTRAR'S SIGNATURE: Lain E. Engel
25. FUNERAL DIRECTOR: [illegible] ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 76
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 817 Deakin Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 817 Deakin Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Audria	E.	Parkes	July	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 17, 1905	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner of barber shop
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Winona, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edgar Parkes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Shearer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1922-1924
16. SOCIAL SECURITY NO.: 518-22-5684
17. INFORMANT'S OWN SIGNATURE: X Mrs. A E Parkes — ADDRESS: Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial inford — two years
DUE TO (c) hypertension — ten years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 40, *to* _____, 19 53, *that I last saw the deceased alive on* July 5, 19 53, *and that death occurred at* 8:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dayton M Fuller M.D	Box 227, Moscow, Idaho	7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1953	Dry Creek Cemetery	Troy Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/17/53	Lois E. Angel	[illegible]	Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 78
Reg. Dist. No. 200

BIRTH NO. Toehn

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk River
d. STREET ADDRESS (If rural, give location): Camp X

3. NAME OF DECEASED (Type or Print)
a. (First): Olaf
b. (Middle):
c. (Last): Olson

4. DATE OF DEATH (Month) (Day) (Year): July 8 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 517-03-4474
17. INFORMANT'S OWN SIGNATURE: X Gilbert Vahl — ADDRESS: Elk River

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Don't know — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Had been drinking for about two wks.
Was dead in hospital before I arrived.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not seen when alive. *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: D M Toehn 228 (Degree or title) MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 8/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: W R Smart — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson

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DIVISION OF VITAL STATISTICS

AUG 13 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 81
Reg. Dist. No. 202

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Ridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mereposa		Keene	July 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Aug. 14, 1856	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	Housewife	Saybrook Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Newcomb	Ohio	Jane Woods	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	[signature]	Juliaetta, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 902.0 Cardiac failure & Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs, 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chronic myocarditis. Fracture of left hip. Intertrochanteric

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 21/953	Intertrochanteric fracture Left femur	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
yes	home/juliaetta, Ida	Juliaetta, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 17, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Slipped off of chair in ballroom

22. *I hereby certify that I attended the deceased from* Oct 21, 1943, *to* July 21, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 1 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph R. Wilson	M.D.	Moscow, Idaho	7-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-23-53	Moscow Cemetery	Moscow Latah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/5/53	Lois E. Angell	E R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-10328
Klaasen

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AUG 13 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 83
Reg. Dist. No. 200

BIRTH NO.

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Kieth	Largent	July	23	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	July 22, 1953	0	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02		Moscow, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gary L. Largent	Colfax, Wn.	Ardis LaVoy	Elk River, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Gary L. Largent	Potlatch

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

760.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Aneurysm Most likely.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/22/53, 19___, *to* 7/23/53, 19___, *that I last saw the deceased alive on* 7/23/53, 19___ *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. Klaasen M.D.	Moscow Ida.	8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-25-1953	Freeze Cemetery	Latah Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/11/53	Lois E. Angel	W R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Loehr

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Certificate of Death

AUG 13 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 84
Reg. Dist. No. 200

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 620 So. Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): V.
c. (Last): McCreary

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: May 6, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sherbrook, N.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Voltz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: ? Rust — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X E. Paul Fisher — ADDRESS: Palouse, Wn.

18. CAUSE OF DEATH 170X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastatic carcinoma — 18 months

DUE TO (c): Carcinoma of breast — 3 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1950, *to* 7-24, 1953, *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 228 [signature] (Degree or title): M. D.
23b. ADDRESS: Box 227, Moscow, Idaho
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 8/11/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5550
Local Reg. No. 80
Reg. Dist. No. 201

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): T. 42 W. R. 5W.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Herb Zimmerman Logging Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lowell b. (Middle) Raymond c. (Last) Hazeltine

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Hazeltine — BIRTHPLACE: Sanburn, N.D.
14. MOTHER'S MAIDEN NAME: Ellma Jane Gutches — BIRTHPLACE: Moscow, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lowell M. Hazeltine — ADDRESS: Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple head injuries — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hit by several falling logs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

910.3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Logging Mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): T. 42 W. R 5 W. Latah Idaho

21d. TIME OF INJURY: (Month) July (Day) 20 (Year) 1953 (Hour) 4 PM
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by logs falling from truck

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: E. K. Short MD (Degree or title): Latah Co. Coroner
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery
24d. LOCATION (City, town, or county) (State): Viola Latah Idaho

DATE REC'D BY LOCAL REG.: 8/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: E. K. Short — ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 82
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T39N
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T39N
d. STREET ADDRESS (If rural, give location): on Deary - Kendrick road

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) S. c. (Last) Nelson

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 12, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Viroquia, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Soren Nelson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Luster Nelson
ADDRESS: Kendrick

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 30 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1946, *to* July 28, 1953, *that I last saw the deceased alive on* July 25, 1953, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: D A Christensen (Degree or title) M.D.
23b. ADDRESS: Kendrick, Idaho
23c. DATE SIGNED: July 31, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Deary Zion Lutheran
24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: 8/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: H R Short
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-10372

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JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 53-61
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Crow c. (Last) Nebel

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never

8. DATE OF BIRTH: 7/18/53

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours: 2 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John F. Nebel — BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Adelia Crow — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Salmon Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-18 —, 53, *to* 7-18 —, 53, *that I last saw the deceased alive on* 7-18 —, 53, *and that death occurred at* 9:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 474 (Degree or title)

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial removal

24b. DATE: 7/21/53

24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery

24d. LOCATION (City, town, or county) (State): Grant Idaho

DATE REC'D BY LOCAL REG.: 7-27-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DHEW 40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 29 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2762
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Theadore
b. (Middle): Albert
c. (Last): Rees

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Masonery
11. BIRTHPLACE (State or foreign country): Tendoy, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Rees — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alice Dunlap — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-8306
17. INFORMANT'S OWN SIGNATURE: Mrs Mary Rees — ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1953 *to* 7-18, 1953, *that I last saw the deceased alive on* 7-18, 1953, *and that death occurred at* 1125 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: John Coggins MD (Degree or title) 474
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/53
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-27-53
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2763
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Aubrey	Ellington	Watson	7	23	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 18, 1878	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 51
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin R. Watson — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Mary Kinsey — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-18-4377
17. INFORMANT'S OWN SIGNATURE: ADDRESS: Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1. Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2. senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-22-2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* ____, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Forgues M.D.	Salmon Idaho	July 25 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/53	Salmon Cemetery	Salmon Idaho

DATE REC'D BY LOCAL REG.: 8-4-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Gilbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form PHS-48021

53-10374 RECEIVED AUG 22 1953

Certificate of Death

STATE OF IDAHO

State File No. 2764
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle): Boy
c. (Last): Wornek

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 7/29/53
9. AGE (In years last birthday): 43hrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 43 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jack Wornek — BIRTHPLACE: Challis, Idaho
14. MOTHER'S MAIDEN NAME: Ruth Tuter — BIRTHPLACE: Klamath Falls, Org.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jack Wornek — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis congenital both lungs — 762.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29, 1953, *to* 7-31, 1953, *that I last saw the deceased alive on* 7-31, 1953, *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Barbaday M.D. 031
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/31/53
24c. NAME OF CEMETERY OR CREMATORY: Salmon, Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Aug-20-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Kenneth Klingler — ADDRESS: Sslmon, Idaho

Federal Security Agency
United States Public Health Service

Form DHH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2765
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tendoy
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tendoy
d. STREET ADDRESS (If rural, give location): Ranch home

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) A c. (Last) Mahaffey, Jr.

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 26, 1886

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hancher 54

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carlton, Nebraska

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stephen A. Mahaffey BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Harriet Jane Simms BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-9409

17. INFORMANT'S OWN SIGNATURE: Hazel M. Mahaffey ADDRESS: Tendoy, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) renal disease with myocardial infarction and uremia

DUE TO (c) Old Cerebral vascular accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 year (b) 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949 19__, *to* July 2, 1953, *that I last saw the deceased alive on* June 29, 1953, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackadar M.D.

23b. ADDRESS: Salmon Ida

23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-8-53

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-15-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Gilbert C. Jones ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG - 7 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2766
Local Reg. No. 490
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Middle fork River
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Station

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana
b. COUNTY Yellowstone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Billings
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frank	none	Gibson	July	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Feb. 12, 1916	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer o4	Farm & USFS	Livingston, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Gibson	Illinois	Bessie Dale	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520-07-2663	Mrs Jake Kraft	Billings Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.8 Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
Accident	middle fork Salmon River	Bernard Landing Stop Lemhi Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July	8,	1953	m.	WHILE AT WORK ☑ NOT WHILE AT WORK ☐	attempted to ford river on horseback

22. I hereby certify that I attended the deceased from Never 19___, to ___, 19___, that I last saw the deceased alive on Never 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Blackadar, M.D. 031	Salmon, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/23/53 (1)	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-4-53	Viola E. Johnson	Gilbert C. Jones	Salmon, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2767
Local Reg. No. 7
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater River
c. LENGTH OF STAY (in this place): Dew Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles west of Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gene b. (Middle) Leroy c. (Last) Randall

4. DATE OF DEATH: (Month) (Day) (Year): 7-13-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 11-5-1956

9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Wayne Randall
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Charlotte Heaton
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Wayne Randall
ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiation by drowning.
INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West of Kamiah Lewis Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-13-53 5:30p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Drowned while swimming in River.

22. *I hereby certify that I attended the deceased from* ---------, 19---, *to* ---------, 19---, *that I last saw the deceased alive on* ---------, 19---, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert
(Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 7-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Kamiah Cemetery
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: 7-18-53
REGISTRAR'S SIGNATURE: Vernon E. Dooley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2768
Local Reg. No. 28
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Howard	Nelson	LeGrange	July 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	unkown	unknown	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 564-10-1665
17. INFORMANT'S OWN SIGNATURE: Records in Sheriff office — ADDRESS: Madison County

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

983X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) criminal Homicide — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) severe face lacerations, compound

DUE TO (c) fracture of jaw and maxillary bones.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
homicide	center block 32	Rexburg	Madison	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 3, 1953 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[redacted] Russell LeGrange	Coroner	Rexburg, Idaho	7/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/7/53	Rexburg,	Rexburg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-53	Leona Flamm	Russell LeGrange	Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

RECEIVED JUL 21 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. 2769
Local Reg. No. 99
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ola b. (Middle) Delbert c. (Last) Rowe

4. DATE OF DEATH (Month) July (Day) 9, (Year) 1953

5. SEX Male

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 25, 1877

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mendon, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Rowe
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Elizabeth Murdock
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY 518-14-2992

17. INFORMANT'S OWN SIGNATURE J. D. Rowe ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — 845.1 — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ranch

21c. (CITY, TOWN OR TOWNSHIP) Island Park (COUNTY) Fremont (STATE) Idaho

21d. TIME OF INJURY (Month) July (Day) 8 (Year) 1953 (Hour) 10 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell from horse

22. I hereby certify that I attended the deceased from July 8, 1953 to July 9, 1953 that I last saw the deceased alive on July 9, 1953 and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS Rexburg, Idaho

23c. DATE SIGNED 7-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/13/53

24c. NAME OF CEMETERY OR CREMATORY Sugar City

24d. LOCATION (City, town, or county) Madison County (State) Idaho

DATE REC'D BY LOCAL REG. 7-13-53

REGISTRAR'S SIGNATURE Leona Flamm

25. FUNERAL DIRECTOR Russell Flamm ADDRESS Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2770
Local Reg. No. 30
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Plano
d. STREET ADDRESS (If rural, give location) Rexburg RFD 2

3. NAME OF DECEASED (Type or Print) a. (First) Wilhelminia b. (Middle) Eschler c. (Last) Berger

4. DATE OF DEATH (Month) July (Day) 14, (Year) 1953

5. SEX Female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 17, 1878
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Erlenbach, Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Eschler BIRTHPLACE Dearstetten, Switzerland
14. MOTHER'S MAIDEN NAME Susana Ammeter BIRTHPLACE Esenflu, Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS Alfred E. Berger Orem Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 424.1 Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart Failure — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8-53 19__, *to* July 14, 1953, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 11:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 5-13
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 7-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/16/53
24c. NAME OF CEMETERY OR CREMATORY Plano
24d. LOCATION (City, town, or county) Madison Co. (State) Ida.

DATE REC'D BY LOCAL REG. 7-16-53
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Russell Flamm ADDRESS Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2771
Local Reg. No. 31
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert John b. (Middle) c. (Last) Englund

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 16, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kuulinge, Finland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Englund — BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Anna Louisa Lindburg — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-0555

17. INFORMANT'S OWN SIGNATURE: Con England — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Anemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* July 22, 1953, *that I last saw the deceased alive on* July 21, 1953 *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Rigby 337 (Degree or title): M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: July 23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/25/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 7-24-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm — ADDRESS: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2772
Local Reg. No. 36
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 32 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 1010 - 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lottie
b. (Middle): B.
c. (Last): Eilers

4. DATE OF DEATH (Month) (Day) (Year): July 5 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Oct. 15 1879
9. AGE (In years last birthday): 73 — UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adams Co. Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George L. Sadler. BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Justina Wilt. BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marshall Eilers. ADDRESS: Rupert.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive heart failure — Several months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-8, 1953, *to* 7-5, 1953, *that I last saw the deceased alive on* 7-5-, 1953, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. F. Dailey M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-18-1953
REGISTRAR'S SIGNATURE: E. B. Elmore
25. FUNERAL DIRECTOR: Rodney G. Goodman. ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

C.C.

Certificate of Death

STATE OF IDAHO

State File No. 2773
Local Reg. No. 34
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 40
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 107 - F Street.

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Lee c. (Last) Masterson.

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH Feb 17 1884
9. AGE (If 1 year or over, last birthday) 69 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pendleton Oregon
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Calvin Masterson
BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Alice Beal
BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-3521
17. INFORMANT'S OWN SIGNATURE G. W. Masterson
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) with decompensation — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatic Cirhosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/26, 1953, *to* 7/5, 1953, *that I last saw the deceased alive on* 7/5, 1953, *and that death occurred at* 3:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carroll M. Elmore M.D.
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 7/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-8-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 7/15/53
REGISTRAR'S SIGNATURE C M Elmore
25. FUNERAL DIRECTOR Rodney L Gardner
ADDRESS Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2774
Local Reg. No. 37
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 510 - 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 510 - 1st St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edward c. (Last) Boatman

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 1, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months: 1 Days: 20
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Overton County, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Rice Boatman BIRTHPLACE: ----- Tenn.

14. MOTHER'S MAIDEN NAME: Frances Warren BIRTHPLACE: ------- Tenn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Mrs Ruth Sells ADDRESS: 1334 Melba Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 6 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus - Arthritis — 6 months 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/3, 1950, *to* 7/21, 1953, *that I last saw the deceased alive on* 7/21, 1953, *and that death occurred at* 4:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carroll M. Elmore, M.D. (Degree or title):
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county): Heyburn (State): Idaho

DATE REC'D BY LOCAL REG.: 7/24/53
REGISTRAR'S SIGNATURE: E. H. Elmore by [illegible], Deputy
25. FUNERAL DIRECTOR: Tom B. McCulloch ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2775
Local Reg. No. 38
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn -rural
c. LENGTH OF STAY (in this place): 23 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn - rural
d. STREET ADDRESS (If rural, give location): 1 mile north

3. NAME OF DECEASED (Type or Print)
a. (First): Lelia
b. (Middle): Sarah
c. (Last): Millard

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR Months: - Days: 28 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME / BIRTHPLACE: George Williams, Wellsville, Utah
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Caroline Hoffine, Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs W Millard Heyburn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Refused medical
DUE TO (c): attention for years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rodney G Goodman Coroner
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 8/14/53 E.
REGISTRAR'S SIGNATURE: H. Elmore by A M Elmore Deputy
25. FUNERAL DIRECTOR / ADDRESS: Tim B. McCulloch Burley Ida.

Federal Security Agency
United States Public Health Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2776
Local Reg. No. 120
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alta
b. (Middle): M.
c. (Last): Altmiller

4. DATE OF DEATH (Month) (Day) (Year): 7-1-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1-19-1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Fraser Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Fred Forsman — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Alma Pesh — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: X Mildred E. Patras — ADDRESS: Seattle, Wn.

18. CAUSE OF DEATH 416X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis chronic, mitral stenosis — 6 yrs.
DUE TO (c): Rheumatic Ht disease — childhood

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* July 1st, 1953, *that I last saw the deceased alive on* July 1st, 1953, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE 005 (Degree or title): [signature] M.D.
23b. ADDRESS: 707 11th St. Lewiston, Idaho
23c. DATE SIGNED: July 6th 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-1-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Pierce Cemetery
24d. LOCATION (City, town, or county) (State): Pierce Idaho

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Joe Baldock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-8840
BIRTH NO.

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2777
Local Reg. No. 724
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 2225--16th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MAXINE
b. (Middle): LEE
c. (Last): THOMAS

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 1, 1953
9. AGE (In years last birthday): ------ IF UNDER 1 YEAR Months -- Days -- IF UNDER 24 HRS. Hours 1 Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Everett Thomas BIRTHPLACE: Whitebird, Idaho
14. MOTHER'S MAIDEN NAME: Hazel Pressnel BIRTHPLACE: Southwick, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Yes~~ No (If yes, give war or dates of service) ~~NIXXX~~
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Everett Thomas ADDRESS: Lewiston,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* July 1, 1953, *that I last saw the deceased alive on* July 1, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) 015
23b. ADDRESS: [illegible]
23c. DATE SIGNED: July 3 [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7-3-53
24c. NAME OF CEMETERY OR CREMATORY: Southwick, Idaho
24d. LOCATION (City, town, or county) (State): Southwick, Idaho

DATE REC'D BY LOCAL REG.: July 6, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. E. J. Baldeck

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2778
Local Reg. No. 125
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 10th. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 309 10th. Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle):
c. (Last): Beevers

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 21, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Woodland, Calif.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: not obtainable
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: not obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE — ADDRESS: S. Pearl Hughes San Francisco, Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic asthma c̄ emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Acute enteritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 5, 1950, *to* July 2, 1953, *that I last saw the deceased alive on* July 2, 1953, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon M. Wheeler M.D.
23b. ADDRESS: 337 St. Johns Way
23c. DATE SIGNED: 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 7, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR — ADDRESS: E. S. Rawls, Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2779
Local Reg. No. 121
Reg. Dist. No. 220

BIRTH NO.

JUL 9 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #11% 325--5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 325 - 5th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	BROWN	BREWRINK	July 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 28, 1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House life		Vermont, Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Boaz Atherton	Vermont, Ill.	Zarah Brown	Monouth, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	James L Brewrink	Washington D.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occl. — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 8 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 49, *to* July 3, 19 53, *that I last saw the deceased alive on* July 2, 19 53, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale D. McRoberts	M. D.	Lewiston Idaho	7-6-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-6-53	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 6, 1953	Jean Hopkins	Brower-Wann K.H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. McRoberts

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 9 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2780
Local Reg. No. 122
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1117---17th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1117--17th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): JOHNSTON
c. (Last): WYATT

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 8 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John W. Wyatt — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Swain — BIRTHPLACE: Massachusetts Nantucket Island,

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ella E. Medlock — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 444X Thrombosis of Femoral artery (Left) to endarteritis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of old age
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1950, *to* July 3, 1953 *that I last saw the deceased alive on* July 1, 1953, *and that death occurred at* 8:49 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Raymond M. Stover MD (Degree or title) 40X
23b. ADDRESS: 527 Burrell Ave Lewiston Idaho
23c. DATE SIGNED: 7/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-6-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 6, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. R. M. Storver

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2781
Local Reg. No. 126
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JULIA b. (Middle) c. (Last) GLENN

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burnsville, N. C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: David P. Woody — BIRTHPLACE: N. C.
14. MOTHER'S MAIDEN NAME: Martha Forbes — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy R. Glenn — ADDRESS: Kendrick, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

540.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 10 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bleeding gastric ulcer — 6 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cirrhosis of the liver.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* July 8 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R L Ein M.D. (Degree or title) 383
23b. ADDRESS: 307 St John Way
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-11-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 10, 1953
REGISTRAR'S SIGNATURE: Jean Wagelino
25. FUNERAL DIRECTOR: Brower-Wann by 1976 Malcom — ADDRESS: Lewiston,

Dr.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 25 1953 DIVISION

Certificate of Death

STATE OF IDAHO

State File No. 2782
Local Reg. No. 128
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2416 East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2416 East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROSCOE
b. (Middle): ORVILLE
c. (Last): BEAN

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 6, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail 35
10b. KIND OF BUSINESS OR INDUSTRY: Grocer
11. BIRTHPLACE (State or foreign country): Craigmont, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis T Bean — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Laura J Hughes — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. George Colbaugh — ADDRESS: Lenore, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Amyotrophic lateral sclerosis — 3 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1950, *to* July 9, 1953, *that I last saw the deceased alive on* July 9, 1953, *and that death occurred at* 6 24 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. C. Stein 303 MD (Degree or title)
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: July 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2783
Local Reg. No. 129
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 6-29-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1701---17th St.

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	INEZ	ALTHA	KAUFMAN	July 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 7, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Amity, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Beaudry	Missouri	Clara Richardson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Bernard L. Kaufman ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 154X Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/28, 1953, *to* 7/12, 1953, *that I last saw the deceased alive on* 7/12, 1953, *and that death occurred at* 4:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John E. Carsow, M.D. (Degree or title)	Lewiston, Idaho	7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-14-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 13 1953	Jean Wegelius	Brower-Wann by K. H. Malcom	Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. J. Carrsow

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2784
Local Reg. No. 131
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 618 - 16th St. N.

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) L. c. (Last) SAUNDERS

4. DATE OF DEATH (Month) (Day) (Year) July 13, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 12, 1875
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Summers Co., W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Dillon BIRTHPLACE W. Va.
14. MOTHER'S MAIDEN NAME Elizabeth Witt BIRTHPLACE W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs. Carl Malmgren ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma colon with metastases — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma colon with metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* July 13, 1953, *that I last saw the deceased alive on* July 13, 1953, *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene J. Baldeck 015 (Degree or title)
23b. ADDRESS 412 11th St Lewiston Idaho
23c. DATE SIGNED July 16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 15, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Normal-Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. July 17, 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Brower-Wann L. E. DeBasen ADDRESS Lewiston, Idaho
E. J. Baldeck

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
Certificate of Death

JUL 25 1953

STATE OF IDAHO

State File No. 2785
Local Reg. No. 136
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY DIVISION OF VITAL STA Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington b. COUNTY Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) Toute # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	AGNES	M	COLLIER	July 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug 22, 1902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Keeper	Own Home	Jordan Valley, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Baltazor	Canada	Elizabeth (Unknown)	(Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	Unknown	Ray Collier	Clarkston, Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 years

DUE TO (c) Arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-20, 1951, *to* 7-15-53, 19___, *that I last saw the deceased alive on* 7-15-53 19___, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward A. Hoffman MD	337 St Johns Way Lewiston	7-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/18/53	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-21-53	Jean Wegeline	W.C. Merchant	Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2786
Local Reg. No. 133
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latha
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elmer b. (Middle) John c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year) July 16, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb, 19, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: P.F.I.

11. BIRTHPLACE (State or foreign country): Troy Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charlie Anderson
BIRTHPLACE: Sweeden

14. MOTHER'S MAIDEN NAME: Ada Johnson,
BIRTHPLACE: Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lloyd E Anderson
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 ± d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 10 ± d.

DUE TO (c) Marked coronary Sclerosis — 5-10 ± yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14 19 53 *to* July 16, 1953, *that I last saw the deceased alive on* July 16, 19 53 *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein (Degree or title) 383 MD

23b. ADDRESS: 307 St Johns Way, Lewiston

23c. DATE SIGNED: 7-18-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Elwood

24d. LOCATION (City, town, or county) (State): Kendrick, Idaho.

DATE REC'D BY LOCAL REG.: July 18 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Andrew F. Vassar - Lewiston
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2787
Local Reg. No. 135
Reg. Dist. No. 220

BIRTH NO.

JUL 25 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston, Idaho
d. STREET ADDRESS (If rural, give location) 627 Prospect Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Patrick b. (Middle) Joseph c. (Last) McHugh

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1-6-1894

9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY pharmacy

11. BIRTHPLACE (State or foreign country) Minto N. D.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James McHugh BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Mary Smith BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW One

16. SOCIAL SECURITY NO. 502 09 2105

17. INFORMANT'S OWN SIGNATURE Robert M McHugh ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1977

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liposarcomatosis, retroperitoneal, with metastases. — INTERVAL BETWEEN ONSET AND DEATH about 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-30, 1953, *to* 7-17, 1953, *that I last saw the deceased alive on* 7-17, 1953, *and that death occurred at* 8:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. J. White, M.D.

23b. ADDRESS 333 3rd St., Lewiston

23c. DATE SIGNED July 20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-22-53

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 7-20-53

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR E. L. Powell ADDRESS Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 25 1953

Certificate of Death

STATE OF IDAHO

State File No. 2788
Local Reg. No. 134
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY DIVISION HOSPITAL NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 413 Linden Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 413— Linden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PHOEBE	SYLVIA	GREEN	July 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMale	White	Married	July 23, 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 01
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Pomeroy, Washington
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Davis	Baldwin, Wisc.	Eliga Jones	Joelsmill, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Martha Brockman ADDRESS Laurel, Montana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 4201
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/20, 1952, *to* 7/17/53, 1953, *that I last saw the deceased alive on* 12/20, 1953 *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover MD	527 Burrell Lewiston, Idaho	7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-21-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 22 1953	Jean Wegeltuss	Brower-Wann by L.E. DeBaun	Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. R. M. Stover

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED SEPTEMBER 3, 1953

Certificate of Death

STATE OF IDAHO

State File No. 2789
Local Reg. No. 137
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Jospeh Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Asotin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston

d. STREET ADDRESS (If rural, give location): 913 7th Street

3. NAME OF DECEASED (Type or Print)

a. (First): Leonard

b. (Middle):

c. (Last): Howell

4. DATE OF DEATH: July 17, 1953 (Month) (Day) (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1891

9. AGE (In years last birthday): 61

IF UNDER 1 YEAR: Months –, Days –

IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mail Carrier 30

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Postal

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James P. Howell

BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Lois Perry

BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): – – – – – – – –

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Florence B. Howell

ADDRESS: Clarkston, Wash.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/8/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 30, 1952, *to* 17 July, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell T. Scott (Degree or title): M. D.

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 30 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/20/53

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 7-17-53

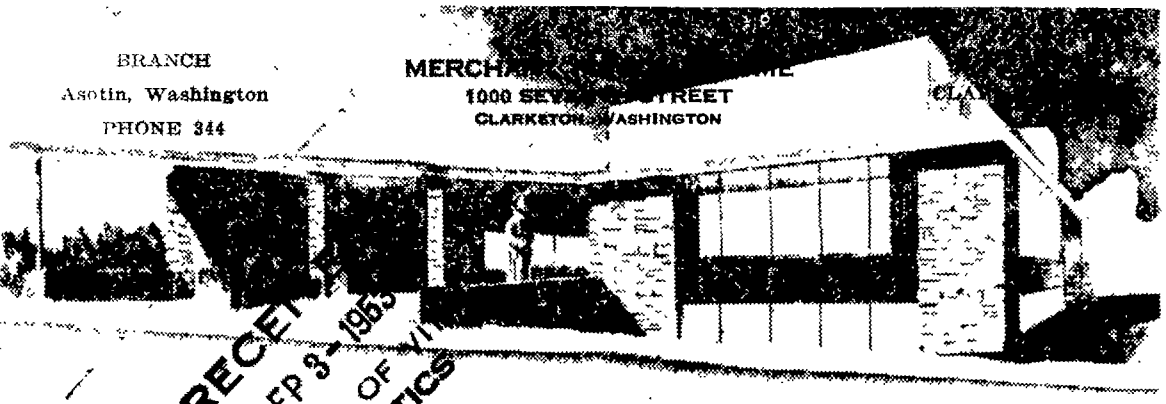
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: NCMuckart

ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021



RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

September 1, 1953

Mr. W. W. Benson,
State Registrar of Vital Statistics
Boise, Idaho

Dear Sir:

On the death certificate of Leonard Howell, whose death occurred on July 17, 1953, at Lewiston, Idaho, your State File No. 2789, the birth date on Line 8 should be September 3, 1891, instead of September 2, 1892. Line 9 should read 61 instead of 60.

Will you kindly send a photostatic copy of the certificate with Line 8 changed to September 3, 1891, and Line 9 changed to 61, to

Mrs. Leonard Howell
913 7th
Clarkston, Wash.

The fee of 50 cents is inclosed.

Very truly yours,

MERCHANT FUNERAL HOME
W. C. Merchant
W. C. Merchant

RECEIVED
JUL 25 1953

Certificate of Death

STATE OF IDAHO

State File No. 2789
Local Reg. No. 137
Reg. Dist. No. 22

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Jospeh Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 913 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) LEONARD b. (Middle) c. (Last) HOWELL

4. DATE OF DEATH: (Month) (Day) (Year) July 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 2, 1892
9. AGE (In years last birthday): 60 / IF UNDER 1 YEAR: Months – Days – / IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: U S Postal
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James P Howell — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Lois Perry — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): – – – – – –
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Florence B. Howell — ADDRESS: Clarkston, Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/8/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953 *to* 17 July, 1953 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell T. Scott M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 20 July '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/20/53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: M Merchant — ADDRESS: Clarkston, Washington

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2790
Local Reg. No. 139
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 24yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nelson's Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Linus c. (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 20 (Year) 53

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 10 1869
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Carl Frederick Johnson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Johanna Johnson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Owen C. Johnson ADDRESS Kamiah, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsons' Disease
DUE TO (c) Old age
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1953, *to* July 20, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Raymond M. Stowers MD 408
23b. ADDRESS 527 Burrell Ave Lewiston, Idaho
23c. DATE SIGNED 7/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 24, 1953
24c. NAME OF CEMETERY OR CREMATORY Woodland
24d. LOCATION (City, town, or county) Woodland (State) Idaho

DATE REC'D BY LOCAL REG. July 23 1953
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR Claude Tenney ADDRESS Kooskia, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2791
Local Reg. No. 543
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph's
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 113 Delso Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle):
c. (Last): Mann

4. DATE OF DEATH (Month) (Day) (Year): 7 / 21 / 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/12/1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harmon W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elbert Vandevender — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Buena Snyder — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Fred H Mann — ADDRESS:

18. CAUSE OF DEATH 434.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic cor pulmonale — several years
DUE TO (c): Kyphoscoliosis. — since childhood

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 1953, *to* July 21, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 343 — (Degree or title): MD.
23b. ADDRESS: 307 St Johns Way, Lewiston
23c. DATE SIGNED: 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 25/1953 01
24c. NAME OF CEMETERY OR CREMATORY: Weippe
24d. LOCATION (City, town, or county) (State): Weippe, Idaho.

DATE REC'D BY LOCAL REG.: 7-23-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2192
Local Reg. No. 140
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place) 7-8-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 1801--7th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) ANN c. (Last) MANWARING

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 31, 1877
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Prairie City, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Robert Deardorff BIRTHPLACE Roseberg, Ore.
14. MOTHER'S MAIDEN NAME Elizia Tureman BIRTHPLACE Pilot Rock, Ore.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Boyd South ADDRESS Lewiston, Idaho 3427-8th, Lt.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of rectum — 2 mos
DUE TO (c) Cholecystitis — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-14-53
19b. MAJOR FINDINGS OF OPERATION Far-advanced Ca of rectum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1953, *to* 7-21, 1953, *that I last saw the deceased alive on* 7-21, 1953, *and that death occurred at* 2:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Lewiston Ida
23c. DATE SIGNED 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-24-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 7-24-53
REGISTRAR'S SIGNATURE Jean Wegelius
25. FUNERAL DIRECTOR ADDRESS Brower-Wann by K.H. Malcom Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. J. S. Newton

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 214.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

AUG 17 1953

DIVISION OF VITAL STATISTICS

State File No. 2793
Local Reg. No. 142
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1519 Grelle

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Blachley	Smailes	July	22,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6/17/93	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Forest, Idaho.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Smailes	Walla Walla, Wash	Carrie Blachley	Eugene, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Robert E Smailes	Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Squamous cell Ca

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1953, *to* July 22, 1953, *that I last saw the deceased alive on* July 21, 1953, *and that death occurred at* 6:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Barnes, M.D	307 St Joseph's Hosp Lewiston Ida.	7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/24/53	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-23-53	Jean Hegelina	Andrew F. Vassar	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2794
Local Reg. No. 141
Reg. Dist. No. 220

RECEIVED AUG 17 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1431 Airway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1431 Airway

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) JOHN c. (Last) DENNLER

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 31, 1885

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Dennler BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katharine Walter BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Adolph Dennler Juliaetta

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Carcinoma
DUE TO (c) Cardiac edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 19, *1953, to* July 22, *1953, that I last saw the deceased alive on* July 22, *1953, and that death occurred at* (9:35A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.E. Smith M.D.
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: July 23, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7-27-53
24c. NAME OF CEMETERY OR CREMATORY: Fix Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Latah County, Idaho

DATE REC'D BY LOCAL REG.: 7-24-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. W.E. Smith

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2795
Local Reg. No. 144
Reg. Dist. No. 220

BIRTH NO. 111-53-8878

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 327 3rd. St.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Infant daughter Mr. & Mrs. Douglas Hart

4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nver married

8. DATE OF BIRTH 7-23-53

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 22 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Douglas Hart BIRTHPLACE

14. MOTHER'S MAIDEN NAME Kathryn Morse BIRTHPLACE Pullman, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --
(If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. ---

17. INFORMANT'S OWN SIGNATURE Douglas Hart ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH 776.X

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-23, 1953, *to* 7-24, 1953, *that I last saw the deceased alive on* 7-24, 1953, *and that death occurred at* 5:25 p *m., from the causes and on the date stated above.*

23a. SIGNATURE John F. Barnes (Degree or title) M.D. **23b. ADDRESS** 307 St Johns Pkwy Lewiston, Idaho **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify) burial **24b. DATE** 7-24-53 **24c. NAME OF CEMETERY OR CREMATORY** Normal Hill **24d. LOCATION** (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 7-25-53 REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR E.S. Powell ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

permit issued to: Vincent Vassar
Vassar-Rawls Funeral Home
Lewiston, Idaho

sent 5-15-57

RECEIVED
MAY 14 1957
Division of Vital Statistics

May 13, 1957
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Infant daughter of Mr. & Mrs. Douglas Hart

DATE OF DEATH July 24, 1953

CAUSE OF DEATH no record

ATTENDING PHYSICIAN Dr John Barnes

BURIED IN Normal Hill, Lewiston, Idaho CEMETERY

TO BE REMOVED TO another grave in same cemetery CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT daughter

NAME OF LICENSED EMBALMER Vincent Vassar

REASON FOR DISINTERMENT want removal to permanent family plot

Very truly yours,

X Douglas Hart Douglas Hart
Signature of relative or person requesting permit.
c/o McMonigle Chevrolet
Lewiston, Idaho
Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Nez Perce) ss

On this 13th day of May, 195., before me Charles W. Morton a Notary Public in and for the within county and state personally appeared Douglas Hard known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Charles W. Morton
Notary Public, residing at Lewiston, Idaho
My commission expires Oct 1, 1962

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2796
Local Reg. No. 146
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1811 16th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): J.
c. (Last): Brotherton

4. DATE OF DEATH (Month) (Day) (Year): July 26 1953

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tawa, Mich
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brotherton — BIRTHPLACE: norecord
14. MOTHER'S MAIDEN NAME: Emma Jones — BIRTHPLACE: norecord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-3552
17. INFORMANT'S OWN SIGNATURE: Minnie J. Brotherton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 527.1 Pulmonary Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema, old, c.
DUE TO (c) right heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Enteritis, acute phlegmonous;

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/13, 1953, *to* 7/26, 1953, *that I last saw the deceased alive on* 7/26, 1953, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon B. Wheeler M.D.
23b. ADDRESS: 337 St Johns Way
23c. DATE SIGNED: 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 30,53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 7-30-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 2797
Local Reg. No. 149
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1024 - 7th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) EDWARD; c. (Last) WADE

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 30, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Seed Merchant
11. BIRTHPLACE (State or foreign country): Decatur, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Edward Wade — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Louisa Gill — BIRTHPLACE: Columbus, Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-3925
17. INFORMANT'S OWN SIGNATURE: Marion R Wade — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic carcinoma to liver — INTERVAL BETWEEN ONSET AND DEATH: 4+ mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of the common bile duct — 6+ mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post hepatitis Probable cirrhosis of the liver — 20+ years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1953, *to* July 28, 1953, *that I last saw the deceased alive on* July 29, 1953, *and that death occurred at* 1:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Allen 583 M D (Degree or title)
23b. ADDRESS: 307 St Johns Way, Lewiston
23c. DATE SIGNED: July 28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 31, 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Brower-Mann L. E. DeBaere — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2798
Local Reg. No. 123
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacques Spur - rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweetwater
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) IVAN b. (Middle) DONALD c. (Last) SKINNER

4. DATE OF DEATH: (Month) (Day) (Year) July 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 27, 1932

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gifford, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elgey Skinner
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Iva Alfrey
BIRTHPLACE: Culdesac, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-38-6760

17. INFORMANT'S OWN SIGNATURE: Mrs Harry Nelson
ADDRESS: Sweetwater, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Water & pressure of car on back of thorax
DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway & Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West of Jackspur, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 5, 1953 2:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* ——— *, 19____, to* ——— *19____, that I last saw the deceased alive on* ——— *, 19____, and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Malcom Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 7-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7-8-53
24c. NAME OF CEMETERY OR CREMATORY: Pomeroy
24d. LOCATION (City, town, or county) (State): Pomeroy, Wash.

DATE REC'D BY LOCAL REG.: 7-6-53
REGISTRAR'S SIGNATURE: Jan Weglues

25. FUNERAL DIRECTOR: Brower-Wann by L. E. Di Barra
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
JUL 25 1953
DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 2799
Local Reg. No. 132
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1308- 22 thSt

3. NAME OF DECEASED (Type or Print): a. (First) Gerald b. (Middle) Arthur c. (Last) Otto

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 27, 1932

9. AGE (In years last birthday): 20 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): trimmer (Lumber)

10b. KIND OF BUSINESS OR INDUSTRY: P.F.I.

11. BIRTHPLACE (State or foreign country): Craigmont, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Otto BIRTHPLACE: Minot, N.D.

14. MOTHER'S MAIDEN NAME: Marjoie Pedigo BIRTHPLACE: Clarkston, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-32-9795

17. INFORMANT'S SIGNATURE: (Marjorie M. Otto ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Water (possible Drowning)

DUE TO (c)

II. OTHER Ssignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CLEARWATER RIVER

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): MYRTLE, NEZ PERCE CO., IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JULY 12, 1953 p m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Swimming

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom (Degree or title): Coroner.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 17, 53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: July 17 1953

REGISTRAR'S SIGNATURE: Jean Weydus

25. FUNERAL DIRECTOR: Andrew F. Vassar ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2800
Local Reg. No. 129
Reg. Dist. No. 220

BIRTH NO.

JUL 25 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac Rt #3

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac Rt # 3

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle) Lee; c. (Last) Robinett

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13, 1901

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cat operator 52

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lions, Neb.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Douglas Robinett — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Taylor — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-3713

17. INFORMANT'S OWN SIGNATURE: Richard R. Robinett — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gunshot wound

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jaques Spur, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 13, 1953 12:30 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Gun placed in mouth & discharged by him

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 12:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom — (Degree or title): Coroner

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-16-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 15 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR ADDRESS: Brower-Wann K. H. Malcom Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2801
Local Reg. No. 138
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna		Kauder	7/20/53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	10/15/75	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: D W Starry — ADDRESS: Southwick Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease	5 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1932, *to* July 20, 1953, *that I last saw the deceased alive on* July 17, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D A Christensen M D	Kendrick Idaho	7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/23/53	Southwick	Southwick, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7-23-53	Jean Wegelin	Andrew H. Vassar Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2802
Local Reg. No. 145
Reg. Dist. No. 220

BIRTH NO.

AUG 17 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: NezPerce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural 1 mile West of Peck

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Ida ho

b. COUNTY: NezPerce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck

d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JACOB	I.	WELCH	July 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Aug. 22, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Mining	Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
G. B. Welch	?	?	?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lewiston, Idaho Dept. of Public Assistance	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Burned — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) crippled & could not get out of burning House.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Peck NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 23, 1953 11 AM m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Burned in (with) house

22. *I hereby certify that I attended the deceased from* ——— *, 19____, to* ——— *, 19____, that I last saw the deceased alive on* ——— *, 19____; and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Malcom	Coroner	Lewiston, Idaho	7-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-29-53	Jean Wegelin	Andrew A. Vassar	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48061

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2803
Local Reg. No. 18
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Leo; b. (Middle) Mish; c. (Last) Camp

4. DATE OF DEATH (Month) (Day) (Year): July 4 1953

5. SEX: Male

6. COLOR OR RACE: Wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 6 1882

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Wallsburg Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Cecil Camp
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Jane Glenn
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Irving Camp
ADDRESS: Sacramento Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Stat.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to July 4, 1953 that I last saw the deceased alive on July 1, 1953, and that death occurred at 11:15 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): O. A. Mabey
23b. ADDRESS: Malad
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July7 1953
24c. NAME OF CEMETERY OR CREMATORY: St John
24d. LOCATION (City, town, or county) (State): Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 6. 1953
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: J. Guy Hansen - Malad
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2804
Local Reg. No. 19
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): LeGrande
c. (Last): Willie

4. DATE OF DEATH (Month) (Day) (Year): July 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 23 1912
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Fathers Farm
11. BIRTHPLACE (State or foreign country): Malad Rt #1
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert H. Willie — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Letitia Thomas — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-620
17. INFORMANT'S OWN SIGNATURE: Robert H. Willie — ADDRESS: BOX 497 Ashton Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: 16 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Riding at rodeo
DUE TO (c): fell from horse.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractured Skull & Puncture

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 10 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: above

22. *I hereby certify that I attended the deceased from* 7-10, 1953 *to* 7-11, 1953, *that I last saw the deceased alive on* 7-11, 1953 *and that death occurred at* 11:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Maby
23b. ADDRESS: Malad Ida
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13 1953
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad. Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 13-1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Gifford H. Benson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 111-53-827

RECEIVED JUL 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2805
Local Reg. No. 20
Reg. Dist. No. 530

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) Lynn c. (Last) Hess

4. DATE OF DEATH: (Month) (Day) (Year) July 17 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: July 17 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 4 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ray Leonard Hess — BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Mildred Robbins — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ray Hess — ADDRESS: Malad Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature 2½ mo — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Fetus

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 17, 1953, *to* _____, 19____, *that I last saw the deceased alive on* June, 19____, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O D Mabey — (Degree or title): M.D. — **23b. ADDRESS**: Malad Idaho — **23c. DATE SIGNED**: July 17 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: July 18 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Malad City — **24d. LOCATION** (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 18, 1953 — REGISTRAR'S SIGNATURE: J. Gary Benson

25. FUNERAL DIRECTOR: J. Gary Benson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2806
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (in this place) 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moore's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Wilmer	McKague	July	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	October 26, 1863	89	8	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac McKague — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Sarah Orr — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE E E McKague ADDRESS Marsing Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7948 Senility — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52, to Jul 14 53, that I last saw the deceased alive on Jul 14, 53, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED 7-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 17, 1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. July 24 53
REGISTRAR'S SIGNATURE Nina Frasier
25. FUNERAL DIRECTOR Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

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AUG - 4 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2807

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Owyhee

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing

c. LENGTH OF STAY (in this place): 33 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Owyhee

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elmer	Albert	Dobbin	July 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 22, 1879	74	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): State Center, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Dobbin — BIRTHPLACE: Greenwich, New York

14. MOTHER'S MAIDEN NAME: Susan Shaffer — BIRTHPLACE: Union County, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 564-34-3947

17. INFORMANT'S OWN SIGNATURE: Dale A. Dobbin — ADDRESS: Marsing, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic heart disease with aortic vavular insufficiency.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. nothing.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 1951, *to* July 21, 1953, *that I last saw the deceased alive on* May 14, 1953, *and that death occurred at* 8 18 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 344 MD	Nampa Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 25, 1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
7-31-53	Nina Frosig	Reckham-Dalkan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1953

Certificate of Death

STATE OF IDAHO

State File No. 2808
Local Reg. No. 35
Reg. Dist. No. 330

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): E.
c. (Last): FRANCIS

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 21, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm labor
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 535-05-2970
17. INFORMANT'S OWN SIGNATURE: Esther Sweetwood — ADDRESS: Payette Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing injury to left chest
ANTECEDENT CAUSES — Atelectasis of left lung
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rib fractures left side 3rd to 10th

INTERVAL BETWEEN ONSET AND DEATH: Four days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident Farm
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Payette Payette Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4 1953 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from ladder to ground striking chest.

22. *I hereby certify that I attended the deceased from* July 4, 1953, *to* July 7, 1953, *that I last saw the deceased alive on* July 7, 1953, *and that death occurred at* 9:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo E. Davis — (Degree or title): M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: July 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: July 10 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2809
Local Reg. No. 36
Reg. Dist. No. 330

BIRTH NO.

JUL 27 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

LENGTH OF STAY (in this place): 24 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): 418 South 11th. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Daniel	Johnson	July	12,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 17, 1890	63 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	mics.	Carter County, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Johnson	Kentucky	Ollie Bentley	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		- - - - - - - - -	David Johnson	Payette, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Progressive generalized Parkinsonism 883.3	9 to 3 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Encephalitis	3 yrs ago.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - - - - -	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - -

RECEIVED
JUL 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2810
Local Reg. No. 33
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 1926
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 - 2nd Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 309 - 2nd Street

3 NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) W. c. (Last) TIMM

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 28, 1881
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 1 Days: | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-7824
17. INFORMANT'S OWN SIGNATURE: R. L. Timm — ADDRESS: Tacoma, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 Months.
DUE TO (c) Hypertensive Heart Disease — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Right Pulmonary Emphysema — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 22, 1952, *to* June 28, 1953, *that I last saw the deceased alive on* June 28, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Hassle (Degree or title) M.D.
23b. ADDRESS: Fruitland, Idaho
23c. DATE SIGNED: June 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial
24b. DATE: July 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: July 1 1953
REGISTRAR'S SIGNATURE: Roberta E. Hoppe
25 FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 22 1953

Certificate of Death

STATE OF IDAHO

State File No. 2811
Local Reg. No. 8
Reg. Dist. No. 36/

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland
c. LENGTH OF STAY (in this place) 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary McConnell home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Martha	Elizabeth	Kershner	July 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	August 25, 1872	80	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Independence, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Pierce,	Missouri	Mary Ellen Edwards	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	N. L. Kershner	Homedale, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibbrilation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2 July, 1953, *to* 2 July, 19 53, *that I last saw the deceased alive on* Never, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben O. Jessee MD	Fruitland, Idaho	8 July '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6-1953	Wilder,	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
7/14/53	Agnes M Denman	Peckham-Daken Chapels T. W. Jackson Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2512
Local Reg. No. 34
Reg. Dist. No. 32

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Certificate of Death

STATE OF IDAHO

JUL 27 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) ELLA c. (Last) BRIGGS

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 17, 1864

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: 8 Days: 16 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Marion County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Fred Andrews — ADDRESS: New Plymouth, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.1 Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Two wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic coronary disease — 4 to 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral thromboses — 6 months.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 25, 1953, *to* July 3, 1953, *that I last saw the deceased alive on* July 3, 1953, *and that death occurred at* 7:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Davis (Degree or title): M.D.

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: July 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: July 7 1953

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2813
Local Reg. No. 71
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Donetta b. (Middle) c. (Last) Patano

4. DATE OF DEATH: July (Month) 9 (Day) 1953 (Year)

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1902
9. AGE (In years last birthday): 50 — If under 1 year: Months 11, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Lilli — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Mary Grace Delia — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mike Patano — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2-5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1948, *to* 9 July, 1953 *that I last saw the deceased alive on* 9 July, 1953 *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitesel (Degree or title) MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 20 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/13/53 01
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 7-3-53
REGISTRAR'S SIGNATURE: Joe Devine
25. FUNERAL DIRECTOR: Frank M. Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 22 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2814

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 301 Cameron Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) Bunker Hill Barracks

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Virgil	Scott	Beardorff	July 10 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	February 6 1907	46	4	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Building Trade	Missouri Iowa	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles C Beardorff	Iowa	Catherine Scott	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	523 03 0821	Mrs Virgil Beardorff	Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Broken Back while working for Bunker Hill Company	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Crush injury	
	DUE TO (c) Drowned while trying to rescue a Co. worker	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had high blood pressure & kidney disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Marked nephritis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Coroner	Wallace Ida	7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/13/53	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-18-53	[illegible]	Gordon Gale	Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2815
Local Reg. No. 52
Reg. Dist. No. 72

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gardner

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 322 W McKinley

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Caddy
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1953
5. SEX F
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 25 1877
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 5 Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Yorkshire England
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Crage BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Eliz Jenkins BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Sydney Caddy ADDRESS Kellogg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laryngeal paralysis — 1 year
DUE TO (c) Arterio Sclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to July, 1953, that I last saw the deceased alive on 12 July 1953 and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE Glen M. Whitsell (Degree or title) MD
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 20 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/15/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 7 31 53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Gustin Bros. ADDRESS Kellogg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2816
Local Reg. No. 5
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 132 N. Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 132 N. Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Imogene L Christian

4. DATE OF DEATH (Month) (Day) (Year): July 23 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21 1920
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Downey Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David L. Larson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Bessie C Bloxham — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Donald Cox — ADDRESS: Pinning Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 981X Wounds Head & Chest Inflicted by Husband — INTERVAL BETWEEN ONSET AND DEATH: few min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home Kellogg
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Shot by Husband

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 7/23, 1953, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 7/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/27/53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Idaho
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-27-53
REGISTRAR'S SIGNATURE: Joe Stone
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Died 10 [illegible]

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AUG 1 1953

Certificate of Death

STATE OF IDAHO

State File No. 2817
Local Reg. No. 53
Reg. Dist. No. [illegible]

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 132 N. Ave. Kellogg

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) E c. (Last) Christian

4. DATE OF DEATH (Month) (Day) (Year): July 23 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 16, 1917
9. AGE (In years last birthday): 35 | IF UNDER 1 YEAR Months: 9 | Days: 7 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Senecaville Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willard Christian BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mildred Aplin BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 298-16-8243
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GSW Head Self in

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suicide

DUE TO (c) alcoholism

INTERVAL BETWEEN ONSET AND DEATH: [illegible] hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? GSW wound head self inflicted

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/27/53
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Ohio
24d. LOCATION (City, town, or county) (State): Cambridge Ohio

DATE REC'D BY LOCAL REG.: 7/31/53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Grant McClade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2818
Local Reg. No. 57
Reg. Dist. No. 4

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 216 E. Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 216 E Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) A c. (Last) St Amand

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH September 13, 1883
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 10 Days 10 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Grantsburg Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Beswen Pedersen BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Annee Anderson BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Emma St Amand ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lap Ventricular Dilatation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 7-23, 1953, *that I last saw the deceased alive on* Dec 11, 1952 *and that death occurred at* 110 *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Peters (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 7/28/1953
24c. NAME OF CEMETERY OR CREMATORY Hagen & Jarpe
24d. LOCATION (City, town, or county) (State) Spokane Wash.

DATE REC'D BY LOCAL REG. 7-27-53
REGISTRAR'S SIGNATURE Joe Levine
25. FUNERAL DIRECTOR Grant McGlade ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2819
Local Reg. No. 2
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 10 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Anderson Apts Pine Mile

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle):
c. (Last): Bjursen

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 9 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 37

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bjur Anderson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Katrine K. Vasenden
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 332

17. INFORMANT'S OWN SIGNATURE: Marlin Swanson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis Generalized

DUE TO (c): Hemiplegia Lft

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 16, 1953, *to* May 26, 1953, *that I last saw the deceased alive on* 5/26, 1953, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Marvin Dale Mc MD

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: 5/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 27

24c. NAME OF CEMETERY OR CREMATORY: Greenmount

24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: July 16-1953

REGISTRAR'S SIGNATURE: Dale S Connell

25. FUNERAL DIRECTOR: J M Mitchell

ADDRESS: Wallace Idaho

43 yrs in Shoshone County

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2820
Local Reg. No. 140
Reg. Dist. No. 1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) A. c. (Last) PATTERSON

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 15-1907
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner .07
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Osburn
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Cassius Patterson BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary L. Allen BIRTHPLACE Syria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John Patterson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

163 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of lung & metastases — INTERVAL BETWEEN ONSET AND DEATH 14 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-22, 1953, *to* 6-1, 1953, *that I last saw the deceased alive on* 6-1, 1953 *and that death occurred at* 12 05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Gueldinger M.D. (Degree or title) 653
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June-3-53
24c. NAME OF CEMETERY OR CREMATORY Osburn
24d. LOCATION (City, town, or county) Osburn Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. June-3-53
REGISTRAR'S SIGNATURE John A Beever
25. FUNERAL DIRECTOR John A Beever ADDRESS Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2821
Local Reg. No. 140
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 512 Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First) MARIE
b. (Middle)
c. (Last) JENSEN

4. DATE OF DEATH (Month) (Day) (Year) July 6 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 14 1878
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 1 Days 22 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W. Dome 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denmark.
12. CITIZEN OF WHAT COUNTRY? Yes.

13. FATHER'S NAME Anders Rasmussen — BIRTHPLACE Denmark.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE Denmark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S OWN SIGNATURE x Carl Rasmussen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr myocarditis — 2 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~May 5 19~~ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1947, *to* July 6, 1953 *that I last saw the deceased alive on* July 6, 1953, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE 109 Pauline Ellis (Degree or title) MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 July 8-53
NAME OF CEMETERY OR CREMATORY Forest.
24d. LOCATION (City, town, or county) (State) Coeur D'Alene Kootenai Idaho

DATE REC'D BY LOCAL REG. July 8-53
REGISTRAR'S SIGNATURE John A Bever
25. FUNERAL DIRECTOR John A Bever — ADDRESS Wallace Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2822
Local Reg. No. 6
Reg. Dist. No. 1-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HILDA	PAULINE	FRIDSTRAND	July 22 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	12-28-1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home 01		Gothenburg Sweden	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Fridstrand	Sweden	Johanna	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs James Morse	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uraemia 757.1	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congenital Polycystic Kidney disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive vascular disease	20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-28 *, 19*41*, to* July 22 *, 19*53*, that I last saw the deceased alive on* July 21 *, 19*53*, and that death occurred at* 7:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Physician MD	Wallace Idaho	July 24, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	July 24-1953	Smith & Co.	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 24-53	Hale L Cornell	Hale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2823
Local Reg. No. 4
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELAINE
b. (Middle): IONE
c. (Last): PAPALAW

4. DATE OF DEATH (Month) (Day) (Year): July 15 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 6, 1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bowling Alleys
10b. KIND OF BUSINESS OR INDUSTRY: Bowling
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Guy A. Hurd — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Abbie J. Wright — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 518-20-9388
17. INFORMANT'S OWN SIGNATURE: Blair Hurd — ADDRESS: Osburn Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found Dead in bed
DUE TO (c) Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis general
Arteriosclerosis both legs both amputated above knee

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1980, *to* Jul 15, 1953 *that I last saw the deceased alive on* 7/14, 1953 *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE 260 [signature] (Degree or title): M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: July 16, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17-1953
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: July 16-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 2824
Local Reg. No. 5
Reg. Dist. No. 1+2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bear Creek Near Enaville
d. STREET ADDRESS (If rural, give location): Enaville Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Lydia b. (Middle) c. (Last) DUNN

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 10 1871
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months 5 Days 6 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Carl County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Chadwick BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Ride BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fern O Bleness ADDRESS: Enaville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — several yrs
DUE TO (c) Arteriosclerosis General — several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mind Disorientated — several yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 13, 1953, *to* Jul 16, 1953, *that I last saw the deceased alive on* Jul 15, 1953, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 7/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/19/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7 27 53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2825
Local Reg. No. 52
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
c. LENGTH OF STAY (in this place): 61 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kingston Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Sabina b. (Middle) S c. (Last) Golsong

4. DATE OF DEATH (Month) (Day) (Year): July 18 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 26 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St Helena Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Shultz — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Golsong — ADDRESS: Kingston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Dilatation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 7-12, 1953, *that I last saw the deceased alive on* 7-12, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Staley (Degree or title) 3x2
23b. ADDRESS: Tullogg Idaho
23c. DATE SIGNED: 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/23/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7/27/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2826
Local Reg. No. 53
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Y
c. (Last): McLeod

4. DATE OF DEATH (Month) (Day) (Year): July 19 1953

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 10 1954
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 03
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Pinecreek Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Alex McLeod — BIRTHPLACE: Nova Scotia
14. MOTHER'S MAIDEN NAME: Lennis Bircher — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-18-8533
17. INFORMANT'S OWN SIGNATURE: Leo McLeod — ADDRESS: Smelterville Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36-40 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Endocardiles Chr. — several mo.
DUE TO (c): Arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1953, *to* July 19, 1953, *that I last saw the deceased alive on* July 10, 1953 *and that death occurred at* 1:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Flowery M.D.
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21 1953
24c. NAME OF CEMETERY OR CREMATORY: Hunts
24d. LOCATION (City, town, or county) (State): Kingston Idaho

DATE REC'D BY LOCAL REG.: 7/21/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2827
Local Reg. No. 5
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERMALINE		LaVergne	July 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Apr. 7, 1871	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO NO	NO	X Joe LaVergne	Murray, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Infarction

DUE TO (c) Pneumonia Bronchial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hospital room	Silverton, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 10, 1953 - 12:20 am		Slipped on floor and fell

22. *I hereby certify that I attended the deceased from* July 21, 1953 *to* July 21, 1953, *that I last saw the deceased alive on* July 21, 1953 *and that death occurred at* 12:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Wallace, Idaho	July 21, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1953	Murray	Murray Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 22-1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-45021

Dup 7 Ann, 8555

RECEIVED AUG 1 1953

Certificate of Death

STATE OF IDAHO

State File No. 2828
Local Reg. No. 57
Reg. Dist. No. 42

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Cataldo Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Cataldo Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Cataldo Idaho
d. STREET ADDRESS (If rural, give location) Shoshone County Idaho

3. NAME OF DECEASED (Type or Print) a. (First) TOM b. (Middle) LOUIS c. (Last) YOUNG

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1953

5. SEX M.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 3 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Grangeville Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Roy Young BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Lois Miller BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Roy Young ADDRESS Cataldo Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition & Exposure — INTERVAL BETWEEN ONSET AND DEATH few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 25 days old
DUE TO (c) found dead in bed for hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner Wallace Ida
23b. ADDRESS
23c. DATE SIGNED 7/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/27/53
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg Idaho (State)

DATE REC'D BY LOCAL REG. 7/27/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Grant McGrath ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED NOV 7, 1953

RECEIVED AUG 14 1953

Certificate of Death

STATE OF IDAHO

State File No. 2829

Local Reg. No.

Reg. Dist. No. 140

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Shoshone

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Duthie

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Car In Front Of Jack Waite Boarding House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Duthie

d. STREET ADDRESS (If rural, give location): Jack Waite Mine

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Julius	Theodore	McCormick	July 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		4-9-1925	28	3	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Port Huron, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilfred McCormick	London, Ont.	Ruth Troyer, Point Edward, Ont.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		368-26-6980	Personal Papers	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block-Coronary Sclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c) Found dead in car

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Alcoholism, Chronic

Broken glasses, Whiskey

INTERVAL BETWEEN ONSET AND DEATH: 4-20-1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 7/25, 1953 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. C. Howells	Coroner	Wallace Ida	7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Aug 3-53	Smith & Co	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 27-1953	Dale L Cornell Dep	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NOV 7 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2829

Local Reg. No.

Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Shoshone

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jack Waite Mine

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boarding House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jack Waite Mining Co

d. STREET ADDRESS (If rural, give location): Boarding House

3. NAME OF DECEASED (Type or Print): a. (First) Julius b. (Middle) Theodore c. (Last) McCormick

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 9, 1927

9. AGE (In years last birthday): 26 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Port Huron, Mich.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilfred McCormick BIRTHPLACE: London, Ont.

14. MOTHER'S MAIDEN NAME: Ruth Troyer, Point Edward, Ont. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY NO.: 368-26-6980

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2830
Local Reg. No. 13
Reg. Dist. No. 6-20

BIRTH NO.

JUL 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Tetonia
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hi-way 20 Alt. at Teton River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Francisco
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Francisco
d. STREET ADDRESS (If rural, give location): 3126 Lawton Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle); c. (Last) Mc DOLE

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9, ~~1953~~ 1896

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44

10b. KIND OF BUSINESS OR INDUSTRY: Public shop

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 565-26-8765

17. INFORMANT'S OWN SIGNATURE: Alma M. McDole
ADDRESS: San Francisco, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio-Respiratory Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple injuries to head and body
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous Death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Tetonia Teton Idaho
21d. TIME OF INJURY (Month) July (Day) 7 (Year) 1953 (Hour) 9:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Collision

22. *I hereby certify that I attended the deceased from* Only pronounced pt. dead, 19—, *to* pt. dead, 19—, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Frank C. Lauer (Degree or title) M. D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 7, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): San Francisco California

DATE RECD BY LOCAL REG.: July 10 53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: Orland LeFevre
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JUL 10 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2831
Local Reg. No. 167
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 18 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Diola		Satterwhite	July 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 14, 1881	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington County, Tenn.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ebenezer Merrill	Tenn.	Fannie Patterson	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Irvin L Terp	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	190X Melanoma, with metastases	One year
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 29 May, 1953, *to* 1 July, 1953, *that I last saw the deceased alive on* 1 July, 1953, *and that death occurred at* 1:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas M. Kellogg MD	Twin Falls, Idaho	6 July 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-3-1953	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-8-53	Donna Lisch	H G Phillips	Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2832
Local Reg. No. 171
Reg. Dist. No. 46c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1432 4th Ave. East

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1432 4th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) MARY c. (Last) ELLEN SCOTT

4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 1, 1873
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Livingston Co., Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John M. Paul
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Buick
BIRTHPLACE Ireland

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE * D. L. Scott
ADDRESS Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach & Obstruction
INTERVAL BETWEEN ONSET AND DEATH: 1 Month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca. of Stomach
INTERVAL BETWEEN ONSET AND DEATH: 18 Months.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12, 1953, *to* 7-7, 1953, *that I last saw the deceased alive on* 7-7, 1953, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE D. L. McCluskey (Degree or title) MD
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/10/53
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Arthur Smith
ADDRESS White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2833
Local Reg. No. 174
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1219 Fort St.

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) MARY c. (Last) CRUMP

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 3, 1909
9. AGE (In years last birthday) 44 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Payette, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Adolph Hagemann BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Mary Asmussen BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE X Adolph F. Hagemann ADDRESS Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 4 days ~~24 hours~~

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* July 8, 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 1.1 *m., from the causes and on the date stated above.*

23a. SIGNATURE 388 Harwood L. Stone (Degree or title)
23b. ADDRESS Twin Falls, Ida
23c. DATE SIGNED 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 01 July 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-16-53
REGISTRAR'S SIGNATURE Donna Reid
25. FUNERAL DIRECTOR McBratney-Alden ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JUL 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2834
Local Reg. No. 173
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1704 9th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1704 9th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): LeRoy Stayner
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stockton, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Stayner — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Ella Murdock — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 482-09-8630
17. INFORMANT'S OWN SIGNATURE: Maybelle Stayner — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis, Acute — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease with coronary sclerosis — 6 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1953, *to* July 11, 1953, *that I last saw the deceased alive on* July 9, 1953 *and that death occurred at* 1:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard C. Kreilhaus M.D. 219
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: July 11 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/16/53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: Donna [illegible]
25. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Home - Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2835
Local Reg. No. 172
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 421 E Ave F

3. NAME OF DECEASED (Type or Print)
a. (First): Idella
b. (Middle): Marie
c. (Last): Coburn

4. DATE OF DEATH (Month) (Day) (Year): July 11 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7. 1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 3, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Billings Montana
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: George Birkinbine — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Catherine Murphy — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Wm L Coburn — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myeloid leukemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953 *to* July 11, 1953 *that I last saw the deceased alive on* July 11, 1953 *and that death occurred at* 5:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14/53 01
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 7-13-53
REGISTRAR'S SIGNATURE: Donna Risch
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2836
Local Reg. No. 175
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First) Earline
b. (Middle) Laverne
c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 30, 1916
9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Olathe, Colo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Earl Dunlap — BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Gladys Brownell — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. F. Hansen — ADDRESS Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic alcoholism — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3, 1953, *to* July 11, 1953, *that I last saw the deceased alive on* July 11, 1953, *and that death occurred at* 9:47P *m., from the causes and on the date stated above.*

23a. SIGNATURE Max W. Lawer (Degree or title) M.D.
23b. ADDRESS Filer, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-14-1953 01
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 7-16-53
REGISTRAR'S SIGNATURE Donna Leach
25. FUNERAL DIRECTOR [signature]
ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUL 25 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2837
Local Reg. No. 178
Reg. Dist. No. 460
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 1
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Adelheid b. (Middle) Mueller c. (Last) Holtzen

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 24, 1879
9. AGE (In years last birthday): 74 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Lake Creek, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Mueller — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Marie Bohling — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. S. Holtzen — ADDRESS: Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Toxemia of Pregnancy — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bowel obstruction — 2 days
DUE TO (c): Small Bowel Volvulus — 2 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of Pancreas

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1953, *to* _____, 19____, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 5:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Anderson, 003 (Degree or title)
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 7/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 17, '53
24c. NAME OF CEMETERY OR CREMATORY: Davenport, Nebraska
24d. LOCATION (City, town, or county) (State): Davenport, Nebraska

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Anna Tuck
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2838
Local Reg. No. 176
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 125 Tyler

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) CLARA c. (Last) HOWARD

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 29, 1881

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Lunte
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Louise Burkley
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE W E Lunte
ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Coecum

19a. DATE OF OPERATION 3 July 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma Coecum - Rt. Hemicolectomy

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 June, 1953 *to* 16 July, 1953, *that I last saw the deceased alive on* 16 July, 1953, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles B. Reymer (Degree or title) M.D.

23b. ADDRESS Twin Falls, Ida

23c. DATE SIGNED 20 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/20/53

24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery

24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 7-20-53

REGISTRAR'S SIGNATURE Donna Lack

25. FUNERAL DIRECTOR Dewey Hillyer

ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2839
Local Reg. No. 177
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 498 Fillmore

3. NAME OF DECEASED (Type or Print)
a. (First): BONNIE
b. (Middle):
c. (Last): WATKINS

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 7, 1934
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: A. E. Watkins — BIRTHPLACE: Ogden, Utah
14. MOTHER'S MAIDEN NAME: Geneve Malan — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A. E. Watkins — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

092X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coarse nodular cirrhosis — 4½ year
DUE TO (c): Acute infectious hepatitis — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Est. hemorrhage
Hypoprothrombinemia — 7½ hour

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January 1950, *to* July 19, 1953, *that I last saw the deceased alive on* July 19, 1953, *and that death occurred at* 7:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Brown MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-22-53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 7-20-53
REGISTRAR'S SIGNATURE: Donna Riach
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, TwinFalls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2840
Local Reg. No. 182
Reg. Dist. No. 160

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 413 No 7th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle); c. (Last) Neal

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 5, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Seward, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilson Berry
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: ? Bell
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: 519 26 9545

17. INFORMANT'S OWN SIGNATURE: Robert W Neal
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, colon, right with metastases — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, Terminal — 48 hrs.

19a. DATE OF OPERATION: May 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right colon with metastases
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* July 21, 1953, *that I last saw the deceased alive on* July 20, 1953, *and that death occurred at* 5:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. W. Warner 551
(Degree or title): M.D.
23b. ADDRESS: 111 6th Ave E. Twin Falls Ida
23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Donna Rae
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2841
Local Reg. No. 180
Reg. Dist. No. 160

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 466 Madrona Street

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST GARFIELD b. (Middle) c. (Last) BRIGGS

4. DATE OF DEATH (Month) (Day) (Year): JULY 21, 1953

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-31-1880

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Orland, Park Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Briggs — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Isabelle Madgregor — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No WW I

16. SOCIAL SECURITY NO. 519-03-6934

17. INFORMANT'S OWN SIGNATURE: Earle D. Briggs — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Primary Site Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1951, *to* July 21, 1953, *that I last saw the deceased alive on* July 20, 1953, *and that death occurred at* 8:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen R Vogler M D

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-25-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-27-53

REGISTRAR'S SIGNATURE: Norma Rich

25. FUNERAL DIRECTOR: H. C. Phillips — ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2842
Local Reg. No. 187
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 2
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle); c. (Last) Konecny

4. DATE OF DEATH: (Month) (Day) (Year) July 24, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 20, 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Czechoslavakia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? Holesinshy — BIRTHPLACE: Czechoslavokia

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Czechoslavokia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Jessie Konecney — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bronchio Pneumonia — 2wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 35 *to* 7-24-, 19 53 *that I last saw the deceased alive on* 7-23, 19 53 *and that death occurred at* 7:55A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M A Drake 093 — (Degree or title): M D
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: AUG 4 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2843
Local Reg. No. 779
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 149 Jefferson St.
d. STREET ADDRESS (If rural, give location): Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Osburn	Wayne	Lilly	July 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 27, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 73	Building	Guadalupe County, Texas	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
S. T. Lilly	West Virginia	Mary Pickens	Texas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-18-1546	Floyd Lilly	Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 3, 1950, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 3:07A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
217 Bernard L. Kreilkamp M.D.	Twin Falls, Idaho	7/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-28-53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-27-53	Donna Rich	L. C. Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2844
Local Reg. No. 185
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 60 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 421 11th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle):
c. (Last): Burbank

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 4, 1914
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Duggan — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Clemmie Butler — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxx
16. SOCIAL SECURITY NO.: 518 24 5170
17. INFORMANT'S OWN SIGNATURE: X Charles Burbank — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Kidney — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia + Inanition — 3 months

19a. DATE OF OPERATION: Sept 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left kidney
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* July 25, 1953, *that I last saw the deceased alive on* July 24, 1953, *and that death occurred at* 6:50 Am. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E W McBratney MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/1953 01
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: AUG 4 1953
REGISTRAR'S SIGNATURE: Phyllis Bubler
25. FUNERAL DIRECTOR: D. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG - 6 1953

Certificate of Death

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

State File No. 2845
Local Reg. No. 183
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 184 Beuna Vista

3. NAME OF DECEASED (Type or Print): a. (First) Caddie; b. (Middle); c. (Last) Womack

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 20, 1882

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bean Sorter 06

10b. KIND OF BUSINESS OR INDUSTRY: Bean

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Mike Farris — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: No information — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-4524

17. INFORMANT'S OWN SIGNATURE: Hazel McCreery — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 190X Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma L. breast

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* __, 19__, *that I last saw the deceased alive on* 28 July, 1953 *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm Sawyer MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 6/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-31-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: JUL 31 1953

REGISTRAR'S SIGNATURE: Phyllis Bunker

25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2846
Local Reg. No. 192
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rest Home- Locust Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 101 Fillmore

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) D. c. (Last) GOSS

4. DATE OF DEATH (Month) (Day) (Year) July 31, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 5, 1878
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Standish, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Barshaw
BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Matilda Campbell
BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Blanche E. Gordon ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertension Cardio Vascular Renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, to 7/31, 1953, *that I last saw the deceased alive on* 7-29-53, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE M D Drake (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 8/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/3/53
24c. NAME OF CEMETERY OR CREMATORY Parma Cemetery
24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 8-6-53
REGISTRAR'S SIGNATURE Phyllis Butler
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2847
Local Reg. No. 186
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence 801 Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 801 Main street

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) July 25, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 17, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farmer 37

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Webb City, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jessie Johnson — BIRTHPLACE: Nashville, Tennesee

14. MOTHER'S MAIDEN NAME: Mary Lolly — BIRTHPLACE: Carthage, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXX

16. SOCIAL SECURITY NO.: 518 12 2308

17. INFORMANT'S OWN SIGNATURE: X Mrs. Edna Johnson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1637

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of lung, Rt — INTERVAL BETWEEN ONSET AND DEATH: 3-4 mons

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lung, Rt pneumonectomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27, 1953, *to* 7-25, 1953, *that I last saw the deceased alive on* 7-27, 1953, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D. — **23b. ADDRESS**: Buhl, Idaho — **23c. DATE SIGNED**: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 7/29/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Sunset Memorial Park — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: AUG 4 1953 — **REGISTRAR'S SIGNATURE**: Phyllis Buhler

25. FUNERAL DIRECTOR: D. C. Albertson — **ADDRESS**: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
JUL 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2848
Local Reg. No. 170
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En Route to Hosp. in Car on Highway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kathryn
b. (Middle): Ann
c. (Last): Hoover

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 16, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Hayden — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Jennie Allar — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Glen Allison — ADDRESS: Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kimberly, Idaho, Twin Falls Cou
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 7-3-53, *19___, and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Ellis Knight 569 M.D.
23b. ADDRESS: Kimberly Idaho
23c. DATE SIGNED: 7-6-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-8-53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-9-53
REGISTRAR'S SIGNATURE: Donna Pratt
25. FUNERAL DIRECTOR: Dwight Phillips — ADDRESS: White Mortuary Box 845 Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2849
Local Reg. No. 181
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clover, Route #1 Buhl
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Irrigation ditch at Clover

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clover, Route # 1 Buhl
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl

3. NAME OF DECEASED (Type or Print)
a. (First): Dan
b. (Middle): Evan
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 3, 1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 2 year boy 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Freeland Anderson — BIRTHPLACE: Lake Andes, So.D.
14. MOTHER'S MAIDEN NAME: Donelday Johnson — BIRTHPLACE: Crosby, Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: F. C. Anderson — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by submersion in irrigation canal.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 15 1953 6:15 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in canal while playing

22. *I hereby certify that I attended the deceased from* 6, 19__ *to* 6, 19__, *that I last saw the deceased alive on* Did not see alive, 19__, *and that death occurred at* ~~7:00~~ 6:15 P.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed 073 MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: July 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 20, '53 (2)
24c. NAME OF CEMETERY OR CREMATORY: Clover Cemetery
24d. LOCATION (City, town, or county) (State): Clover Idaho

DATE REC'D BY LOCAL REG.: 7-29-53
REGISTRAR'S SIGNATURE: Donna Reach
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2850
Local Reg. No. 191
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) NETTIE c. (Last) BEVER

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Butler County, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: McCager Hill — BIRTHPLACE: Steed No. Carolina

14. MOTHER'S MAIDEN NAME: Adelia Snyder — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Helen Hendrix — ADDRESS: Buhl Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3 1/X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 15 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 40, *to* 7/24, 19 53, *that I last saw the deceased alive on* 7/24, 19 53, *and that death occurred at* 4:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Twin Idaho
23c. DATE SIGNED: 7-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-6-53
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2851
Local Reg. No. 193
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elizabeth Blvd. 7/8 Mi. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
d. STREET ADDRESS (If rural, give location): Elizabeth Blvd. 7/8 Mi. East

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): IRWIN
c. (Last): HOLLOWAY

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Elkhart, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abigah Holloway 04 — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Ellen Mooney — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gilbert W Holloway — ADDRESS: T.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1953, *to* July 28, 1953, *that I last saw the deceased alive on* July 25, 1953, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glen O Voyles 435 (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-31-53
24c. NAME OF CEMETERY OR CREMATORY: SUNSET MEM. PARK
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-6-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2852
Local Reg. No. 8
Reg. Dist. No. 3/1

BIRTH NO.

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Curtis Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 221 No. Kimball

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) J. c. (Last) Smith

4. DATE OF DEATH (Month) July (Day) 2, (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 16, 1913

9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months 5 Days 17 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY lumber

11. BIRTHPLACE (State or foreign country) Grant, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nelson D. Smith
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Alice Reynolds
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X Ethel M. Smith ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes
INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) T 15 N R 6 E (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) July (Day) 4, (Year) 1953 (Hour) 1:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? While Sleeping

22. *I hereby certify that I attended the deceased from* 7-4-53, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Jack T. Badley (Degree or title) Coroner

23b. ADDRESS Cascade, Idaho

23c. DATE SIGNED 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 8, 1953

24c. NAME OF CEMETERY OR CREMATORY Chariton

24d. LOCATION (City, town, or county) (State) Chariton, Iowa

DATE REC'D BY LOCAL REG. July 9-1953

REGISTRAR'S SIGNATURE Myrtle M. Gardner

25. FUNERAL DIRECTOR The Beatty Chapel

ADDRESS Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2853
Local Reg. No. 10
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Craig
c. (Last): Applegate

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 6, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days 2; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): McCall, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lester Applegate
BIRTHPLACE: Falk, Idaho
14. MOTHER'S MAIDEN NAME: Dorathy Reynolds
BIRTHPLACE: Baltimore, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lenora Butts
ADDRESS: McCall Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 761.0 (In utero) at & before delivery.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Still birth & revived by artificial respiration
DUE TO (c) over-age & condition of mother, compelling a forced labor to save mother

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/6, 1953, *to* 7/6, 1953, *that I last saw the deceased alive on* 7/6, 1953, *and that death occurred at* Hospital 2 hours *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don S. Numbers M.D.
23b. ADDRESS: DON S. NUMBERS, M. D. SURGEON FOR THE UNION PACIFIC McCALL, IDAHO
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 9, 1953 286
24c. NAME OF CEMETERY OR CREMATORY: Applegate
24d. LOCATION (City, town, or county) (State): Payette, County, Idaho

DATE REC'D BY LOCAL REG.: July 16-1953
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2254
Local Reg. No. 720
Reg. Dist. No. 30

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 50 miles N.E. of Cascade
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile from Thomas Creek Air strip

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1308 Blaine St

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Hal c. (Last) Badger

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 20-1942

9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR Months: 3 Days: 29 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student, 6th grade Lincoln School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Halley Badger, BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: LeNae Brink, BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: LaNae C. Kearnes ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Airplane Wreck — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body injuries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near air port
21c. (CITY, TOWN, OR TOWNSHIP) 1 mile from Thomas creek air strip (COUNTY) Valley (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 19, 53 6:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? on take off with airplane

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Bailey (Degree or title): Coronor
23b. ADDRESS: Cascade, Idaho
23c. DATE SIGNED: July21,53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 22-1953
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: July 24-53
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-10031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2855
Local Reg. No.
Reg. Dist. No. 918

BIRTH NO.

JUL 25 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 50 miles N.E. of Cascade
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile from Thomas Creek Air Strip

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1308 Blaine St.

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Dudley c. (Last) Kearnes
4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH December 18, 1906
9. AGE (In years last birthday) 46
IF UNDER 1 YEAR Months 7 Days 1
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Brink's Cafe
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Edwin J. Kearnes, Gunnison, Utah
14. MOTHER'S MAIDEN NAME BIRTHPLACE Ovanda Witback, Juab, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes- World War 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Dana E. Kearnes ADDRESS Caldwell

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Air plane wreck — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Airport
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 mile from Thomas Valley Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 19, 53 6:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? creek air strip on take off with airplane

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jack Badley Coronor
23b. ADDRESS Cascade, Idaho
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 22, 1953
24c. NAME OF CEMETERY OR CREMATORY Wasatch Lawn
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. July 24-1953
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. FUNERAL DIRECTOR Peckham-Pakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2856
Local Reg. No. 13
Reg. Dist. No. 3

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cascade Lake.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Valley.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade.
d. STREET ADDRESS (If rural, give location): P.O. Box. 411.

3. NAME OF DECEASED (Type or Print): a. (First) CATHERINE b. (Middle) ROSE c. (Last) PFEIFFER.

4. DATE OF DEATH: (Month) July. (Day) 23. (Year) 1953.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: January. 13. 1944.

9. AGE (In years last birthday): 9-6-10
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student. 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tacoma, Washington.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Alexander Pfeiffer. BIRTHPLACE: Detroit,

14. MOTHER'S MAIDEN NAME: Mich. Betty.L. Butler BIRTHPLACE: Midwest Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James Clark ADDRESS: Box 411 Cascade, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9278

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 3or4Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservoir

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-23-53 4:00 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? While Swimming

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Badley (Degree or title): Coronor

23b. ADDRESS: Cascade, Idaho

23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

24b. DATE: July. 27.1953.

24c. NAME OF CEMETERY OR CREMATORY: Spokane, Washington.

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: July 28-53

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2857
Local Reg. No. 4
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Z
c. (Last): ADER

4. DATE OF DEATH (Month) (Day) (Year): July 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 20 1880
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (State or foreign country): Princeton Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simeon Ader — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Hannah Potter — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Claude E. Ader — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5-, 1953, *to* 7-5-, 1953, *that I last saw the deceased alive on* 7-5-, 1953, *and that death occurred at* 9:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 248 (Degree or title): M S McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/53 01
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/8/53
REGISTRAR'S SIGNATURE: Marie Hunthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED McGrath

Certificate of Death

JUL 28 1953 STATE OF IDAHO

State File No. 2858
Local Reg. No. 3
Reg. Dist. No. 32a

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 543 West Commercial St.

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Irene c. (Last) Dunn

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 9 1890

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Blind) 41

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hudson, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Dunn
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Wilhemina Trump
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A. E. Dunn
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Sepsis Chr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-27, 1953, *to* 7-5, 1953, *that I last saw the deceased alive on* 7-5, 1953, *and that death occurred at* 8:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. McGrath M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/7/53
REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED

JUL 24 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2859
Local Reg. No. 2
Reg. Dist. No. 32c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Carter's Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): BERT
b. (Middle): FRANCIS
c. (Last): YORK

4. DATE OF DEATH (Month) (Day) (Year): July 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb.15 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer(retired)
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Farming
11. BIRTHPLACE (State or foreign country): Naples Maine
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles York 04 — BIRTHPLACE: Portland Maine
14. MOTHER'S MAIDEN NAME: Fannie ??? — BIRTHPLACE: Portland Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records From Family Bible — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 611X Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cystitis — 6 weeks
DUE TO (c) Prostatitis — 30 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 June 1953
19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy - Cystitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 June, 1953, *to* 7 July, 1953, *that I last saw the deceased alive on* 7 July, 1953, *and that death occurred at* 8:21P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Foat M.D. 689
23b. ADDRESS: Weiser,, Idaho
23c. DATE SIGNED: 7/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/9/53 08
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/9/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2860
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malhuer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario (Rural Near)
d. STREET ADDRESS (If rural, give location): R.F.D. # 2 Ontario, Oregon

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle): R.
c. (Last): ARNDT

4. DATE OF DEATH (Month) (Day) (Year): July 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 6, 1922
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brighton, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Lockman — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Mary C. Richards — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Philip Arndt — ADDRESS: Ontario, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 464X Pulmonary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombophlebitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5-, 1953, *to* 7-9, 1953 *that I last saw the deceased alive on* 7-9-, 1953, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/11/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Scotsbluff Nebr.

DATE REC'D BY LOCAL REG.: 7/11/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1953

Certificate of Death

STATE OF IDAHO

State File No. 2861
Local Reg. No. 3
Reg. Dist. No. 3-20

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1008 East Liberty

3. NAME OF DECEASED (Type or Print): a. (First) ELMER; b. (Middle) EARLEY; c. (Last) BYERLY

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27 1919

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill

11. BIRTHPLACE (State or foreign country): Trackwood, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James D. Byerly
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Leona Lodusca Hodges
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: 430-20-6659

17. INFORMANT'S OWN SIGNATURE: Mrs Elmer Byerly
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self inflicted shot gun
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Wound left chest
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 8th 1953 10:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from* 7-8-, 1953, *to* 7-10, 1953, *that I last saw the deceased alive on* 7-10, 1953, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. McGrath MD (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/13/53
REGISTRAR'S SIGNATURE: Minnie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2862
Local Reg. No.
Reg. Dist. No. 342

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): North State Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) R c. (Last) CORBETT

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 12 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ranch

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer K. Corbett
BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Margaret Williams
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elmer L. Corbett
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and internal hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of symphysis with laceration of bladder. Pubis
Eleven hrs
DUE TO (c) Trauma.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cambridge, Washington, Idaho

21d. TIME OF INJURY: (Month) July (Day) 16 (Year) 1953 (Hour) 10 AM
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Caught beneath overturned tractor.

22. *I hereby certify that I attended the deceased from* July 16, 1953, *to* July 16, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 9:03 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 7/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/18/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cem.
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-18-53
REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-43021

Dr. Coats

Certificate of Death

State File No. 2863
Local Reg. No. 7
Reg. Dist. No. 320

JUL 28 1953

BIRTH NO.

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN Weiser
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 647 Pioneer Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN Weiser
d. STREET ADDRESS (If rural, give location) 647 Pioneer Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	M.	PRINCE	July	21	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
Male	White	Married	Dec. 20 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Ret'd)	Gen'l Farming	Middleton, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Prince	Green River, Africa	Martha Ann Cooper	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		James L. Prince	Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 2018 Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: about 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hodgkins disease — 9 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 20 July, 1953, *to* 21 July, 1953, *that I last saw the deceased alive on* 20 July, 1953 *and that death occurred at* 4:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Coats M.D.	Weiser, Idaho	7/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/23/53	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7/22/53	Maree Hamilton	C. S. Jones	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2864
Local Reg. No. 8
Reg. Dist. No. 3-2-0

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Street. 222 East Court.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): E. Galloway St.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) ACHZIGER

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 15, 1886

9. AGE (In years last birthday): 67 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer 33

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Contr.

11. BIRTHPLACE (State or foreign country): Longenfeldt Russia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adam Achziger — BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Natalie Berrick — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Anna A. Booth — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death caused by gunshot wound. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subject was found dead in his car parked in front of County Court House. Thorough
DUE TO (c) investigation by all local authorities follo[illegible] and consensus of opinion was that wound

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Was self inflicted. 32 Calibre automatic, property of deceased, was at his side.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Had been subject to extended moody periods.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Sucicde

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Street (in

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): auto) Weiser Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27 1953 12:30 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. S. Jones, Coroner

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 7/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/31/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7/30/53

REGISTRAR'S SIGNATURE: Marie Hawthorne

25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JUL 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2865
Local Reg. No.
Reg. Dist. No. 322

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
c. LENGTH OF STAY (in this place): 16 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence in Midvale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) EFFIE b. (Middle) BAKER c. (Last) BORTON

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 15 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Richland, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Jefferis
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nancy Jane Searcy
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: D. Gail Anderson
ADDRESS: Midvale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Exhaustion-cardiac damage — INTERVAL BETWEEN ONSET AND DEATH: 10days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of neck of left femur 11 days.
DUE TO (c) Senile change-cerebral hemorrhage -6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. — 5 yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Midvale Washington Idaho.

21d. TIME OF INJURY (Month) 6 (Day) 30 (Year) '53 (Hour) 6:00 P.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: Falling on floor.

22. *I hereby certify that I attended the deceased from* 7/1/53, 19__, *to* 7/11/53, 19__, *that I last saw the deceased alive on* 7/10/53, 19__, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 448 (Degree or title) M.D.

23b. ADDRESS: Cambridge, Idaho

23c. DATE SIGNED: 7/14/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/14/53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: 7/13/53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: A. D. Jones

ADDRESS: Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Mr Pumbrella

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2866
Local Reg. No. 146
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 89 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2712 Irene St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): C.
c. (Last): Hailey

4. DATE OF DEATH (Month) (Day) (Year): Aug 1st. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Jan. 12 1858
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Livestock
10b. KIND OF BUSINESS OR INDUSTRY: Man
11. BIRTHPLACE (State or foreign country): Jackson Co. Oregon
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Hailey — BIRTHPLACE: Tenn:
14. MOTHER'S MAIDEN NAME: Louisa Griffin — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lula Sacks — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip due to accident at home — 6/21/53

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Fall
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 2712 Irene St, Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 21 53 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped on doorway

22. *I hereby certify that I attended the deceased from* 6/22, 1953, *to* 8/1, 1953, *that I last saw the deceased alive on* 7/21, 1953, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Shoemaker, M.D. (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 4. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

AUG 20 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2867
Local Reg. No. 293
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 4 ½ Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1902. North 18 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) MAYNE c. (Last) PATTON.

4. DATE OF DEATH: (Month) (Day) (Year) August. 2.1953.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: November. 10.1886.

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months Days: 8-22. | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Tom. C. Mayne. Wisconsin.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Hattie Bedal, Minnesotta.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Thomas W. Patton, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1716

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cervix with Pelvic Metastasis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Colostomy; Diabetes Mellitus; Nephrosis — ?
Conditions contributing to the death but not related to the disease or condition causing death. ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 9/1, 1952, *to* 8/2, 1953, *that I last saw the deceased alive on* 8/2, 1953, *and that death occurred at* 12:29 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): H. Merideth, M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 8/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: August. 4. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers

ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2868
Local Reg. No. 282
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 46 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 715 Fort Street

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	E.	Eck	8	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	December 14, 1865	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining and Insurance
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howard County, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Eck — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16 SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Rosalie E Eldridge — ADDRESS: 319½ Jeff. St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis (Cerebral) — (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1953 *to* 8-2, 1953 *that I last saw the deceased alive on* 8-2, 1953 *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miller (Degree or title): M.D.
23b. ADDRESS: 411 Eastman Bldg Boise, Ida.
23c. DATE SIGNED: 8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-5-1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: J. S. McCann — ADDRESS: Schreiber-McCann-Gibson; Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2869
Local Reg. No. 149
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 221 So. Courley St.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) (nmn) c. (Last) Denison

4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 11/14/81
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W.H. Wahlfell — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Jennie Johnson — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X G.W. Denison — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral & Generalized Arteriosclerosis. — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Several Cerebral Vascular Accidents since April 1953

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I did not attend the deceased from ——, 19——, to ——, 19——, that I never saw the deceased alive on ——, 19——, and that death occurred at —— p m., from the causes and on the date stated above.*

23a. SIGNATURE: H. G. Newcomb MD 283 (Degree or title)
23b. ADDRESS: 512 N. 16 St., Boise, Idaho
23c. DATE SIGNED: 8.5.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 8/6/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2870
Local Reg. No. 284
Reg. Dist. No. 370

BIRTH NO. AUG 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 507 N. 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Joseph
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 17 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10b. KIND OF BUSINESS OR INDUSTRY: Utah Construction
11. BIRTHPLACE (State or foreign country): Ophir Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Green — BIRTHPLACE: Mass.
14. MOTHER'S MAIDEN NAME: Sullivan — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: X Sister M. Alma Dolores — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 2010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary fibrosis + Emphysema
DUE TO (c) Chronic Cor pulmonale

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1948, *to* Aug, 1953, *that I last saw the deceased alive on* Aug 4, 1953, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Clifford 076 md
23b. ADDRESS: 311 - Ida St Boise
23c. DATE SIGNED: 8/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 8 1953 20
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Daniel S. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2871
Local Reg. No. 302
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 30 Minutes.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
d. STREET ADDRESS (If rural, give location): R.D. # 2.

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) c. (Last) MUMFORD.

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6.1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: August. 6.1953.

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James. L. Mumford. BIRTHPLACE: Vona Colorado.

14. MOTHER'S MAIDEN NAME: Juanita Brandt. BIRTHPLACE: Bowmont, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: James L. Mumford Jr. ADDRESS: Nampa Ida. R.F.D.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) abruptio Placenta.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1953 to 8-6, 1953 that I last saw the deceased alive on Aug 6, 1953 and that death occurred at 1130 A.m., from the causes and on the date stated above.

23a. SIGNATURE: Max D. Gudmundsen 140 (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August. 15. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Elizabeth Summers. ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2872
Local Reg. No. 285
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3313 Cresent Rim Drive

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Lesslie

4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 10, 1869
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) New Berline, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Nye Neu BIRTHPLACE New Berlin, Germany
14. MOTHER'S MAIDEN NAME Elizabeth Hilderbrand BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Winifred Lesslie ADDRESS 3313 Cresent Rim Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* Aug. 6, 1953, *that I last saw the deceased alive on* Aug. 6, 1953, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Maurice M. Burkholder M.D. (Degree or title) 05
23b. ADDRESS 401 Idaho St., Boise, Idaho
23c. DATE SIGNED 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 8-10-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2873
Local Reg. No. 295
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 6 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1120. Miller Street.

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) MILLER. c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): August.7.1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: October.18.1878.

9. AGE (In years last birthday): 74-9-19. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Miller. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Hattie Jones, BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Clyde E Summers ADDRESS: 1205. Bannock St. Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1953, *to* 8-7, 1953 *that I last saw the deceased alive on* 8-7, 1953 *and that death occurred at* 11.A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August.12.1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-46021

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2874
Local Reg. No. 274
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 29 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): # 3. Mesa Drive.

3. NAME OF DECEASED (Type or Print): a. (First) ELMER b. (Middle) SPENCER c. (Last) CHAFFEE.

4. DATE OF DEATH: (Month) August. (Day) 7. (Year) 1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower.

8. DATE OF BIRTH: November. 29. 1865.

9. AGE (In years last birthday) 87-8-8. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paw Paw, Illinois.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fernando. H. Chaffee. BIRTHPLACE: Athens, Vermont.

14. MOTHER'S MAIDEN NAME: Delia Barber, BIRTHPLACE: Canada.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: Eugene B. Chaffee ADDRESS: # 3. Mesa Drive. Boise, Idaho.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrh — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile Arteriosclerosis — 4 years

DUE TO (c) Ca of Prostate — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Myocarditis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1953, to Aug 7, 1953, *that I last saw the deceased alive on* Aug 6, 1953 *and that death occurred at* 5.30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 025 J. N. Bratton M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: Aug 10 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August. 10. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park,

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2875
Local Reg. No. 156
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513. Eagleson Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1215. North 15 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): EDES
b. (Middle): L.
c. (Last): FARNHAM.

4. DATE OF DEATH (Month) (Day) (Year): August.8.1953.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: October. 20.1871.
9. AGE (In years last birthday): 81-9-18. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home. 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Des Moines, Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Meachem. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE 1215-N 15 — ADDRESS: Mildred Farnham-Lunstrum Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8, 1953, *to* 8/8, 1953, *that I last saw the deceased alive on* 8/8, 1953, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L F Lesser MD 226
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial. 1
24b. DATE: August. 11. 1953. 01
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery.
24d. LOCATION (City, town, or county) (State): Star, Idaho.

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Clyde E Summers Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2876
Local Reg. No. 297
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 9 Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Valley.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAMON b. (Middle) (JACK) c. (Last) Huskey.

4. DATE OF DEATH: (Month) August (Day) 8. (Year) 1953.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: August 3, 1926
9. AGE (In years last birthday): 27-0-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumbering.
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill.
11. BIRTHPLACE (State or foreign country): Cascade, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles. C. Huskey. BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Fannie White, BIRTHPLACE: Arkansas.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vance A Huskey ADDRESS: Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute monoplastic Leukemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan _____, 19 53 *to* Aug 8, 19 53, *that I last saw the deceased alive on* Aug 8, 19 53 *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo E Caygood M.D. (Degree or title)
23b. ADDRESS: 311-U Idaho St Boise
23c. DATE SIGNED: 8/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Aug. 12. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Cascade Cemetery.
24d. LOCATION (City, town, or county) (State): Cascade, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: Summers Funeral Home, ADDRESS: Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2877
Local Reg. No. 296
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1317. North 13 Street,

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) EUGENE c. (Last) BARTLETT.

4. DATE OF DEATH (Month) (Day) (Year): August. 8. 1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: August. 7. 1868.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 85-0-1.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cashier

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R. Co.

11. BIRTHPLACE (State or foreign country): Macon County. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown. BIRTHPLACE: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 712-07-6654

17. INFORMANT'S OWN SIGNATURE: Florence D. Bartlett ADDRESS: 1317 N. 13th Boise Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Neurogenic bladder

DUE TO (c): Paralysis. (B & C) are secondary to (a)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/18, 1950, *to* 8/8, 1953, *that I last saw the deceased alive on* 8/9, 1953, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred Rossomando M.D. F.A.C.S. 351

23b. ADDRESS: 315 West Jefferson St

23c. DATE SIGNED: 8/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August. 11. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2878
Local Reg. No. 322
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 823 East Park St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Fred	(nmn)	Ford		8	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	2/8/66	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 06
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (State or foreign country) Boston, Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME no record — BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Kenneth E. Ford — ADDRESS Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) natural causes probably due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
natural causes	home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8	9	53	11:30 p.m.		

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__ and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell W. Relyea	Coroner	318 N. Latah	8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	8/13/53	Dry Creek	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-11-53	Myrtle Palmer	Russell W. Relyea	318 N. Latah
		RELYEA MORTUARY	BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2879
Local Reg. No. 137
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 6810. Fairview Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First): HALLIE
b. (Middle): M. CARMICHAEL.
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): August. 10. 1953.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: September. 10. 1873.
9. AGE (In years last birthday): 79 (IF UNDER 1 YEAR Months / Days) -11-0. (IF UNDER 24 HRS. Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bloomfield, Indiana.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Winfield Scott Long, Bloomfield, Imdiana.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Lucretia Pickard. Virginia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S OWN SIGNATURE / ADDRESS: William M Carmichael, Boise Idaho 6810 Fairview Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Aug, 1953, *that I last saw the deceased alive on* 10 Aug, 1953, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stuart Merrill, MD 536
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August. 12. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum,
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers, Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2880
Local Reg. No. 289
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1007 N. 8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1007 N. 8th

3. NAME OF DECEASED (Type or Print)
a. (First): Geiser
b. (Middle): A
c. (Last): Vinson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 9 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mines 07
10b. KIND OF BUSINESS OR INDUSTRY: mines
11. BIRTHPLACE (State or foreign country): Baker, Oreg
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Vinson
BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Alice A. Stevens Sadie L Vinson
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 540-12-8733
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary edema, acute — INTERVAL BETWEEN ONSET AND DEATH: Few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Idiopathic epilepsy — 15 years?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible drowning - found dead in bathtub

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy *19* only *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beeman MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 10 August 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 12 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Boise Ida.

DATE REC'D BY LOCAL REG.: 8-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise
Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2881
Local Reg. No. 291
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 307 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle):
c. (Last): Barker

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 17, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wichita, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mathew Scully — BIRTHPLACE: Montreal, Canada
14. MOTHER'S MAIDEN NAME: Mary Donegan — BIRTHPLACE: Toronto, Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X J. Barker — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Decompensation — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 5, 1953, *to* Aug. 10, 1953, *that I last saw the deceased alive on* Aug. 10, 1953, *and that death occurred at* 8:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder M.D. 051
23b. ADDRESS: 401 Idaho St., Boise, Idaho
23c. DATE SIGNED: 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 11, '53 01
24c. NAME OF CEMETERY OR CREMATORY: Albertson Funeral Home
24d. LOCATION (City, town, or county): Buhl — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Dr. Chalupka

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2882
Local Reg. No. 288
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3018 Eastman

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Elizabeth
c. (Last): Derrick

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 30 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dan Wagner — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Catherine Unknown — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elmer F. Ball — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, *to* Aug 10, 1953, *that I last saw the deceased alive on* Aug 12, 1953, *and that death occurred at* 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 056 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 Aug. 14 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber McGinn Gibson — ADDRESS: [signature]

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 2893
Local Reg. No. 28
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 46
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Eagle
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer	F.	Kunkler	8	11	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	6/3/1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Farming	Woodford County, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob P. Kunkler	Illinois	Esther Therio	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Elmer F. Kunkler	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Idiopathic Muscular Fibrillation — 10 d

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* July 31, 1953, *to* Aug 11, 1953, *that I last saw the deceased alive on* Aug 10, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty 230	MD	Meridian	8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/14/53	Star	Star Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-17-53	Myrtle Palmer	Russell W. Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

AUG 27 1953

STATE OF IDAHO

State File No. 2884
Local Reg. No. 2884
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence-1822 Was. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1822 Washington

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mabel	(nmn)	Ohls	8	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	widowed	no record 1889 of month	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-----	Elk Mountain, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sublet	no record	Annis Mosier	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Russell A. Elyea	Boise Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-30, 1953 *to* ---, 19---, *that I last saw the deceased alive on* 7-30, 1953 *and that death occurred at* ? found dead at home m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. F. Swineel	M. D.	Boise Idaho	8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/18/53	Dry Creek	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
8-19-53	Myrtle Palmer	Russell A. Elyea	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Miner
2-8221

AUG 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 2885
Local Reg. No. 298
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1620 N. 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1620 N. 13th

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): Joseph
c. (Last): Zaehringer

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 9 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Philadelphia Navy Yd.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Zaehinger — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Pauline Metz — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: No no
17. INFORMANT'S OWN SIGNATURE: Mary V. Zaehringer — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic heart disease — ? yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* seen 19 after death, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title) MD
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 8/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 21 1953
24c. NAME OF CEMETERY OR CREMATORY: Philadelphia, Pa
24d. LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG.: 8-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise
Daniel G. Gibson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2886
Local Reg. No. 300
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 Fort Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Gustov
b. (Middle):
c. (Last): Hegstrom

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Karlbennig, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claus Fredrick Hegstrom — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Louisa Cathrina Olsen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Earl H. Hegstrom — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlussion with myo cardial infarction.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4, 1942, *to* 8-17, 1953, *that I last saw the deceased alive on* 8-17, 1953, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 424 D. M. Thomas [illegible] (Degree or title)
23b. ADDRESS: 305 Fort St.
23c. DATE SIGNED: 8-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 21, '53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Relyea Mortuary, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2887
Local Reg. No. 303
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1812 Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) GUDGELL c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 10, 1894	58-11-8				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Agent
10b. KIND OF BUSINESS OR INDUSTRY: Hartford Indemnity Co.
11. BIRTHPLACE (State or foreign country): Lewistown, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Wright — BIRTHPLACE: Penn Yan, N.Y.
14. MOTHER'S MAIDEN NAME: Lizzie Gudgell — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Marion S. Wright ADDRESS: 1812 Idaho Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5847

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gall Bladder Carcinoma — 1½ years
DUE TO (c) Cholecystitis & Cholelithiasis — 15 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Parkinsonism — 4 yrs.

19a. DATE OF OPERATION: Fall 1952
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis - Cholelithiasis - Gall Bladder Carcinoma
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1950, *to* Aug 18, 1953, *that I last saw the deceased alive on* Aug 18, 1953, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy C. Crosby (Degree or title): M.D.
23b. ADDRESS: 1320 Vista Ave., Boise
23c. DATE SIGNED: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/21/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 2888
Local Reg. No. 311
Reg. Dist. No. 370

BIRTH NO.

SEP 9 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 3½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1614 N. 23rd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HANS	PETER	HANSEN	Aug. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 24, 1876	77-4-25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Creamery Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Niels Peter Hansen — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Ane Peters Petersen — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-9047
17. INFORMANT'S OWN SIGNATURE H.C. Hansen — ADDRESS 2420 N. Bannock Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-20-1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 12-4, 1951, to 8-19, 1953, that I last saw the deceased alive on 8-19, 1953, and that death occurred at 6:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. M. Thomas MD	305 Fort St. Boise	8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/24/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-3-53	Myrtle Palmer	Clyde B Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2889
Local Reg. No. 312
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1016 N. 22nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): LAUREL
b. (Middle): VICKERS
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1895

9. AGE (In years last birthday): 58-1-6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairbury, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernest J. Vickers
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Julia Shin
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: W. E. Smith Boise Idaho 1016 N 22

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

974 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): manual strangulation by ligature

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 20 53 3:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: By Hanging

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Elgin Coroner

23b. ADDRESS: 318 N. Latah, Boise, Idaho

23c. DATE SIGNED: 8/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/22/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2890
Local Reg. No. 155
Reg. Dist. No. 371
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3801 Dorian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3801 Overland Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eda	Elizabeth	Wines	Aug. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 30, 1882	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Clarinda, Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Turner	Ohio	Jane McKee	Clarinda, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mary Hardie	3801 Dorian Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

200.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-23-50	Biopsy showed lymphosarcoma	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21, 19 50, *to* Aug 24, 1953, *that I last saw the deceased alive on* 8-14, 1953, *and that death occurred at* 8-23-50 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Crosby	M.D.	1320 Vista Ave, Boise	8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1953	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-24-53	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2891
Local Reg. No. 305
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 31 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1009½ Main St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Antonio		Uranga	Aug. 24t. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Jan. 20th 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner and Sheepherder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quispuscoa Spain
12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Unknown — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Pete N. Echevarria — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11, 1950, *to* 8-19, 1953 *that I last saw the deceased alive on* 8-19, 1953 *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 271	M.D.	41 Eastman Bldg. Boise	8/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 28. 1953	St John's Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-28-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2892
Local Reg. No. 306
Reg. Dist. No. 370

BIRTH NO.

SEP 3 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1621 N. 28th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1621 N. 28th

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) F c. (Last) Brantner

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 30 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Brantner
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Regina unknown
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-10-1217

17. INFORMANT'S OWN SIGNATURE: Jennie D. Brantner
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ca of Colon (Hepatic flexure) — 3 yrs

DUE TO (c) UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to liver
Chronic Cor Pulmonale

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/23, 1953, *to* 8/25, 1953, *that I last saw the deceased alive on* 8/25, 1953, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Hoffingamer M.D.

23b. ADDRESS: 2512 Overland Boise Idaho

23c. DATE SIGNED: Aug 27: 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 28 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-28-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise

Daniel F. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 2893
Local Reg. No. 313
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1119 Denver

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST; b. (Middle) BRUCE; c. (Last) WELLS

4. DATE OF DEATH: (Month) (Day) (Year): August 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 7, 1897

9. AGE (In years last birthday): 56-0-18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loan Guarantee officer-Vet.Adm.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centerville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wells
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Jennie Garrett
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Agnes E. Wells
ADDRESS: 1119 Denver Boise

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 18, 1953, *to* Aug 25, 1953, *that I last saw the deceased alive on* Aug 25, 1953, *and that death occurred at* 6:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.F. Swindell (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/27/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2894
Local Reg. No. 314
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 51 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) S. c. (Last) MAY

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 27, 1865

9. AGE (In years last birthday): 88-5-29 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: & Store

11. BIRTHPLACE (State or foreign country): Cambridge, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Fairfield, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility — several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August 19, *to* Aug 26, 1953, *that I last saw the deceased alive on* Aug 26, 1953, *and that death occurred at* 6:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. [signature]
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/53
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2895
Local Reg. No. 315
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) ADELL c. (Last) RICE
4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 28, 1870
9. AGE (In years last birthday): 83-4-28 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Faribault County, Minn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles S. Dunbar - BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Ellen Thomas - BIRTHPLACE: Connecticut
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: H. D. Rice ADDRESS: R.D. #1 Eagle, Ida.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Cerebral
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* Aug 26, 1953, *that I last saw the deceased alive on* Aug 25, 1953 *and that death occurred at* 12:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder, M.D.
23b. ADDRESS: 401 Idaho St. Boise, Ida
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED-
SEP 9 - 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2896
Local Reg. No. 310
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes hospotal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1808 No. 20th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Randy
b. (Middle): --- -
c. (Last): Romich

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 28th. 1953
9. AGE (In years last birthday): ---
IF UNDER 1 YEAR: Months -, Days -
IF UNDER 24 HRS.: Hours 4, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- ------ 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Mike Romich — BIRTHPLACE: Toole, Utah
14. MOTHER'S MAIDEN NAME: Cleona Perry — BIRTHPLACE: Meridian, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs A. Perry — ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

762.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary anaeration — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, *19___, to _____, 19___, that I last saw the deceased alive on* Aug 28, *19*53, *and that death occurred at* 11:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max F. Bell, 046 MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robson — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2207
Local Reg. No. 304
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 East Idaho Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 224 East Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Thomas c. (Last) Cree

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 19, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse

10b. KIND OF BUSINESS OR INDUSTRY: Veteran's Adm.

11. BIRTHPLACE (State or foreign country): Festeria, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ozias Cree
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Williams
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Reva Cree Tweedy
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4200

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PROBABLY Arteriosclerotic Heart Disease
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 26 53 2:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? natural causes

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Kelyea (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 8/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Kelyea
ADDRESS: 318 N. Latah
Kelyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2898
Local Reg. No. 321
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): F.
c. (Last): GLAUNER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 23, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ft. Scott, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Glauner — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Sarah Spratt — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fred Glauner — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ht. Disease - myocardial failure - arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Glomerul nephritis
DUE TO (c) anemia nutritional

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8, 1953, *to* 8-28, 1953, *that I last saw the deceased alive on* 8-20, 1953, *and that death occurred at* 1100 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Jamieson
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Geo Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2899
Local Reg. No. 307
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1228 Grant

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	WILLIAM	AMES	Aug. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 31, 1909	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Marshal	Boise, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Ames		Elsie Crump	Manhattan, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-6741	Mrs. Ruby Ames	1228 Grant Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of mediastinum — 4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8/4/53	Malignant dermoid of mediastinum	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/4/53, 19____, *to* 8/29/53, 19____, *that I last saw the deceased alive on* 8/28/53, 19____, *and that death occurred at* 11:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl E. Starick	M.D.	305 Eastman Bldg.	8/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 1, 1953	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-1-53	Myrtle Palmer	C. E. Allen	Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Suicide

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SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2900
Local Reg. No. 309
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2718 Lemp St.

3. NAME OF DECEASED (Type or Print): a. (First) Gustav b. (Middle) c. (Last) Stark

4. DATE OF DEATH (Month) (Day) (Year): Aug 31st. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 4. 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock Grower Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bavaria Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Moses Stark
BIRTHPLACE: Bavaria Germany

14. MOTHER'S MAIDEN NAME: Fanny Falk
BIRTHPLACE: Bavaria Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Alfred Stark
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Sigmoid — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 12 years

19a. DATE OF OPERATION: 8-15-53

19b. MAJOR FINDINGS OF OPERATION: Perforation Sigmoid Colon secondary to Carcinoma with metastasis to liver

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1941, to Aug 31, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 2:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE: C. F. Swindell (Degree or title) M. D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 2 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2901
Local Reg. No. 151
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 724 Boise Hills Village

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) Lucinda c. (Last) VonToska

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10/23/70
9. AGE (In years last birthday): 82 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Clark Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Winkleblack BIRTHPLACE: Pomeroy, Ohio
14. MOTHER'S MAIDEN NAME: Nancy E. Winkleblack BIRTHPLACE: Pomeroy, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Marcelyce Smith ADDRESS: 724 Boise Hills Village

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 170X generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno-Carcinoma Breast — 18 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 1953, to Aug 6, 1953, *that I last saw the deceased alive on* Aug 5, 1953 *and that death occurred at* 7:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty M.D.
23b. ADDRESS: Meridian
23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/7/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 8-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell V. Relyea ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2902
Local Reg. No. 148
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada county

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 416½ - 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) Oscar; c. (Last) Shoemaker

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2/17/73
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 62
10b. KIND OF BUSINESS OR INDUSTRY: Boise City Park
11. BIRTHPLACE (State or foreign country): Boonesville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyrum Calvin Shoemaker, BIRTHPLACE: Byonville, Mo.
14. MOTHER'S MAIDEN NAME: Elvira Hurt, BIRTHPLACE: Byonville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: E. L. Shoemaker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 4, 1953, *to* Aug 9, 1953, *that I last saw the deceased alive on* Aug 8, 1953, *and that death occurred at* 2:50 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Smoty 230 (Degree or title) M D
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell M. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2903
Local Reg. No. 152
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 26 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 145. West Idaho Street.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH. b. (Middle) A. c. (Last) STOLTZ.

4. DATE OF DEATH (Month) (Day) (Year): August. 11. 1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: April. 5. 1888.

9. AGE (In years last birthday): 65-4-6. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Salesman.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Diego, California.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Charles Stoltz. Unknown.

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Fannie Spiegel. Victoria. B.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE / ADDRESS: (Mrs.) Irene G. Buruham 2180 Wasatch Salt Lake City Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1777

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno Carcinoma Prostate — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1953 *to* Aug 11, 1953, *that I last saw the deceased alive on* Aug 11, 1953, *and that death occurred at* 12:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: August. 14. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR / ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2904
Local Reg. No. 150
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #20-10 mi. w. of Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Soldier's Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Myrtle	B.	McDowell	8	11	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	6/18/90	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (retired) 04	Farming	Marion, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Casper McDowell	Marion, Kentucky	Margaret Porter	Marion, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War I	none	Russell C. Relyea	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Injuries received in an Automobile accident	immediate
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hiway #20-10 mi.w.	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8	11	53	2:30 p.m.		Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell C. Relyea	Coroner	318 N. Latah, Boise, Idaho	8/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	8/15/53	Morris Hill	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-17-53	Myrtle Palmer	Russell C. Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

2905

State File No. 2905
Local Reg. No. 158
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): R.D. # 1.

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) c. (Last) DALRYMPLE.

4. DATE OF DEATH (Month) (Day) (Year): August. 12.1953.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: April.19.1877.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 76-3-23.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beloit, Kansas.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Dawson Knox, Ohio.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Amanda Knotts, West Virginia.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE | ADDRESS: R.J. by Dorothy Dalrymple Campbell 1076-5 Aberdeen Mason Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) natural causes probably

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) due arteriosclerotic heart disease

DUE TO (c) and senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 12 53 ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Natural causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell U. Kelyea Coroner

23b. ADDRESS: 318 N. Latah, Boise, Idaho

23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: August. 15.

24c. NAME OF CEMETERY OR CREMATORY: 1953. Morris Hill Cemetery. Boise, Idaho.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 8-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E. Summers Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2906
Local Reg. No. 290
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Riley
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 4th. 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marysville, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Sylvester Fisher — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Parkhurst — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs L S Campbell — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular dis. — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Aug 12, 1953, *that I last saw the deceased alive on* Aug 6, 1953 *and that death occurred at* 9:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John T Burnwood (Degree or title): 043
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 8/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/14/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian Ida.

DATE REC'D BY LOCAL REG.: 8-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2907
Local Reg. No. 159
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110 Bannock St.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) O.; c. (Last) Williams

4. DATE OF DEATH: (Month) August (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: August 18, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 11; Days 27
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Saybrook, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel F. Williams,
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Julia Ferguson
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: [signature] Boise, Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lannec's Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pancreatitis — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Aug 15, 1953, *that I last saw the deceased alive on* Aug 15, 1953, *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D Lusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Myrtle Talmus

25. FUNERAL DIRECTOR: E. V. Peckham
ADDRESS: Peckham Sr. Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2908
Local Reg. No. 160
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 55 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Byron	PETERSON	August	17,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 25, 1896	56	10	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Centerfield, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Peterson — BIRTHPLACE: Auborg, Denmark
14. MOTHER'S MAIDEN NAME: Lena Jenson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ralph R. Hansen — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cor Pulmonale with Right Ventricular Failure	Several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Emphysema	Several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

434.3

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June 23, 1953, *to* Aug. 17, 1953, *that I last saw the deceased alive on* Aug. 17, 1953, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BREMAN, M. D., Pathologist	V. A. Hospital, Boise, Idaho	8-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/19/53	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-26-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2909
Local Reg. No. 122
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1709 State Street

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) c. (Last) ROBERTSON

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 25, 1860
9. AGE (In years last birthday): 93-1-24 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Paul, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hunt — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Ethel Rockwell — ADDRESS: 1709 State St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ateros - Vasculer heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 23, 1950, *to* Aug 19, 1953, *that I last saw the deceased alive on* Aug 19, 1953, *and that death occurred at* 7:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/21/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2910
Local Reg. No. 301
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	H.	Raines	Aug. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 21, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Carroll Co. Arkansas	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John C. Raines	Tenn.	Allie Speer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-2948	Lee Perkins	Meridian, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Cardiac Dilitation	18 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senile sclerotic Disease	unk
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 19, 1953, *to* Aug 19, 1953, *that I last saw the deceased alive on* Aug 19, 1953, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl R. Rusty	M.D.	Meridian	8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/22/53	Meridian	Meridian, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-21-53	Myrtle Palmer	Bell Robinson	Meridian, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2911
Local Reg. No. 161
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elk's Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couerdalene
d. STREET ADDRESS (If rural, give location): 1401 6th street

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle); c. (Last) Baisch

4. DATE OF DEATH: (Month) Aug. (Day) 20, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Feb. 12, 1935
9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leland F. Baisch — BIRTHPLACE: Pallisades, Colerado
14. MOTHER'S MAIDEN NAME: Frances E. McConnell — BIRTHPLACE: Moscow, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: x Frances E. Baisch — ADDRESS: 1401 6th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema; Degenerative

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease of spinal cord & mid brain - Cause unknown; Uremia; Diabetes; Cystitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20, 1953, *to* 8-20, 1953 *that I last saw the deceased alive on* 8-19, 1953, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William R. Tregoning M.D.
23b. ADDRESS: 500 Eastman Bldg.
23c. DATE SIGNED: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8/22/53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Couer d' Alene

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2912
Local Reg. No. 153
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Ruth; b. (Middle) Lorraine; c. (Last) Pilkington

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 18, 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lemon Douglas ---- BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Eva Schrader ----- BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Lorraine Welch ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Coccinoma-tosis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of the Colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Polyposis of Colon.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19, 1944, *to* 8-20, 1953, *that I last saw the deceased alive on* 8-15, 1953, *and that death occurred at* 11:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. M. 424 Thomas
23b. ADDRESS: 305 Fort St. Boise
23c. DATE SIGNED: 8-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 8-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.C. Robison, Meridian ADDRESS: Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2913
Local Reg. No. 1
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1818 N. 18th. St.

3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) M. c. (Last) Staaf

4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 19, 1897

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Eric A. Sundberg
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Hilma Backwall
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-09-6668

17. INFORMANT'S OWN SIGNATURE Jack H. Staaf ADDRESS 1818 N 18th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro - Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atero - sclerosis — ✓
DUE TO (c) Hypertension, Essential — ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1950, *to* Aug 20, 1953, *that I last saw the deceased alive on* Aug 19, 1953, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carl D Rusty MD

23b. ADDRESS Meridian

23c. DATE SIGNED 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG 8-24-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2914
Local Reg. No. 163
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 110 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Box 126

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) M. c. (Last) Brackenbury

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-31-94

9. AGE (In years last birthday): 58 IF UNDER 1 YEAR Months: 9 Days: 22 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Enterprise, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin B. Brackenbury, Salt Lake City BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Isabelle Ames BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Emphysema — undetermined

DUE TO (c) Cor Pulmonale — undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1953, *to* August 23, 1953, *that I last saw the deceased alive on* August 23, 1953, *and that death occurred at* 4:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: C. P. STEVENSON, M. D. Chief, Medical Services

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/25/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2915
Local Reg. No. 164
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): S. 160 Brown

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Belonie		SOUCIE	August 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	June 30, 1888	65	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Building	New Brunswick, Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cestestin Soucie	Canada	Elisie Martin	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I		[signature]	Records, V. A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia, Terminal	40 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Uremia	Undetermined
DUE TO (c)	Pyelonephritis with nephrolithiasis Traumatic paraplegia	Undetermined
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

602X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 5, *19* 53, *to* Aug. 25, *19* 53, *that I last saw the deceased alive on* Aug. 25, *19* 53, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman 045 JOSEPH BEEMAN, M. D., Pathologist	V. A. Hospital, Boise, Idaho	8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/27/53 a1		Spokane, Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-3-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 2916
Local Reg. No. 165
Reg. Dist. No. 371

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 23Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 421 No. Stanley St

3. NAME OF DECEASED (Type or Print): a. (First) Julia; b. (Middle) A; c. (Last) Twitchell

4. DATE OF DEATH: (Month) Aug. (Day) 28. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug. 12. 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Haven Ill.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Mitchell
BIRTHPLACE: USA.

14. MOTHER'S MAIDEN NAME: Malinda Shaw.
BIRTHPLACE: So. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. John T Mullen
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-renal Hypertensive Disease — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 4, 1953 *to* Aug 28, 1953 *that I last saw the deceased alive on* Aug 28, 1953, *and that death occurred at* 5:55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Busby MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 9-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 1. 1953

24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery

24d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG: 9-3-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson
ADDRESS: Boise Idaho

Schreiber-McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2917
Local Reg. No. 166
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 1
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1.

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Leroy c. (Last) Riddle

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tractor Operator 52

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Diller, Nebr.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Riddle — BIRTHPLACE: Palmyra, Ill.

14. MOTHER'S MAIDEN NAME: Carrie Adams — BIRTHPLACE: Anderson, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 511-03-9023

17. INFORMANT'S OWN SIGNATURE: Opal Riddle — ADDRESS: Meridian, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma right lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION: May 1953

19b. MAJOR FINDINGS OF OPERATION: Ca right lung - inoperable

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-11, 1953, *to* 8-2, 1953, *that I last saw the deceased alive on* 8-2, 1953, *and that death occurred at* 2:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Alfred M. Popma M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/31/53

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-8-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B.W. Robison — ADDRESS: Meridian Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2918
Local Reg. No. 328
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) Emil c. (Last) Friedrich

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1858

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee Keeper 90

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stevensville, Wis.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Friedrich
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. E. Sharp
ADDRESS: Kuna, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Uterio-Venous Stasis — unk

DUE TO (c) Senility — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953 *to* Aug 31, 1953 *that I last saw the deceased alive on* Aug 31, 1953 *and that death occurred at* 11:15 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Rusty (Degree or title) MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/3/53

24c. NAME OF CEMETERY OR CREMATORY: Kuna

24d. LOCATION (City, town, or county) (State): Kuna Idaho.

DATE REC'D BY LOCAL REG.: 9-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

FUNERAL DIRECTOR: B.L. Robinson
ADDRESS: Meridian, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2919
Local Reg. No. 169
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 22 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 901 Resseguie Street

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle):
c. (Last): TOWNER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 7, 1880

9. AGE (In years last birthday): 72-9-24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jessie Hiatt
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Amelia Shaw
BIRTHPLACE: North Odgen, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature illegible] P.O.Box 711 ADDRESS McCall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

334.X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Nephritic hypertensive disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 1, 1951, *to* 8-31, 1953, *that I last saw the deceased alive on* 8-31, 1953 *and that death occurred at* 7:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Snoty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 9.4.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/3/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2920
Local Reg. No. 14
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ORREL	EUGENE	RYDER	8-7-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-24-1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Cresco, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis E. Ryder — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Cordelia Weygandt — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) XXXXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Maude Ryder — ADDRESS McCall, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416X R Hemstin Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 5, 1953, *to* August 7, 1953, *that I last saw the deceased alive on* Aug 7, 1953, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-10-53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Weiser, Idaho (State)

DATE REC'D BY LOCAL REG. 8-10-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR
ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2921
Local Reg. No. 10
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): Gen. Del. (City)

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): PATRICK
c. (Last): ABBOTT

4. DATE OF DEATH (Month) (Day) (Year): August 15 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 27 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~#####~~ Prospector
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): McCloud, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ransom Abbott — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Mary Ann Kelly — BIRTHPLACE: Glencoe, Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Eugenia Irene Beckman — ADDRESS: Murphy, Ore.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 10, 19 53, *to* August 15 19 53, *that I last saw the deceased alive on* August 15, 19 53, *and that death occurred at* 10:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bernard P. Scourth (Degree or title)
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 8/17/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 8/17/53
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED NON-RESIDENT

Certificate of Death

SEP 3 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2922
Local Reg. No. 16
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Tillamook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tillamook
d. STREET ADDRESS (If rural, give location): 1616 12 th St.

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE b. (Middle) JANE c. (Last) BEARDSLEY

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 17 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sheridan Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Sappingfield
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Irene Lafollette
BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jerome C Beardsley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 540.1 Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Gastric Ulcer — 4 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 13, 19 53, *to* Aug. 17, 19 53, *that I last saw the deceased alive on* Aug. 17, 19 53, *and that death occurred at* 11.35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 1/13
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/19/53
24c. NAME OF CEMETERY OR CREMATORY: Bellcrest Memory Park
24d. LOCATION (City, town, or county) (State): Salem, Oregon

DATE REC'D BY LOCAL REG.: 8/17/53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

State File No. 2923
Local Reg. No. 215
Reg. Dist. No. 510

BIRTH NO. 111-53-7341

STATE OF IDAHO

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

LENGTH OF STAY (in this place): 2days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,

d. STREET ADDRESS (If rural, give location): 933 So. Fifth St.

3. NAME OF DECEASED (Type or Print): a. (First) JERRY b. (Middle) LEE c. (Last) YORK

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **********

8. DATE OF BIRTH: July 28, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ******

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Woodrow Warren York — BIRTHPLACE: Pocatello, Ida.

14. MOTHER'S MAIDEN NAME: Julia Dorothy Carron — BIRTHPLACE: Pocatello, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***** (If yes, give war or dates of service): *******

16. SOCIAL SECURITY NO.: ******

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Woodrow Warren York Pocatello, Woodrow Warren York

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerema neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity — 24 48 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 July, 1953, *to* 30 July, 1953, *that I last saw the deceased alive on* 30 July, 1953, *and that death occurred at* 9p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis [illegible] Brush MD — O. Fox Merrill M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: - 8/1/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 3 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Colin M. Edward/ Heath Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2924
Local Reg. No. 202
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 329 North 6th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 329 North 6th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): KANSAS
c. (Last): BYRD

4. DATE OF DEATH (Month) (Day) (Year): August 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 11, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Auto wrecking
11. BIRTHPLACE (State or foreign country): Clay Center, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William S. Byrd — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: no data — BIRTHPLACE: no data
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Worl War 1
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Bernice R. Cook — ADDRESS: Colton, Ore

18. CAUSE OF DEATH 434.3

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Found dead in his room, had heart

DUE TO (c): trouble for several years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ****, 19__, to *****, 19__, that I last saw the deceased alive on ******, 19__, and that death occurred at *** m., from the causes and on the date stated above.*

23a. SIGNATURE: Just Henderson (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 3, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Just Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2925
Local Reg. No. 203
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 N. 11th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 307 S. 9th

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): COYNE
c. (Last): PETERMAN

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 3, 1856
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Cassville, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Coyne — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary-(unknown) — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Geneva P. Turner — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis; Senility — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1953, *to* Aug 1, 1953, *that I last saw the deceased alive on* July 24, 1953, *and that death occurred at* 10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Howard M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Downard Funeral Home by S.W. Knoff — ADDRESS: Pocatello, Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2926
Local Reg. No. 197
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 214 No. Lincoln Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 214 No. Lincoln Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) HYRUM c. (Last) WATSON

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 25, 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 76

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.

11. BIRTHPLACE (State or foreign country): Marsh Valley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edwin Watson
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Ann Swingewood
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 712-05-1435

17. INFORMANT'S OWN SIGNATURE: Minnie A Watson
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 23.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ***** *, 19____, to* ***** *, 19____, that I last saw the deceased alive on* ***** *, 19____, and that death occurred at* *** *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible]
(Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 5, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG [illegible]
REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2927
Local Reg. No. 212
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 45 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MAZIE b. (Middle) E. c. (Last) ISAAC

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1884

9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Delphas Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. G. A. Martin BIRTHPLACE: Delphas, Ohio

14. MOTHER'S MAIDEN NAME: Arabella Claypool BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ike H Isaac ADDRESS: Soda Springs, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Carcinoma of Kidney, Rt. with Pulmonary Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953, *to* August 6, 1953, *that I last saw the deceased alive on* Aug. 6, 1953, *and that death occurred at* 2:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE: David A. Miller, M D. (Degree or title): 276
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 10, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 25 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: James Henderson ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2928
Local Reg. No. 206
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles N.E. Alameda

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 218 South Johnson

3. NAME OF DECEASED (Type or Print): a. (First) Constance b. (Middle) Christiansen c. (Last) Huff

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 9, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Melborne, Australia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Loren Cle
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Constance Josephine Eliza Jorgenson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Charles Roy Huff
ADDRESS: 218 So. Johnson, Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct- , 1952, *to* Aug 6 , 1953, *that I last saw the deceased alive on* Aug 4 , 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock Idaho

DATE REC'D BY LOCAL REG.: AUG 21 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Manning Funeral Chapel, 510 No. 12th., Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2929
Local Reg. No. 200
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 230 So. Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): AUGUSTUS
c. (Last): SCHWABE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 20, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Switchman--70
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward L.A. Schwabe — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: ANNA (L) LAURIER — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 712-05-6234
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary F. Schwabe — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder with

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7August, 1953, *to* 8August, 1953 *that I last saw the deceased alive on* 8August, 1953, *and that death occurred at* 2:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clark Harkey M.D. 324 (Degree or title)
23b. ADDRESS: 111 N.Main, Pocatello Idaho
23c. DATE SIGNED: 10Aug53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug.12,1953 06
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

AUG 15 1953

Certificate of Death

STATE OF IDAHO

State File No. 2930
Local Reg. No. 204
Reg. Dist. No. 510

BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 546 No. Hayes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 546 No. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) ANNIE b. (Middle) MAE c. (Last) BIRD RACE

4. DATE OF DEATH (Month) (Day) (Year): August 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 21, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Farwest, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13. FATHER'S NAME: Ephraim W. Bird
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Ann Wilson
BIRTHPLACE: Santa Clara, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): **

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Laura B Berg
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4744

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Laryngitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gradual loss of Vitality
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause incident to Age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1953, *to* 8-9, 1953 *that I last saw the deceased alive on* 8-8, 1953 *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Cromwell Bird (Degree or title) D.C.
Cromwell Bird
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/12/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Colin M. Edwards
ADDRESS: Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2931
Local Reg. No. 201
Reg. Dist. No. 5/4

BIRTH NO.

AUG 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN: Pocatello
LENGTH OF RESIDENCE (In this place): 12 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 338 W. Sherman-Apt. 201

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 338 W. Sherman--Apt.201

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): JOHN
c. (Last): YONDA

4. DATE OF DEATH: (Month) Aug. (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 25, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Plattsmouth, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anton Yonda
BIRTHPLACE: Czechoslovakia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 712-03-4834

17. INFORMANT'S OWN SIGNATURE: Mrs P.J. Yonda
ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis & Cardiac Hypertrophy — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular Disease — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1951, 19—, *to* Aug. 9, 1953, *that I last saw the deceased alive on* 7-1, 1953, *and that death occurred at* 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, '53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Downard Funeral Home by Geo. Lovell
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

AUG 24 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2028
Local Reg. No. 207
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 965 West Clark

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): MACDONALD
c. (Last): RICHARDS

4. DATE OF DEATH: (Month) (Day) (Year): August 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 19, 1888

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Mesa, Arizona

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph B. Macdonald
BIRTHPLACE: Springville, Ut.

14. MOTHER'S MAIDEN NAME: Mary Ashby
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Arthur [illegible]
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 171X Cancerous of Cervix
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 21, 1952, *to* 14 Aug, 1953, *that I last saw the deceased alive on* 14 Aug 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard G. Crandall, M.D. MD
23b. ADDRESS: 804 E. Center Pocatello, Ida.
23c. DATE SIGNED: 18 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/18/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 21 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2933
Local Reg. No. 226
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 30days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 409 West 7 th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Cecil	LeRoy	Twitchell	Aug 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 13 1910	43	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cannonville Utah
12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: LeRoy Milton Twitchell — BIRTHPLACE: Ut ah
14. MOTHER'S MAIDEN NAME: Emma Dutton — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 528-16-2699
17. INFORMANT'S OWN SIGNATURE: X Kenneth Gifford — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Renovascular
DUE TO (c): Heart and Kidney

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: disease — 20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Aug, 1953, *to* 16 Aug, 1953, *that I last saw the deceased alive on* 15 Aug, 1953, *and that death occurred at* Noon m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Forrest Howard MD	Pocatello Idaho	8-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 23, 1953	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 8, 1953	Eva M. Wallin	J.R. Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2034
Local Reg. No. 208
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) One day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 833 E. Wyeth

3. NAME OF DECEASED (Type or Print)
a. (First) DAVID
b. (Middle) ANDREW
c. (Last) FRIEDEL

4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb 21, 1953
9. AGE (In years last birthday) ---
IF UNDER 1 YEAR Months 5 Days 25
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David A. Friedel
BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Barbara Tauscher
BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE David Friedel
ADDRESS Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Waterhouse -Friderichsen Syndrome

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Meningococcemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
23 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 August, *to* 16 Aug., *19*53, *that I last saw the deceased alive on* 16 Aug, *19*53 *and that death occurred at* 10:02 a., *from the causes and on the date stated above.*

23a. SIGNATURE Louis G Bush (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 18 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug.18,1953
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. AUG 22 1953
REGISTRAR'S SIGNATURE Darlene Archibald
25. FUNERAL DIRECTOR DOWNARD FUNERAL HOME BY S. W. Knopp
ADDRESS Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2025
Local Reg. No. 213
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock County Office Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R. F. D. No. 2 North

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle); c. (Last) BERGSTROM

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: January 20, 1893

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Cable Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. J. Bergstrom — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Emma Engstrom — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. F. O. Miller — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial fibrosis & Pulmonary edema

19a. DATE OF OPERATION

19b. ~~MAJOR FINDINGS OF OPERATION~~

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend ********** 19**** to ********** 19**** *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Williams M.D. (Degree or title)

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 8/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 25 19**

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Jas. Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2936
Local Reg. No. 209
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City, Utah
d. STREET ADDRESS (If rural, give location): 167 North Main

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) E. c. (Last) Wooley Chamberlain

4. DATE OF DEATH: (Month) (Day) (Year) August 20, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 31, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. George, Utah

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edwin Dilworth Wooley
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Emma Bentley
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Ruth Dyer
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 900.0 Cerebral Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fall down stairs with multiple contusions & abrasions

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 8105 4th St.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 / 18 / 53 9:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? fall down stairs

22. I hereby certify that I attended the deceased from 8/18, 1953, to 8/20, 1953 that I last saw the deceased alive on 8/20, 1953 and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Richard K. Foster (Degree or title) M.D.

23b. ADDRESS: 210 Kern Blvd. Pocatello

23c. DATE SIGNED: 8/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Aug. 21, 1953

24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: AUG 22

REGISTRAR'S SIGNATURE: Darlene Archibald

25. FUNERAL DIRECTOR: Conway Strand
ADDRESS: Pocatello, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2937
Local Reg. No. 277
Reg. Dist. No. 511

BIRTH NO. 521 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 203 4th Street North

3. NAME OF DECEASED (Type or Print)
a. (First): MONA
b. (Middle):
c. (Last): KINTER

4. DATE OF DEATH (Month) August (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 19, 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Huron South Dakota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry Piper — BIRTHPLACE: Emporia, Kansas
14. MOTHER'S MAIDEN NAME: Nettie Clussman — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-28-5274
17. INFORMANT'S OWN SIGNATURE: Mrs. Douglas H. Brown — ADDRESS: Pocatello, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 191X Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) TRANSITIONAL - CELL CARCINOMA OF ANUS — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-16-51
19b. MAJOR FINDINGS OF OPERATION: as above (done by Dr. C. D. BEYMER - TWIN FALLS)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4-7, 1953, *to* Aug. 23, 1953 *that I last saw the deceased alive on* Aug. 23, 1953, *and that death occurred at* 7:28 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 24, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 25, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2938
Local Reg. No. 219
Reg. Dist. No. 511

BIRTH NO. SEP 11 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): North Pocatello

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) BLACKBURN c. (Last) RICHARDSON

4. DATE OF DEATH: (Month) (Day) (Year) August 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 6, 1867

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Minersville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Blackburn — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S OWN SIGNATURE: X Alvin Richardson — ADDRESS: Pocatello,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 14 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Interstitial Nephritis — 6 mo's.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Aug. 17, 1953, *that I last saw the deceased alive on* Aug. 24, 1953, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David G. Harris, M.D.
23b. ADDRESS: 303 Kane Bldg. Pocatello, Idaho
23c. DATE SIGNED: 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-27-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 3 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant Hall Grant Mortuary
ADDRESS: Poc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2939
Local Reg. No. 22
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 North Fifth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 622 North Fifth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY; b. (Middle) ***; c. (Last) CRANEY

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 8, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Bastrope Texas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Noah Hargraves
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Sarah (no data)
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Erika Craney
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis — 3 yrs.
DUE TO (c) Arteriosclerosis & senility — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dry gangrene of toes — 4 mo.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* June, 1953 *to* Aug. 28, 1953, *that I last saw the deceased alive on* Aug. 28, 1953 *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Dean Hartvigsen M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 31, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jans Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2940
Local Reg. No. 222
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 No. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 427 No. Arthur

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) EDWARD c. (Last) HOPSON

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 7, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Food Industry

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sidney Hopson
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Lizzie Freeman
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ***
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 518-14-1916

17. INFORMANT'S OWN SIGNATURE: Mrs. Emil P. Hubbley
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1953, *to* 8-29-, 1953, *that I last saw the deceased alive on* 8-29, 1953, *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: [illegible] Pocatello, Idaho
23c. DATE SIGNED: 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-31-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant
ADDRESS: Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2941
Local Reg. No. 247
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CASPER	WHITTLE	HARRIS	July 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 31, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Richmond, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Harris	Wilson Co. Tenn.	Emeline Whittle	Nauvoo, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
***	****	****	X America S. Harris	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	1 yr.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Interstitial Nephritis	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 17, 1952 *to* July 20, 1953, *that I last saw the deceased alive on* July 17, 1953 *and that death occurred at* 2:00 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
David E. Harris, M.D.	Lava Hot Springs, Ida.	7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/23/53	Grace	Grace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 7 1953	Eva M. Wallin	Conway Grant	Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
AUG 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 2942
Local Reg. No. 196
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): don't know
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): High Line Road, North of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 228 North Fifth Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	STEPHEN	LOVE	August	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Divorced	August 31, 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Switchman 7°	Union Pacific R. R.	Louisiana, Missouri	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen Love	no data	Anna O'Hara	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War I 976X	712-05-6210	A. B. Huffford	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gun shot wound left side of chest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
suicide	Country road	Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
			m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ****, 19____, *to* *****, 19____, *that I last saw the deceased alive on* *******, 19____, *and that death occurred at* don't know *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Henderson M.D.	Bannock County Coroner	Pocatello, Idaho	Aug. 5, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	Aug. 5, 1953	Sterne Funeral Home	Louisiana	Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG 10 1953	Darlene Archibald	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2943
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Swan Lake
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Swan Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Swan Lake
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Hadley

4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	[illegible]	Nov 3 1948	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child 02		Swan Lake Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
[illegible] Hadley	Swan Lake Ida	Swan Seamons	Preston Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Robert A Hadley	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 845.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Crushing injuries of Brain & Chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm | 21c. (CITY, TOWN, OR TOWNSHIP) Swan Lake (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) Aug (Day) 3, (Year) 1953 (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ | 21f. HOW DID INJURY OCCUR? Horse fell on child

22. *I hereby certify that I attended the deceased from* Aug [illegible] 19 53, *to* Aug 3, 19 53 *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 5 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 525	[illegible] Preston Idaho	8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 6 1953	Swan Lake	Swan Lake Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/21/53	Orissa Salvesen	[illegible]	Preston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2944
Local Reg. No. 199
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
LENGTH OF STAY (in this place): 1yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Valley View Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): COSMOS
b. (Middle):
c. (Last): VELTZ

4. DATE OF DEATH: August 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 24, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sausage Maker 63

10b. KIND OF BUSINESS OR INDUSTRY: Meat Industry

11. BIRTHPLACE (State or foreign country): Oswaltt, Alsac Loraine

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Veltz
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ****
(If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.: *****

17. INFORMANT'S OWN SIGNATURE: x Mrs. Helen Graves
ADDRESS: Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 17, 1952 *to* Aug. 4, 1953 *that I last saw the deceased alive on* Aug 4, 1953, *and that death occurred at* 12:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Harris, M.D.
D.E. Harris M.D.
23b. ADDRESS: Lava Hot Springs,
23c. DATE SIGNED: 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR ADDRESS: Colin M. Edward Hall Grant Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 19 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2945
Local Reg. No. 205
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Pocatello
c. LENGTH OF STAY (in this place): ****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Hiway # 91-191 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1525 North Third Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEN
b. (Middle): HUGH
c. (Last): REID

4. DATE OF DEATH (Month) August (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: January 11, 1916
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Anoka Minnesota
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jesse Allen Reid — BIRTHPLACE: Oxford, Wisconsin
14. MOTHER'S MAIDEN NAME: Bertha Abbott — BIRTHPLACE: Westfield, Wisc.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: 571-01-8319
17. INFORMANT'S OWN SIGNATURE: Esther Baughman — ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture of skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): crushed chest and other internal
DUE TO (c): injuries, due to trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Hiway 91 N.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 8, 1953 3 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile collision

22. *I hereby certify that I attended the deceased from* ***** *19*__, *to* ******, *19*__, *that I last saw the deceased alive on* *******, *19*__, *and that death occurred at* about 3 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson — Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 11, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: AUG 15 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2946
Local Reg. No. 216
Reg. Dist. No. 510

BIRTH NO.

SEP 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 856 East Center

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) A. c. (Last) Poll

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William J. Poll
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Louisa Strong
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dora Steele ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis 6 mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-16-, 1953, *to* 8-22-, 1953 *that I last saw the deceased alive on* 8-22-, 1953 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): David E. Harris M.D.

23b. ADDRESS: Lava Hot Springs, Idaho

23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/25/53

24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery

24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: SEP 3 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack A. Wood ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2947
Local Reg. No. 218
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Floyd	Woolf		August 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 23, 1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Road Maintenson	Bonneville County	Riverdale, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Woolf	Utah	Millie Hansey	Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	629-26-1019	Etta Woolf Linder	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on Aug 23, 1953 and that death occurred at 3:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jesse E. Sharp MD	Pocatello Idaho	9-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/27/53	Ucon, Cemetery	Ucon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 3 1953	Eva M. Wallis	Jack A. Wood	Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2948
Local Reg. No.
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cherry creek
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): NEILS
b. (Middle):
c. (Last): HARTVIGSEN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 26, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Neils Jacob Hartvigsen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Amelia Skankey — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vernon Hartvigsen — ADDRESS: Downey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 4 20.0 Cardiovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Had mild coronary earlier in year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1951, *to* Aug, 1926, *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 4:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Burke Hurd
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 8-28-53

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: 8-29-53
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Chissa Galvesen
25. FUNERAL DIRECTOR: Raymond H. Donovan — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE[illegible]D

Certificate of Death

STATE OF IDAHO

State File No. 2949
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

SEP 8 - 1953

DIVISI[illegible] VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Downata

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 258 s. 1st East

3. NAME OF DECEASED (Type or Print)
a. (First): Myrna
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 29, 1942
9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Merlin Smith
BIRTHPLACE: Logan, Utah
14. MOTHER'S MAIDEN NAME: Eda Doty
BIRTHPLACE: Richmond, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Merlin Smith
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation due to Drowning in Pool.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Downata pool
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about 9 pm m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26, 1953 *to* 8-26-, 1953, *that I last saw the deceased alive on* not seen, *and that death occurred at* about 9 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Downey Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Logan
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 9-4-53
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Preston, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2950
Local Reg. No. 220
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Yellowstone Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Yellowstone Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MYRON	LEVI	GIBBS		August	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	June 22 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Portage Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles T. Gibbs — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Sarah R. Thornton — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: 519-07-3773
17. INFORMANT'S OWN SIGNATURE: Lola Baptie — ADDRESS: Lava Hot Springs, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerotic nephrosclerosis 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **** , 19___, *to* ***** , 19___, *that I last saw the deceased alive on* ****** , 19___, *and that death occurred at* about 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E B Wedgwood M.D. 521		Pocatello, Idaho	Aug. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1953	Portage Cemetery	Portage Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 3 1953	Eva M. Wallin	Jas Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2951
Local Reg. No. 223
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henry	Dancliff	8	30	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	married	April 7, 1868	85	4	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY shoe repair
11. BIRTHPLACE (State or foreign country) Boscobel, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Dancliff
BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Anna Johnson
BIRTHPLACE Norway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Shirley Pugh
ADDRESS Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	1 Year
DUE TO (c)	Chronic Interstitial Nephritis	6 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1952 *to* Aug. 30, 1953 *that I last saw the deceased alive on* Aug. 30, 1953 *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lewis C. Harris, M.D.		Lava Hot Springs, Idaho	9-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-2-53	Aberdeen	Aberdeen Idaho

DATE REC'D BY LOCAL REG. SEP 3 1953
REGISTRAR'S SIGNATURE Eva M. Wallen
25. FUNERAL DIRECTOR J. B. Valley Davis Mortuary
ADDRESS Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

C O P Y

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

RECEIVED SEP 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henry	Dancliff	8	30	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 7, 1868	85	4	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: shoe repair
11. BIRTHPLACE (State or foreign country): Boscobel, Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Dancliff — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism / Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 1 year
DUE TO (c) Chronic Interstitial Nephritis — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1953 *to* Aug. 30, 1953, *that I last saw the deceased alive on* Aug. 30, 1953 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Wade Harris, M.D.	Lava Hot Springs, Idaho	9-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-2-53	Aberdeen	Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		H. B. Valley, Davis Mort.	Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2952
Local Reg. No. 224
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall (Rural)
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Appaney Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 3 (Gibson)

3. NAME OF DECEASED (Type or Print)
a. (First): DELVIN
b. (Middle): LEVERN
c. (Last): SEAMON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 10, 1935
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ft. Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gans Seamons, BIRTHPLACE: Ft. Hall, Idaho
14. MOTHER'S MAIDEN NAME: Bessie Evening, BIRTHPLACE: Ft. Hall, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bessie Evening, ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wound in chest- self inflicted — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Had been in severe fight the night of Aug. 29, 1953-cut and brused

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft. Hall, Bannock, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 30, 1953 about 11a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Shot in chest over heart with 25-35 rifle.

22. *I hereby certify that I attended the deceased ~~from~~ on about, 19__, to Aug. 31, 1953, that I last saw the deceased Dead ~~alive~~ on Aug. 31, 19__, and that death occurred at 11 a. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson, Coroner, Bannock Co.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-53
24c. NAME OF CEMETERY OR CREMATORY: Ross Fork Cemetery
24d. LOCATION (City, town, or county) (State): Ft. Hall, Idaho.

DATE REC'D BY LOCAL REG.: SEP 3 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: John C. Sandberg, ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2953
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charlotte b. (Middle) Elnora c. (Last) Smit Bacon

4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Apr. 6, 1875
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Farmington Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George L. Smit BIRTHPLACE Penn
14. MOTHER'S MAIDEN NAME Mary J. Lerman BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mirla Dunn ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1953, *to* Aug 2, 1953 *that I last saw the deceased alive on* Aug 2, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. H. Burdoyne (Degree or title) M.D.
23b. ADDRESS Montpelier, Ida
23c. DATE SIGNED 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
24d. LOCATION (City, town, or county) (State) Georgetown Idaho

DATE REC'D BY LOCAL REG. 8/26/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2954
Local Reg. No.
Reg. Dist. No. 553

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Isabelle c. (Last) Young Bagley

4. DATE OF DEATH (Month) (Day) (Year) Aug 12, 1953.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 2, 1875.
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David D. Young BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Theba Ellen Campbell BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Andy J. Wills ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Degenerative Heart Disease 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Aug 12 53, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. P. Gardner (Degree or title) 471
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 15 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 8/26/53
REGISTRAR'S SIGNATURE N. W. Young
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 1 - 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2955
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles Idaho
c. LENGTH OF STAY (in this place) 75
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) Arthur c. (Last) Williamson

4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 7 1878
9. AGE (In years last birthday) 75. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming of
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christian W. Williamson BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Arissa Albred BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Ellis Williamson ADDRESS St Charles, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary closure — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1953, *to* July 26, 1953, *that I last saw the deceased alive on* July 26, 1953, *and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE R. H. Burgoyne (Degree or title) MD
23b. ADDRESS Montpelier, Ida
23c. DATE SIGNED 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 3 1953
24c. NAME OF CEMETERY OR CREMATORY St Charles Cemetery
24d. LOCATION (City, town, or county) (State) St Charles Idaho.

DATE REC'D BY LOCAL REG. 7/26/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2956
Local Reg. No. 151
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway #5# ~~#15~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 410-Military dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Floyd	O.	Large	Aug. 3 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 23, 1912	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver 6 yr	St. Highway Dept.	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E. J. Large	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War Two	486-01-7032	Edith Large DE	Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Skull fracture	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple fractures of extremities	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway	St. Maries Benewah Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Aug 3 1953 3 P.M.		Truck accident

22. *I hereby certify that I attended the deceased from* D.O.A., 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
346 Bergen A. Rapp	M.D.	St. Maries, Idaho	8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8-3-53 05 3	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-26-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2957
Local Reg. No. 53
Reg. Dist. No. 130

BIRTH NO. 111-53-9472

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 2040 Idaho Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Howard b. (Middle) Willard c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 6, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 10 / Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard G. Thompson — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lois J. Kyllo — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Howard G Thompson — ADDRESS: St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: (6 to 7 months gestation 8 hours)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Maternal Bleeding.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Aug, 1953, *to* 7 Aug, 1953, *that I last saw the deceased alive on* 7 Aug, 1953, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 Aug 53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 9-2-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gerald Browning — ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 4 - 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2958
Local Reg. No. 32
Reg. Dist. No. 130

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) A. c. (Last) McINTYRE

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-2-1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Work 20

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: No Information
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Information
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 717-18-5936

17. INFORMANT'S OWN SIGNATURE: Gerald E Browning
ADDRESS: St Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of colon
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug 23 1953 *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (346): Bergen A. Rapp
(Degree or title): M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St Maries Idaho

DATE REC'D BY LOCAL REG.: 9-2-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gerald E Browning
ADDRESS: St Maries Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 12 1953

Certificate of Death

STATE OF IDAHO

State File No. 2959
Local Reg. No. 127
Reg. Dist. No. 6 and

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 328 South Birch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 328 South Birch

3. NAME OF DECEASED (Type or Print): a. (First) CLYDE b. (Middle) AGUSTUS c. (Last) DISHER

4. DATE OF DEATH: (Month) AUG. (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 3, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Railway Express

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (State or foreign country): Laffyette, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin V. Disher
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Weltha Bontam
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 714-10-8172

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420,1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease — 5 yrs.
DUE TO (c) arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September, 1951, *to* August 7, 1953, *that I last saw the deceased alive on* Aug 7, 1953, *and that death occurred at* 7:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Aug 10-1953.
REGISTRAR'S SIGNATURE: Mrs Walter C. Fabian
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2960
Local Reg. No. 7390
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
AUG 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 208 Mountain View Cottage

3. NAME OF DECEASED (Type or Print): a. (First) Nelson b. (Middle) Charles c. (Last) Johnson, Sr.

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 6, 1896

9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months: 6 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Lawrence County, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Nelson L. Johnson BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Rosella Curry BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 518-38-7746

17. INFORMANT'S OWN SIGNATURE: Maude Johnson ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic Malignant 4 4 2 X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vasc. Renal Dis 1 1/2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1953, *to* Aug 10, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:51 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 255 A. E. Miller MD

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 14 1953

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Aug 12-1953

REGISTRAR'S SIGNATURE: Mrs Carlin E. Fabian

25. FUNERAL DIRECTOR ADDRESS: Howard Packham Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2961
Local Reg. No. 133
Reg. Dist. No. 600

BIRTH NO. 111-52-744

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Clifton b. (Middle) J. c. (Last) Gardner

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: August 19, 1953

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 12 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard C. Gardner BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Jessie Hokanson BIRTHPLACE: Afton, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Howard C Gardner ADDRESS: Route #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably congenital defect
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Aug, 1953, *to* 19 Aug, 1953, *that I last saw the deceased alive on* 19 Aug, 1953, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter W Hoge (Degree or title) MD
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 20 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Aug 21-1953
REGISTRAR'S SIGNATURE: Mrs Evalie E. Francis
25. FUNERAL DIRECTOR: Howard Packham ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC A 38-206 and 216.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 31 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2962
Local Reg. No. 140
Reg. Dist. No. 201

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, R#1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): K
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 7, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 34
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hyrum Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hogan Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Celia Swensen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Helen Backlund — ADDRESS: Firth, R#1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Embolism, cerebral

DUE TO (c): Old prostate operation

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 Aug, 1953, *to* 20 Aug, 1953, *that I last saw the deceased alive on* 20 Aug, 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter G Hoge MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 22 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-24-53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 8-24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Walder — ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 31 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2963
Local Reg. No. 136
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 245 Smith St.

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): HENRY
c. (Last): FORBES

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 13, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Wanship, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin F. Forbes, BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Rose Nixon BIRTHPLACE: Nauvoo, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vera R Robinson ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-22, 1953, *to* Aug. 23, 1953, *that I last saw the deceased alive on* Aug. 22, 1953, *and that death occurred at* 2:00p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Sandberg M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Aug. 24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Aug 25 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Fairy
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2964
Local Reg. No. 137
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 696 South Stout Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 696 South Stout Street

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Marian
c. (Last): Hahn

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 10, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 10, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On own farm
11. BIRTHPLACE (State or foreign country): Carlile, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Jacob Hahn — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Potts — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Aug, 1953, *to* 26 Aug, 1953, *that I last saw the deceased alive on* 25 Aug, 1953, *and that death occurred at* 10:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge 179 (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 26 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Thomas, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Aug 28, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2965
Local Reg. No. 144
Reg. Dist. No. 60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 459 East Judicial

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Parry
c. (Last): Denlinger

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 1, 1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Auto & Tractor Rep.
11. BIRTHPLACE (State or foreign country): Zwingle, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John D. Denlinger — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Hannah Marie Baird — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 529-05-5888
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asthma — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma since 13 yrs old
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Myocarditis 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-26, 1953, *to* 8-29, 1953 *that I last saw the deceased alive on* 8-28, 1953 *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. O. Hampton 145 M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-53 01
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2966
Local Reg. No. 146
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 N. Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 36 N. Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) M. c. (Last) WALKLEY

4. DATE OF DEATH: (Month) (Day) (Year) August 30, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1917

9. AGE (In years last birthday): 35
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Public Health

11. BIRTHPLACE (State or foreign country): Firth, (Presto) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry K. Williams, BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Margaret Burrell BIRTHPLACE: Firth, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 534-26-4022

17. INFORMANT'S OWN SIGNATURE: Erwin Walkley ADDRESS: Blackfoot, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Myelogenous — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September, 1953, *to* August 30 1953, *that I last saw the deceased alive on* August 29 1953, *and that death occurred at* 12:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge (Degree or title) M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 1-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2967
Local Reg. No. 147
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
d. STREET ADDRESS (If rural, give location): (Vidal Ballard Ranch)

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Acuna

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White-Basque
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Not Known
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Catherine E. Davis, Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Heart degeneration — 1 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24, 1953 *to* Aug. 30, 1953, *that I last saw the deceased alive on* Aug. 30, 1953, *and that death occurred at* 10:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. O. Hampton 145 M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-4-53
24c. NAME OF CEMETERY OR CREMATORY: Ballard Cemetery
24d. LOCATION (City, town, or county) (State): Ft. Hall, Idaho.

DATE REC'D BY LOCAL REG.: Sept 1-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2968
Local Reg. No. 238
Reg. Dist. No. 6-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley R#2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Nola	Gail	Christensen		July	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Child	Aug. 11 1941	11	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School 03		Idaho Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ezra Othello Christensen	Idaho	Emma Vida Criddle	Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No — No	None	Ezra Othello Christensen	Shelley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusions of brain & intracranial hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Blow on head by

DUE TO (c) passing truck.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	3 miles south of Sh	elley	Bingham	

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
			m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Truck hit patient (pedestrian).

22. *I hereby certify that I attended the deceased from* 10:45 a.m. July 31, 1953, *to* 11:02 a.m. July 31, 1953, *that I last saw the deceased alive on* 10:59 a.m. July 31 1953, *and that death occurred at* 11:02 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell Petty, M.D.		Shelley, Idaho	8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1953	Goshen Cemetery	Shelley R.2 Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG-5-1953	Mrs Walcie E. Fatrie	Lloyd M Halden	Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 10 1953
DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2969
Local Reg. No. 136
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY in this place: 4Y.10M.16D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHOSHONE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANGIE		DURFEE	AUGUST	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	NEVER MARRIED	APRIL 15, 1873	80	3	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
EX. SUPT. OF SCHOOLS		SAVANNAH, MISSOURI	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MARONI DURFEE	NOT GIVEN	ELIZABETH MERRITT	NOT GIVEN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Effie Young	RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cremation — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Psychosis, Schizophrenia — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Hip — 4 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* SEPT. 25, 19 48 *to* AUG. 4, 1953, *that I last saw the deceased alive on* AUG. 4, 1953, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carlos Sprague M.D.	State Hosp. So., Blackfoot	8.4.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-4-53	Shoshone	Shoshone, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 4-1953.	Mrs Walter C. Patrick	Paul Waggoner	Boise, Idaho.
		McBratney-Alden Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2970
Local Reg. No. 127
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 3M.5D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHOSHONE,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JESS
b. (Middle): H.
c. (Last): PALMER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 6, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 11, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELL DRILLER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LEBANON, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. PALMER — BIRTHPLACE: N. CAROLINA
14. MOTHER'S MAIDEN NAME: MARTHA TAYLOR — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: RECORDS, STSTE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

444X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Hypertension — 30 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-53, 19__, *to* 8-6-, 1953, *that I last saw the deceased alive on* 8-5-, 1953, *and that death occurred at* 3:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague M.D. (Degree or title) 414
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 8.7.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Shoshone (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 7-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

AUG 12 1953

Certificate of Death

STATE OF IDAHO

State File No. 2971
Local Reg. No. 2971
Reg. Dist. No. 6-01

BIRTH NO. DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2M 29D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLEY
d. STREET ADDRESS (If rural, give location): NOT GIVEN

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) WESLEY c. (Last) HAVENS

4. DATE OF DEATH: (Month) AUG. (Day) 10 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: AUG. 10, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIVE STOCK 51

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DAUTON MICHIGAN

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN HAVENS — BIRTHPLACE: INDIANA

14. MOTHER'S MAIDEN NAME: AMANDA BATTON — BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 30 years
DUE TO (c) Prostatic Hypertrophy — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 2 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MAY. 12, 1953, *to* AUG. 10, 1953, *that I last saw the deceased alive on* AUG. 10, 1953, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 414 Charles H Sprague (Degree or title) M.D.

23b. ADDRESS: State Hosp. S. Blackfoot

23c. DATE SIGNED: 8.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 8-11-53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Twin Falls - Idaho

DATE REC'D BY LOCAL REG.: Aug 11-1953

REGISTRAR'S SIGNATURE: Mrs Colvin E. Fannie

25. FUNERAL DIRECTOR ADDRESS: Millard Cooper Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2972
Local Reg. No. 130
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): NOT GIVEN

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) L. c. (Last) JOHNSON

4. DATE OF DEATH: (Month) AUG. (Day) 11 (Year) 1953

5. SEX: male

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 10, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 3 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: ob

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN

14. MOTHER'S MAIDEN NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: Alton Young
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Paralysis Agitans — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 6, 1953, *to* AUG. 11, 1953, *that I last saw the deceased alive on* AUG. 11, 1953, *and that death occurred at* 1:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 8.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-12-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Aug 11 1953
REGISTRAR'S SIGNATURE: Mrs Evalyn E. Fahey
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2973
Local Reg. No. 233
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North of Wapello, Bithell Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Richelle; b. (Middle) ---; c. (Last) Seamons

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: February 12, 1945

9. AGE (In years last birthday): 8
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Wapello School

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Keith Seamons
BIRTHPLACE: Blackfoot, Ida.

14. MOTHER'S MAIDEN NAME: Elna Rich
BIRTHPLACE: Pingree, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Keith Seamons
ADDRESS: Route #3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 914.0 Electrocution — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Farm, near Wapello, Bingham, Idaho

21d. TIME OF INJURY: (Month) Aug. (Day) 13, (Year) '53 (Hour) 4:15 p. m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Child touched electric fence while wading.

22. I hereby certify that I attended the deceased from Aug 13, 1953, to Aug 13, 1953, that I last saw the deceased alive on *, 19__, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Walter G Hoge
(Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 17, '53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Aug. 17-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Lewis
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

* Item only after death on that day.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 2974
Local Reg. No. 397
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley R.F.D #2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Walter; b. (Middle); c. (Last) George

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not Known

8. DATE OF BIRTH:

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Sheepherder

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: UnKnown

17. INFORMANT'S OWN SIGNATURE: Russell Holem
ADDRESS: Shelley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure
INTERVAL BETWEEN ONSET AND DEATH: Several Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A Grolin (Degree or title): Coroner
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-53
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.: 8-21-1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Farris
25. FUNERAL DIRECTOR: Loyd M Yalden
ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2975
Local Reg. No. 133
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2M 5D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 812 ELGIN AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): H.
c. (Last): OLSON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 17 1953

5. SEX: male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 9, 1871
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months: 2 Days: 8
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OLE P. OLSON
BIRTHPLACE: NORWAY
14. MOTHER'S MAIDEN NAME: W. DAYSON
BIRTHPLACE: NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Afton Young
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 10 "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 1, 1952, *to* AUG. 17, 1953, *that I last saw the deceased alive on* AUG. 17, 1953, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H. Spragan M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 8.17.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 8-18-53
24c. NAME OF CEMETERY OR CREMATORY: Caldwell
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Aug 8-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Willard Casper
ADDRESS: Blackfoot, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2976
Local Reg. No. 134
Reg. Dist. No. 601

BIRTH NO.

RECEIVED AUG 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
LENGTH OF STAY (In this place): 41 Y.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MULDOON
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRIET		MORAN	AUGUST 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	MARRIED	1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MULDOON
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NOT GIVEN	NOT GIVEN	NOT GIVEN	NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harriet Moran ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Valvular Heart Disease	20 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Toxic	30 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* JULY 9, 19 12, *to* AUG. 19, 19 53, *that I last saw the deceased alive on* AUG. 19, 19 53, *and that death occurred at* 4:50P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Gregson M. D.	State Hosp. So. Blackfoot	8.20.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8-21-53	State Hospital South	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 21-1953	Mrs Evelen E. Patrick	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2977
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Henry
c. (Last): Hansen

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 27, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR Months: 4 Days: 25 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Kendrick, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Andrew Hansen — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Susan Maxwell — BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lynn Hansen — ADDRESS: Aberdeen, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 years.
DUE TO (c) Essential Hypertension — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1953, *to* Aug 22, 1953, *that I last saw the deceased alive on* Aug 22, 1953, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Henry Rock, M.D.
23b. ADDRESS: Aberdeen, Idaho.
23c. DATE SIGNED: 8-22-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-53
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 8-23-53
REGISTRAR'S SIGNATURE: S. Henry Rock, MD
25. FUNERAL DIRECTOR: F L Davis — ADDRESS: Am. Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2978
Local Reg. No. 149
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): R.F.D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): J.
c. (Last): Humpherys

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Babe
8. DATE OF BIRTH: Feb. 15, 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------- 02
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rayo Virgil Humpherys, BIRTHPLACE: Shelley Ida.
14. MOTHER'S MAIDEN NAME: Leora Humphries, BIRTHPLACE: Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -----
(If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: Raye Humphery
ADDRESS: Shelley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sumus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shelley, Bingham, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in ditch

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:15 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dale V. Smith M.D.
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-53
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Aug 28-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Nalder
ADDRESS: Shelley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

SEP 1 - 1953 STATE OF IDAHO

State File No. 2979
Local Reg. No. 1752
Reg. Dist. No. 606

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Highway 91 (Wapello)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Denver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver
d. STREET ADDRESS (If rural, give location): 3539 Benton Street.

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): Howard
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 8, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Henderson, Kentuckey
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Andrew W. Galloway, BIRTHPLACE: Kentuckey,
14. MOTHER'S MAIDEN NAME: Laura Toy Pruett BIRTHPLACE: Kentuckey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Denver, Colorado

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured skull, crushed chest — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fractured legs-- Multiple injuries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Automobile Collision on U.S. Highway 91 about six miles north of Blackfoot.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 28, 1953 7:30 am
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Head-on Automobile collision.

22. *I hereby certify that I attended the deceased ~~from~~* on *, 19__, ~~to~~* Aug. 28, 1953, *that I last saw the deceased* Dead *~~alive~~ on* Aug. 28, 1953, *and that death occurred ~~at~~* about 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner, Bingham Co,
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Aug. 29, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 30-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Denver, Colorado

DATE REC'D BY LOCAL REG.: Aug 29-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2980
Local Reg. No. 143
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1M 23d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): NOT GIVEN

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLET
b. (Middle):
c. (Last): RODDA

4. DATE OF DEATH (Month) (Day) (Year): AUG. 30 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 20, 1883
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 7 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK (STATE LIQUOR COMM.)
10b. KIND OF BUSINESS OR INDUSTRY: 62
11. BIRTHPLACE (State or foreign country): BRAY IRELAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: BENJAMIN HEAZLE
BIRTHPLACE: IRELAND
14. MOTHER'S MAIDEN NAME: HARRIET BRUCE
BIRTHPLACE: IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: after Young
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 421.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Toxic — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JULY 7, 1953, *to* AUG. 30, 1953, *that I last saw the deceased alive on* AUG. 30, 1953, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 8.31.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-31-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 31-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2981
Local Reg. No. 143
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y 9M 16D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): 156 E. IDAHO

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): MAY
c. (Last): GLASS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 30 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 2, 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 9, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HYRUM TOLLMAN — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 2 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 14, 1951, *to* AUG. 30, 1953, *that I last saw the deceased alive on* AUG. 30, 1953, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: Aug. 31, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-1-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: Sept 1-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2982
Local Reg. No. 32
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): G.
c. (Last): Linam

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 11 - 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Clarksville - Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ✓ Bristow — BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 600.0 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* July, 1953, *that I last saw the deceased alive on* 25 July, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 186 (Degree or title): MSL
23b. ADDRESS: [signature] Idaho
23c. DATE SIGNED: 4 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/25/53 01
24c. NAME OF CEMETERY OR CREMATORY: Carey City Cem.
24d. LOCATION (City, town, or county) (State): Carey Idaho

DATE REC'D BY LOCAL REG.: Aug 28-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: [signature] Marvel
ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2983
Local Reg. No. 50
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hailey Clinical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HUGO b. (Middle) c. (Last) JORDAN

4. DATE OF DEATH (Month) (Day) (Year) 7-28-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. JANE JORDAN
8. DATE OF BIRTH 10-27-1875
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 9 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranch Hand and Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cluster Springs, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Jordan 40 BIRTHPLACE Halifax Co. Va.
14. MOTHER'S MAIDEN NAME Ella Young Jordan BIRTHPLACE Miss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SPAN-AM. War
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lelia M Connick ADDRESS Helena Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 2 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1951, *to* Jul 28, 1953 *that I last saw the deceased alive on* Jul 28, 1953 *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title) M.D.
23b. ADDRESS [signature]
23c. DATE SIGNED [signature]

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-30-53
24c. NAME OF CEMETERY OR CREMATORY Am Legion
24d. LOCATION (City, town, or county) Hailey (State) Ida.

DATE REC'D BY LOCAL REG. Aug 20-1953
REGISTRAR'S SIGNATURE Robert H. Wright per LeBW.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2984
Local Reg. No. 33
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~[illegible]~~ Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Mack
c. (Last): Boyer

4. DATE OF DEATH (Month) (Day) (Year): July 29 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 4, 1916
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store owner
10b. KIND OF BUSINESS OR INDUSTRY: Grocery store
11. BIRTHPLACE (State or foreign country): Springville, Utah
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Ira W. Boyer Sr.
BIRTHPLACE: Springville Utah
14. MOTHER'S MAIDEN NAME: Jane Houtz
BIRTHPLACE: Springville Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 518-09-3666
17. INFORMANT'S OWN SIGNATURE: Phyllis Boyer
ADDRESS: Arco Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile accident — 5 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 2 Omitted
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Camp Blaine Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 24 1953 8 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: automobile accident

22. *I hereby certify that I attended the deceased from* 24 Jul, 1953 *to* 29 Jul, 1953 *that I last saw the deceased alive on* 29 July, 1953 *and that death occurred at* 6 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 2. 1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: Aug 28-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1953

Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2985
Local Reg. No. 27
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SUN VALLEY
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S-V. Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MAXTON b. (Middle) ALBERT c. (Last) DOERING

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): JOANNA SULLIVAN
8. DATE OF BIRTH: Oct 30 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 9 Days 4 — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 27
10b. KIND OF BUSINESS OR INDUSTRY: JOURNAMAN
11. BIRTHPLACE (State or foreign country): LAKE MILLS, WIS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm A. DOERING — BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: AMELIA KRAUSE — BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: 518-09-8918
17. INFORMANT'S OWN SIGNATURE: Joanna S. Doering — ADDRESS: Ketchum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

54010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOWER NEPHRON NEPHROSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Renal Failure
DUE TO (c) Hemorrhage - Peptic Ulcer — 6 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Aug 4, 1953, *that I last saw the deceased alive on* Aug 4, 1953, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 147 George Bote Sowers, M.D.
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: Aug 14 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): 1
24b. DATE: 8-6-53
24c. NAME OF CEMETERY OR CREMATORY: Hailey
24d. LOCATION (City, town, or county): Hailey (State): Ida

DATE REC'D BY LOCAL REG.: Aug-18-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1953

Certificate of Death

State File No. 2986
Local Reg. No. 28
Reg. Dist. No. 410

DIVISION OF VITAL STATE OF IDAHO

BIRTH NO.

STATISTICS

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 36 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EVERETT c. (Last) MILLER

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 53

5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MINNIE
8. DATE OF BIRTH 7-3-1875
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 1 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-MINER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSHUA MILLER BIRTHPLACE Maryland
14. MOTHER'S MAIDEN NAME unknown SARAH E. LESSER BIRTHPLACE MARYLAND

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Glenn E Miller ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 2011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Block. — INTERVAL BETWEEN ONSET AND DEATH inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in bed.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* ✓, 19__, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner Blaine Co. Hailey
23b. ADDRESS
23c. DATE SIGNED 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 8-10-53
24c. NAME OF CEMETERY OR CREMATORY Hailey
24d. LOCATION (City, town, or county) Hailey (State) Ida.

DATE REC'D BY LOCAL REG. Aug 12-1953
REGISTRAR'S SIGNATURE Robert H. Wright-per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 19 1953

Certificate of Death

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2987
Local Reg. No. 29
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Wash
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seattle
d. STREET ADDRESS (If rural, give location) 508 Lakeside Sc.

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) HOWARD c. (Last) WILCOX

4. DATE OF DEATH (Month) (Day) (Year) 8-13-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 3-6-1898
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL-AUTO SALES
10b. KIND OF BUSINESS OR INDUSTRY RETIRED LT-COL
11. BIRTHPLACE (State or foreign country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank M. Wilcox BIRTHPLACE St Joseph Mo.
14. MOTHER'S MAIDEN NAME Stella Mae Ballard BIRTHPLACE London Ohio

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) yes (If yes give war or dates of service) WW2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE N. E. Wilcox ADDRESS 5524 ROE AVE MISSION, KANS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Block-
INTERVAL BETWEEN ONSET AND DEATH inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in bed-
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19✓, *that I last saw the deceased alive on* ✓, 19✓, *and that death occurred at* 3 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner Blaine Co Hailey Idaho
23b. ADDRESS
23c. DATE SIGNED 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) 3
24b. DATE 8-20-53
24c. NAME OF CEMETERY OR CREMATORY MT Moriah
24d. LOCATION (City, town, or county) Kansas City (State) Mo.

DATE REC'D BY LOCAL REG. Aug 17-1953
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. FUNERAL DIRECTOR Kay McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2988
Local Reg. No. 34
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Aitken

4. DATE OF DEATH (Month) (Day) (Year): Aug 16-1953

5. SEX: M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married, Divorced
8. DATE OF BIRTH: Aug 9-1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days: 7 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Muldoon Idaho
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Aitkin — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Margret Veich — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-6183
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Imed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Rheumatoid Arthritis — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulcerative Colitis — Several years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* July, 1953, *that I last saw the deceased alive on* July, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Hazel Idaho
23c. DATE SIGNED: 24 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 18-1953
24c. NAME OF CEMETERY OR CREMATORY: Carey
24d. LOCATION (City, town, or county) (State): Carey - Idaho

DATE REC'D BY LOCAL REG.: Aug 28-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2989
Local Reg. No. 31
Reg Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SUN VALLEY
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SUN VALLEY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Grant c. (Last) Cochran
4. DATE OF DEATH (Month) (Day) (Year) 8-17-53
5. SEX Male
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARY L.
8. DATE OF BIRTH 6-1-1868
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 2 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT.
10b. KIND OF BUSINESS OR INDUSTRY GEN. STORE
11. BIRTHPLACE (State or foreign country) FRISCO INDIANA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles M. BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Millie Reevas BIRTHPLACE Ind.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. NO.
17. INFORMANT'S OWN SIGNATURE Charles E Cochran ADDRESS Bellevue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 3-weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1953, *to* Aug 17, 1953, *that I last saw the deceased alive on* Aug 17, 1953; *and that death occurred at* 10:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE George B. Saviers (Degree or title) M.D.
23b. ADDRESS Sun Valley, Idaho
23c. DATE SIGNED Aug 21 '53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 8-19-53
24c. NAME OF CEMETERY OR CREMATORY Bellevue
24d. LOCATION (City, town, or county) Bellevue (State) Ida

DATE REC'D BY LOCAL REG. Aug 22-1953
REGISTRAR'S SIGNATURE Robert H. Wright per L.B.W.
25. FUNERAL DIRECTOR Ray McGaldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

R [illegible]

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SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2990
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Idaho City
c. LENGTH OF STAY (in this place): 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Near Idaho City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Elmer
c. (Last): Black

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 18. 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Boise Co.
11. BIRTHPLACE (State or foreign country): Cass Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Francis Black — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Elizabeth Nelson. — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Louise Black — ADDRESS: Idaho City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — 6 months
DUE TO (c) Hypertension — 4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1951, *to* 8-27, 1953 *that I last saw the deceased alive on* 7-15, 1953, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 437 Forest C Ward (Degree or title) MW
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31st 1953.
24c. NAME OF CEMETERY OR CREMATORY: Idaho City Cemetery.
24d. LOCATION (City, town, or county) (State): Idaho City. Idaho

DATE REC'D BY LOCAL REG.: 9-3-'53
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J T McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

#75

Certificate of Death

STATE OF IDAHO

State File No. 2991
Local Reg. No. 110
Reg. Dist. No. #75

~~BIRTH~~ NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 409 Fir Street

3. NAME OF DECEASED (Type or Print)
a. (First): STELLA
b. (Middle): CATHERINE
c. (Last): KITCHEN

4. DATE OF DEATH (Month) (Day) (Year): August 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 5, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber office
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Kitchen — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary Kitchen — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-3617
17. INFORMANT'S OWN SIGNATURE: Olivia Lund — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Bronchiogenic Co. of Brain — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiogenic Co. of left lung — 5 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-11-53
19b. MAJOR FINDINGS OF OPERATION: Tumor of left lower lobe with metastasis to lymphnodes on right + left lungs
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* Aug 4, 1953, *that I last saw the deceased alive on* Aug 4, 1953, *and that death occurred at* 5:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith (Degree or title) MD
23b. ADDRESS: 109½ N. Fristbo Sandpoint, Idaho
23c. DATE SIGNED: 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/8/53
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS
BOISE, IDAHO

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 2992
Local Reg. No. 78
Reg. Dist. No. 11-0

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint
c. LENGTH OF STAY (in this place) 3½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana
b. COUNTY Sanders
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noxon - Rural
d. STREET ADDRESS (If rural, give location) no street address

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GLADYS	LUCILE	ROYSTON	August 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 28, 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Harrison County, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	unknown	Thomas Royston	Noxon, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	1 hour
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Malignant Hypertension	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 5, 1953, *to* Aug 8, 1953, *that I last saw the deceased alive on* Aug 8, 1953 *and that death occurred at* 12:47 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith MD	1094 N. First Ave. Sandpoint, Idaho	Aug 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/15/53	Noxon	Noxon Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-12-53	Grace Ralph	Moon Funeral [illegible]	Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2993
Local Reg. No. 77
Reg. Dist. No. 110

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AUG 5 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location): 1302 Spruce

2 DEATH OCCURRED
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	CLIFFORD	BERKSHIRE	August 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 2, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 57	Carpentry	Coshocton County, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Berkshire	unknown	Mandy Jane (unknown)	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-0373	W. C. Berkshire	N. Richland, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Renal Decomp — 2 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 5, 1941, *to* Aug 10, 1953, *that I last saw the deceased alive on* Aug 10, 1953, *and that death occurred at* 3:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Sandpoint, Idaho	8/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/15/53	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-13-53	Grace Cagle	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 29 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 2994

Local Reg. No. # 80

Reg. Dist. No. 110

BIRTH NO.

Inform. Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDA.

1. PLACE OF DEATH

a. COUNTY: Bonner

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

c. LENGTH OF STAY (in this place): 30 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonner

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

d. STREET ADDRESS (If rural, give location): 803 Maple St.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) FRANKLIN c. (Last) CLIFFORD

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 18, 1911

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: N.P.Railroad

11. BIRTHPLACE (State or foreign country): Cheyenne, Wyoming

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank C. Clifford — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Maude Spoor — BIRTHPLACE: Cheyenne, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 519-05-6126

17. INFORMANT'S OWN SIGNATURE: Mary Louise Clifford — ADDRESS: Sandpoint

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9215

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fibro Glastoma of Brain — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Head injury from fall — 11 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 17 53 9:30 A.m.

21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: Fell into ditch

22. *I hereby certify that I attended the deceased from* Aug 17, 1953, *to* Aug 17, 1953, *that I last saw the deceased alive on* Aug 17, 1953, *and that death occurred at* 8:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: Aug 27, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/22/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 8-27-53

REGISTRAR'S SIGNATURE: Grace Leigh

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 28 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2995
Local Reg. No. 49
Reg. Dist. No. 10

BIRTH NO. X19

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W. 240 Sprague Ave.-Sidney Hotel

3. NAME OF DECEASED (Type or Print): a. (First) LYDEN b. (Middle) c. (Last) REINHARDT

4. DATE OF DEATH: (Month) (Day) (Year) August 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 16, 1893

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Marquette, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Reinhardt BIRTHPLACE: Marquette, Mich.

14. MOTHER'S MAIDEN NAME: Mary Gaffney BIRTHPLACE: Marquette, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 540-03-5253

17. INFORMANT'S OWN SIGNATURE: R.S. Darling ADDRESS: Sandpoint Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* Aug 20, 1953 *that I last saw the deceased alive on* Aug 20, 1953 *and that death occurred at* 4:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Aug 20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-21-53
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Michigamme Michigan

DATE REC'D BY LOCAL REG.: 8-21-
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NON-RESIDENT
AUG 12 1953

Certificate of Death

STATE OF IDAHO

State File No. 2996
Local Reg. No. 110
Reg. Dist. No. #76

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Nordman
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): "Thoroughfare" between upper & lower Priest Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan
b. COUNTY: Washtenaw
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ann Arbor
d. STREET ADDRESS (If rural, give location): 1516 Montclair Place

3. NAME OF DECEASED (Type or Print)
a. (First): ROGER
b. (Middle): PAXTON
c. (Last): CHANDLER

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 9, 1935
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph P. Chandler — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Marjorie Doering — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-38-8450
17. INFORMANT'S OWN SIGNATURE: Joseph P. Chandler — ADDRESS: Ann Arbor Michigan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Priest Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kaniksu Nat. Forest Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 7. 1953 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell into brake while hiking

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence C. Moon — Coroner
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Aug 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/10/53
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

#81

RECEIVED

Certificate of Death

AUG 31 1953 STATE OF IDAHO

State File No. 2997
Local Reg. No. 81
Reg. Dist. No. 110

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Pend Oreille

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 701 Jefferson St.

3. NAME OF DECEASED (Type or Print): a. (First) CARMIN b. (Middle) c. (Last) PERRY

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 1884

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section laborer

10b. KIND OF BUSINESS OR INDUSTRY: Great Northern

11. BIRTHPLACE (State or foreign country): R.R. unknown Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: unknown BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 519-03-8443

17. INFORMANT'S OWN SIGNATURE: Mrs Pearl J. Brown ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Unknown

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Pend Oreille

21c. (CITY, TOWN, OR TOWNSHIP) Sandpoint (COUNTY) Bonner (STATE) Idaho.

21d. TIME OF INJURY (Month) About Aug (Day) 17 (Year) 1953 (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Cause Unknown

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner

23b. ADDRESS: Sandpoint Idaho.

23c. DATE SIGNED: Aug 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE OF: 8/29/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. 8-28-53.

REGISTRAR'S SIGNATURE: Grace Kagel.

25 FUNERAL DIRECTOR: [signature] ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2998
Local Reg. No. 82
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Kootenai
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi. E on N.P.Right-of-way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1009 Superior

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): JACKSON
c. (Last): MC MURTREY

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr.26,1953
9. AGE (In years last birthday): -47-
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section laborer 70
10b. KIND OF BUSINESS OR INDUSTRY: No.Pacific R.R.
11. BIRTHPLACE (State or foreign country): Drummond, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel J. Mc Murtrey
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lillian Steiner
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 701-14-4412
17. INFORMANT'S OWN SIGNATURE: Mary McMurtrey
ADDRESS: Sandpoint, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion, Acute.
INTERVAL BETWEEN ONSET AND DEATH: Expired Suddenly.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Moon
(Degree or title): Coroner.
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Sept 1-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 14999
Local Reg. No. 610
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 301 W. 17th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Liza		Abercrombie	June 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 1887	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Richfield, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leaverriet Vanleuwven	Holland	Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Jack Hayward	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic hypertension — 7 yrs.

DUE TO (c) Diabetes Mellitus — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-1-53 *to* 6-7-53, *that I last saw the deceased alive on* 6-7-53, *and that death occurred at* 3:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. Blair Edmunds	MD	Idaho Falls, Idaho	6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/12/53	Rose Hill	Idaho Falls, Bonn. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 4-53	Anna Bridges	Ralph M. Wood	Idaho Falls, Idaho

Ralph M. Wood

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3000
Local Reg. No. 171
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 530 E 13th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 530 E 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) Bessie b. (Middle) Crump c. (Last) Madsen

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 28, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months: Days:
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William C Crump
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Cornick
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Milton Madsen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic hypocondritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 1-48

22. *I hereby certify that I attended the deceased from* June 1, 1953 *to* June 7, 1953, *that I last saw the deceased alive on* June 6, 1953 *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. Blair Ellsworth (Degree or title): MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6-20-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10/53
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: Sept. 4-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4302

53-6741

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3001
Local Reg. No. 173
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Purcell

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 20, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rex Beach Purcell
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Ileen May
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rex Beach Purcell
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 6½ mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 June, 1953, *to* 26 June, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Hotell 156 MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 25 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/23/53

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Sept. 4-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-607

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AUG 31 1953

Certificate of Death
STATE OF IDAHO

State File No. 3002
Local Reg. No. 160
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 21st & Rollandet

3. NAME OF DECEASED (Type or Print): a. (First) Thayne b. (Middle) Lee c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 12, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 14 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Glenn Therril Nelson — BIRTHPLACE: Wyo.

14. MOTHER'S MAIDEN NAME: Jane Joan Storer — BIRTHPLACE: Idaho Falls,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Glenn Nelson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature. — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Six months Sedation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* June 12, 1953, *to* June 26, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 4:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 421 Idaho Falls M.D.

23b. ADDRESS: Rigby Idaho

23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 29 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 12. 1953

REGISTRAR'S SIGNATURE: Anna Bielges

25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3003
Local Reg. No. 161
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 SO. Capital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 310 SO. Capital

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) Noreen c. (Last) Shipley

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 9, 1934
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ririe, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis W. Shipley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Velma L. Monroe — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Velma L. Lawler — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strychnine poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title) — 23b. ADDRESS: Idaho Falls Idaho — 23c. DATE SIGNED: 7/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/23/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 19 '53
REGISTRAR'S SIGNATURE: Emma Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 24 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3004
Local Reg. No. 169
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 18 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 152 East 18th St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Vernon c. (Last) Jenkins

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1903

9. AGE (In years last birthday): 49 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maint. Mech 16

10b. KIND OF BUSINESS OR INDUSTRY: Creamery

11. BIRTHPLACE (State or foreign country): Pleasant Green, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur V. Jenkins BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Grace Moss BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-4224

17. INFORMANT'S OWN SIGNATURE: Clara T. Jenkins ADDRESS: 152 E. 18th

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Interstitial pyelonephritis — 8 Months

DUE TO (c): Bacterial infection

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title): M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: Aug 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 13-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Woodall ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3005
Local Reg. No. 165 (B)
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 267 So. Ridge Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) L. c. (Last) Johanson
4. DATE OF DEATH (Month) (Day) (Year) July 21 1953
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH April 20 1887
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury, No. Carolina
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Hubbard H. Davis. BIRTHPLACE No. Carolina
14. MOTHER'S MAIDEN NAME Alice Clements - BIRTHPLACE No. Carolina.
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to coronary thrombosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 4 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1953 *to* July 21, 1953, *that I last saw the deceased alive on* 7-21, 1953, *and that death occurred at* 1:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John L. McMillan 673 (Degree or title) M.D.
23b. ADDRESS 355 F St.
23c. DATE SIGNED 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-23-53
24c. NAME OF CEMETERY OR CREMATORY Fayetteville Cemetery
24d. LOCATION (City, town, or county) Fayetteville (State) No. Carolina

DATE REC'D BY LOCAL REG. 7-23-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Jack C Woodall
ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3006
Local Reg. No. 457
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ninalea b. (Middle) c. (Last) Frongner

4. DATE OF DEATH (Month) Aug. (Day) 4, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH June 29, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----- 02
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Earl Edwin Frongner BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Wayne Elma McFarland BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl E. Frongner ADDRESS Shelley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1953 to 8-4, 1953 that I last saw the deceased alive on 8-3, 1953 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Shelley Ida
23c. DATE SIGNED 8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-5, 1953
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG. Aug. 5-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Floyd M Nalder ADDRESS Shelley Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

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AUG 24 19[illegible]

Certificate of Death

State File No. 3007
Local Reg. No. 163
Reg. Dist. No. 611

BIRTH NO.

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 435 Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Wilburt c. (Last) Oswald

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 22-1937

9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: A. Wilburt Oswald — BIRTHPLACE: Idaho Falls, Idaho

14. MOTHER'S MAIDEN NAME: Ruby McKinlay — BIRTHPLACE: Teton City - Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. W. Oswald — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): River -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls — Idaho —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 5 - 1953. 2:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: While Swimming

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams 470 4 (Degree or title): Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial - 1

24b. DATE: Aug-10-1953 4

24c. NAME OF CEMETERY OR CREMATORY: Roschill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REGIS.: Aug. 19-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3008
Local Reg. No. 168
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) August 14, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Aug. 1, 1890

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Timothy Miller
BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME Alice ?
BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World #1

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Leonard Nelson
ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Aug, 1953, *to* 14 Aug, 1953, *that I last saw the deceased alive on* 14 Aug, 1953 *and that death occurred at* 0125 m., *from the causes and on the date stated above.*

23a. SIGNATURE D.L. Stoddard M.D. (Degree or title)

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 21 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 8/17/53

24c. NAME OF CEMETERY OR CREMATORY Logan Cemetery

24d. LOCATION (City, town, or county) (State) Logan, Utah

DATE REC'D BY LOCAL REG. Aug. 27 1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Jack A. Wood

ADDRESS Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 9 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 3009
Local Reg. No. 174
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): Carlos
c. (Last): Bitton

4. DATE OF DEATH (Month) (Day) (Year): Aug.16,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29,1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Barney Bitton — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Pattie Sessions — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ben Spelts — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Extra dural basalar hemorrhage — B Basalar skull fracture External
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile accident (violence)
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractures rt tibia, fibula, clavicle, scapula. Dislocated left humerus. Lacerations rt cheek, ear, occipit. rt hand c. tendons & left hand.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Menan, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1953, *to* Aug 16, 1953, *that I last saw the deceased alive on* Aug 16, 1953 *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Steven Halsted MD
23b. ADDRESS: Idaho Falls Ida.
23c. DATE SIGNED: Aug 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/20/53
24c. NAME OF CEMETERY OR CREMATORY: Cedar Little Butte Cemetery
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: Sept. 4-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Jack A.Wood, Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

State File No. 3010
Local Reg. No. 167
Reg. Dist. No. 610

BIRTH NO. 111-53-10619 AUG 31 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Idaho
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Leslie
b. (Middle) Ann
c. (Last) Rudolph

4. DATE OF DEATH (Month) (Day) (Year) August 18, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH August 16, 1953

9. AGE (In years last birthday) 2 days. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 33

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Driggs, Idaho

12. CITIZEN OF WHAT COUNTRY U.S.a.

13. FATHER'S NAME George Leslie
BIRTHPLACE Driggs Ida Rudolph

14. MOTHER'S MAIDEN NAME Bessie Marie Bevin
BIRTHPLACE Driggs, I da

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE George Leslie Rudolph
ADDRESS Driggs Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Collection of Mucus in Bronchi — 48 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1953, *to* 8-18, 1953, *that I last saw the deceased alive on* 8-18, 1953, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) La Grande C Larsen M.D.

23b. ADDRESS Driggs, Idaho

23c. DATE SIGNED 8-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE Aug. 20, 1953

24c. NAME OF CEMETERY OR CREMATORY Hayden

24d. LOCATION (City, town, or county) (State) Teton County Idaho

DATE REC'D BY LOCAL REG. Aug. 25-53

REGISTRAR'S SIGNATURE Irma Bridges

25. FUNERAL DIRECTOR Holland Reese

ADDRESS Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3011
Local Reg. No. 179
Reg. Dist. No. 610

BIRTH NO.

SEP 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 765 So. Boulevard

3. NAME OF DECEASED (Type or Print)
a. (First): LOIS
b. (Middle): W.
c. (Last): HAMPTON

4. DATE OF DEATH (Month) August (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 27, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher 70
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. H. Fritz — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Melvina Hampton — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-6658
17. INFORMANT'S OWN SIGNATURE: Faye C. Jeffery — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Constrictive pericarditis with congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Metastatic breast carcinoma — 9 yrs.

170X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1944
19b. MAJOR FINDINGS OF OPERATION: Scirrhous carcinoma of breast
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1949, *to* August 18, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Guyett MD 141
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Aug. 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 17-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland E. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3012
Local Reg. No. 166
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 N. Ridge Ave Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1037 Elmora Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Barney c. (Last) Poorman

4. DATE OF DEATH: (Month) (Day) (Year): August 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bountiful, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Poorman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Rebecca Jane Duncan
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. B. Poorman
ADDRESS: Idaho Falls.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocuted — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville, Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): Aug. 24 - 53 7. m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/53, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/53
24c. NAME OF CEMETERY OR CREMATORY: Auburn Cemtery
24d. LOCATION (City, town, or county) (State): Auburn, Wyoning

DATE REC'D BY LOCAL REG.: Aug. 28-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3013
Local Reg. No. 180
Reg. Dist. No. 610

RECEIVED SEP 21 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 138 Whittier Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 138 Whittier Street

3. NAME OF DECEASED (Type or Print): a. (First) SABRA b. (Middle) ANN c. (Last) ROBERTS

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 30, 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sheppard Fales
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Mary Jane Boyle
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Margaret Evans
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart Dis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hater
(Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 18-1953

REGISTRAR'S SIGNATURE: Emma Bridges

25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

SEP [illegible] 1953

Certificate of Death

State File No. 3014
Local Reg. No. 172
Reg. Dist. No. 611

BIRTH NO.

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Hannah b. (Middle) Marie c. (Last) Palmer

4. DATE OF DEATH: (Month) (Day) (Year) June 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 19, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hyrum Bates
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane Russell
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elvin Palmer
ADDRESS: Idaho Falls Rt 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ascites & dependent edema 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 11, 1951, *to* June 16, 1953, *that I last saw the deceased alive on* June 14, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Fall 422 (Degree or title): M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: June 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/19/53

24c. NAME OF CEMETERY OR CREMATORY: Milo Cemetery

24d. LOCATION (City, town, or county) (State): Milo, Idaho

DATE REC'D BY LOCAL REG.: Oct. 4-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4002

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 13916
Local Reg. No.
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Rural
c. LENGTH OF STAY (in this place) 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #4, (Riverdale)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location) Route #4, (Riverdale)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	EMANUEL	ANDERSON	August	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	September 24, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self employed	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andreas Nelson	Sweden	Eva Erickson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Chas. E. Anderson	Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/20/53 19__, *to* 8/3, 1953, *that I last saw the deceased alive on* 8/3, 1953, *and that death occurred at* 10:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. Mickelsen M.D.	Idaho Falls, Idaho	8/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 7, 1953	New Sweden Cemetery	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 10-1953	Anna Bridges	Orland LeBeck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 3017
Local Reg. No. 25-53
Reg. Dist. No. 100

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle) Ethelyn; c. (Last) Howard

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 22, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Telegrapher 75

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Bethalto Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Silas G. Cooper
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Laura Cooper
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Virginia E. Webber
ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute Myocardial degeneration 2 wks

4 20.1

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 26 19 53, *to* Aug 11, 19 53, *that I last saw the deceased alive on* Aug 11, 19 53 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Bowell (Degree or title): M.D.
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 14, 53
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 8/14/53
REGISTRAR'S SIGNATURE: C. M. Bowell
25. FUNERAL DIRECTOR: E. A. Whitney
ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 21 1953

Certificate of Death

STATE OF IDAHO

State File No. 3018
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Howe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4617 Corporal Lt.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) L c. (Last) Cattell

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) '53

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25-1920

9. AGE (In years last birthday): 33
IF UNDER 1 YEAR: Months | Days: 22
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Adams
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Berna Clay
BIRTHPLACE: Joplin Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-14-0230

17. INFORMANT'S OWN SIGNATURE: Elmer L. Cattell
ADDRESS: 4617 Corporal Lt. Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): rural Howe
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural Howe Butte - Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 17-1953 12:20 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? auto accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Marvel
(Degree or title): Coroner
23b. ADDRESS: Butte Co. Arco
23c. DATE SIGNED: Aug 19-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 18-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Aug 19-1953
REGISTRAR'S SIGNATURE: Betty J. Marvel

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco
F.D. #19

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-9771

BIRTH NO.

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3019
Local Reg. No. 24
Reg. Dist. No. 360

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE:

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Paul Wesley b. (Middle) c. (Last) Vail

4. DATE OF DEATH: (Month) aug. (Day) 1, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Aug. 1, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward W. Vail BIRTHPLACE: Caldwell

14. MOTHER'S MAIDEN NAME: Lorita Louise Stewart BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward W Vail ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity (6 mo).

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Aug, 1953, *to* 1 Aug, 1953, *that I last saw the deceased alive on* 1 Aug, 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Lampman 372 (Degree or title) am. D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 12 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 5, 53.

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-12-53

REGISTRAR'S SIGNATURE: Agnes M Newman

25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3020
Local Reg. No. 2
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Belmont Apts

3. NAME OF DECEASED (Type or Print): a. (First) Sherman; b. (Middle); c. (Last) Cain

4. DATE OF DEATH (Month) (Day) (Year): August 1 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: August 4-1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 11; Days 27
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sherman, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE: Howard Grant ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Traumatic subarachnoid hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture R pelvis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Canyon co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1953 - 9:40 pm

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Hit by automobile

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: [illegible]

23c. DATE SIGNED: 3 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/10/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [illegible]

ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 1 - 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3021
Local Reg. No. 33
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnolds Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 5 Madison Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	T	SMYTH	August 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	June 4, 1863	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer 24		Adams, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Smyth	Ireland	Anna Gray	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No	None	+ Dick Smyth	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-vascular disease — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF ~~INJURY~~ (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED ~~WHILE AT WORK~~ ☐ ~~NOT WHILE AT WORK~~ ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2 Aug, 1953, *to* 2 Aug, 1953, *that I last saw the deceased alive on* 2 Aug, 1953, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. D. Simpson 372	M. D.	Caldwell	8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-20-53	Agnes M Denman	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-9276

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AUG 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3022
Local Reg. No. 23
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon Memorial Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1602 Blaine Street

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis Wayne
b. (Middle): Kluth
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: July 28, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 6; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 03
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Robert W. Kluth
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Nellie H. Oivanki
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Robert W. Kluth
ADDRESS: 1602 Blaine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malrotation of Intestines — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES: Anal Atresia

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mong. Medicine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 July, 1953, *to* 2 Aug, 1953, *that I last saw the deceased alive on* 2 Aug, 1953, *and that death occurred at* 1:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. R. Taylor M.D. 130
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-12-53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Davis-Warrick Funeral Home
ADDRESS: Caldwell

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3023
Local Reg. No. 28
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 15 1953
VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1220 Cleveland Blvd. Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1220 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Warren	Ingersoll	August	6-	1953

5. SEX	6. COLOR OR RACE	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 15, ~~1953~~ 1879	74	4	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager, Jensma Creamery, Nampa
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Augusta, Iowa
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: William Ingersoll — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Laura Eddy — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-07-1184
17. INFORMANT'S OWN SIGNATURE: Mrs. Herbert Hultz — ADDRESS: Parma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 20 61 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1953, to 6-26, 1953, *that I last saw the deceased alive on* 6-26, 1953 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W L Hubler — (Degree or title): M D
23b. ADDRESS: 221 E. Logan St Caldwell, Idaho
23c. DATE SIGNED: 8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/12/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapels
J. W. Dakan
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3021
Local Reg. No. 221
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2420 College Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle) G.; c. (Last) Oliver

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4-1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 3 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer of

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mechanics Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Oliver
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ray Horrace
ADDRESS: Wilder Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 5, 1953, *to* Aug 6, 1953, *that I last saw the deceased alive on* Aug 5, 1953 *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 615 W. H. Hubler M.D.
23b. ADDRESS: 221 E. Logan St Caldwell Idaho
23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 8-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8/12/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakes Chapels
E. L. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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AUG 24 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3025
Local Reg. No. 87
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 14 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): 1030 S.W. 7th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HIRAM	JACKSON	THARP	August 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 5, 1867	86	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired laborer	Stokers-furnace	Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Mrs Ray Hylton	Ontario, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho Pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* August 12, 19 53, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. K. Distler M.D.	Caldwell, Idaho	Aug. 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	August 12, 1953	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-20-53	Agnes M Denman	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3026
Local Reg. No. 32
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Mrs. George W. Weitz

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Charman
c. (Last): Holmes

4. DATE OF DEATH (Month) (Day) (Year): August 12-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 7-1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Caleb Charman — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Gertrude C. Weitz — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial infarct — 1 hour
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: Caldwell Idaho — **23c. DATE SIGNED**: 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 14-1953
24c. NAME OF CEMETERY OR CREMATORY: Rosedale
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR — ADDRESS: Peckham-Dakin Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3027
Local Reg. No. 39
Reg. Dist. No. 360

BIRTH NO. SEP 8 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1412 Hays St.

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) C.; c. (Last) Pearson

4. DATE OF DEATH: (Month) (Day) (Year): August 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 24, 1874

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tailor 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holdet Hjorring, Denmark

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Peder Christian Jensen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Maren Olsen, Berked Hjorring, Denmark — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs. Ira Vassar — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

292.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility —

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1953 *to* Aug 13, 1953, *that I last saw the deceased alive on* Aug 13, 1953, *and that death occurred at* 6:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/8/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 3028
Local Reg. No. 360
Reg. Dist. No.
BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Otis; b. (Middle) M.; c. (Last) Capron

4. DATE OF DEATH (Month) (Day) (Year): August 13-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 24, 1864

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months 11 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher 63

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Binghamton, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE:

14. MOTHER'S MAIDEN NAME BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Fred B. Swanson, Caldwell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-20-1 Nurse had this Nirvana patient

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 37° Ester Clarke MD.

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: August 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 8/19/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: E. V. Peckham Oakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 3029
Local Reg. No. 43
Reg. Dist. No. 560

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 10yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2016 Maple

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Truman	I	Bennett	8	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	June 16, 1866	87	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Purlaski, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Bennett BIRTHPLACE: Sandy Creek New York
14. MOTHER'S MAIDEN NAME: Rosetta Comstock BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs T. I. Bennett ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 450.0 Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* 8/14, 1953, *that I last saw the deceased alive on* 8/14, 1953, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Clarke MD	Caldwell Idaho	9/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/17/53	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/4/53
REGISTRAR'S SIGNATURE: Agnes McDenman
25. FUNERAL DIRECTOR ADDRESS: Flahiff Funeral Chapel
Lucy M. Flahiff Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3030
Local Reg. No. 93
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1305 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) Gerald b. (Middle) A. c. (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 25, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months 10 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Manager for Garber Motor Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belgrade, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Homer L Snyder
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lela Sexton
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: 519-07-0668

17. INFORMANT'S OWN SIGNATURE: Mrs Gerald A Snyder
ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Subacute pancreatitis — 10 years
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 June 53

19b. MAJOR FINDINGS OF OPERATION: Subacute pancreatitis

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 26 May, 1953, *to* 16 Aug, 1953, *that I last saw the deceased alive on* 16 Aug, 1953, *and that death occurred at* 11:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Simpson (Degree or title) M. D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 20 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Aug 29 53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Heckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3031
Local Reg. No. 29
Reg. Dist. No. 360

BIRTH NO.

AUG 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): M.
c. (Last): Yett

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 6, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Alpine, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Steward K. Taylor — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Ina C. Stoy — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* Aug. 16, 1953, *that I last saw the deceased alive on* Aug 16, 1953, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Patterson (Degree or title): 311
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose City Cemetery
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 8/17/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Merville D. Davis — ADDRESS: Davis-Warrick Funeral Home Caldwell Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3032
Local Reg. No. 34
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 211 S. 20th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	A.	Costin	August	18	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 8-1894	59	2	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Buchanan County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert S. Costin	North Carolina	Nancy Alice Bryant	Buchanan Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-36-2467	Maynie M. Costin	Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, *1953, to* 8-18, *1953, that I last saw the deceased alive on* 8-11, *1953, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise Ida	8-21-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 22-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	
8/20/53	Agnes M Denman	Peckham-Dakan Chapels	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 303
Local Reg. No. 40
Reg. Dist. No. 960

BIRTH NO. 111-53-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 300 East Logan

3. NAME OF DECEASED (Type or Print): a. (First) Debra b. (Middle) Marie c. (Last) Vandenbos

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: 8/18/1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 — IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald Vandenbos — BIRTHPLACE: LakeView S. D.

14. MOTHER'S MAIDEN NAME: Marilee Rogers — BIRTHPLACE: Grandview, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Donald C. Vandenbos — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosi Foetalis — INTERVAL BETWEEN ONSET AND DEATH: Congenital

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8-18, 1953, *to* 8-19, 1953, *that I last saw the deceased alive on* 8-19, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Simpson 372 (Degree or title) M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 31 Aug 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/20 53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/8/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: Flahiff Funeral Chapel

Lucy M. Flahiff, Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 1 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3034
Local Reg. No. 96
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 423 Denver St.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) H.; c. (Last) Willis

4. DATE OF DEATH (Month) (Day) (Year): August 19-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: November 9-1953

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 9 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tokerville, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jack Willis ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic thrombosis - and embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of prostate

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: E.K. Distler (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 8/29/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 11 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR ~~can issue a burial or removal permit~~ ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

#8 2

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3035
Local Reg. No. 98
Reg. Dist. No. 960

BIRTH NO. SEP 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Eunice; b. (Middle) Caroline; c. (Last) Jones

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 13, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 3 Days 17
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montevideo, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Mills, BIRTHPLACE: Chester New Hampshire

14. MOTHER'S MAIDEN NAME: Caroline H. Harler, BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ruth E. Heck, ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 6, 1953, *to* Aug 30, 1953, *that I last saw the deceased alive on* Aug 30, 1953 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. Fischer MD
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9/3/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Pickham-Dahan Chapel, ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3036
Local Reg. No. 44
Reg. Dist. No. 360

REC Certificate of Death

STATE OF IDAHO

BIRTH NO.

SEP 8 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. 5, Boise Ave.

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Icie	Laura	Colvard	August 31-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 27, 1882	71	5	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Warren, North Carolins	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Athan Coffey,	Murphey, North Carolina	Luvenia Patton,	Haywood, North Dakota

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	A R Colvard	Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma gall bladder — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
13 Jan 53	Carcinoma liver & gallbladder	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 27 Nov, 19 53, *to* 31 Jan, 19 53, *that I last saw the deceased alive on* 31 Jan, 19 53, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. D. Simpson M.D.	Caldwell	3 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 3, 1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	
9/5/53	Agnes M Denman	Peckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953

Certificate of Death

STATE OF IDAHO

State File No. 3037
Local Reg. No. 188
Reg. Dist. No. 343

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell - Rural
d. STREET ADDRESS (If rural, give location) Rt # 1

3. NAME OF DECEASED (Type or Print) — a. (First) ALVIN — b. (Middle) ROBERT — c. (Last) RICKARD

4. DATE OF DEATH (Month) (Day) (Year) August 1, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 10, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret, Farmer of
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chester, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Rickard — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Anna Turner — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Harold Groff — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1953, *to* 8-1, 1953, *that I last saw the deceased alive on* 8-1, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. K. Mangum M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Quinn, South Dakota

DATE REC'D BY LOCAL REG.: Aug 8, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steed
25. FUNERAL DIRECTOR: John J Alsip, Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3038
Local Reg. No. 191
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 519 6th St. No. Ext.

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) c. (Last) DUNIA P

4. DATE OF DEATH (Month) (Day) (Year) August 3, 1953

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 15, 1874

9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Garden Valley, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Donald T. McBride
BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Margaret Mac Donald
BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE Dessie Donaldson
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized. — 10 yrs.
DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/30, 1953, *to* Aug 3, 1953, *that I last saw the deceased alive on* Aug 3, 1953, *and that death occurred at* 9:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE W B Rose (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 8/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cem.
24d. LOCATION (City, town, or county) Boise, (State) Idaho

DATE REC'D BY LOCAL REG. Aug 29 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stead
25. FUNERAL DIRECTOR John F Alsip, Jr.
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED ON RESIDENT

Certificate of Death

AUG 27 1953

STATE OF IDAHO

State File No. 3039
Local Reg. No. 192
Reg. Dist. No. 363

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ESTELLA
b. (Middle): AMACK
c. (Last): SHAVER

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 5, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lucerne, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elijah G. Amack — BIRTHPLACE: Eureka, Mo.
14. MOTHER'S MAIDEN NAME: Mary E. Young — BIRTHPLACE: Powerville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bonnie A. Shaver — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive Heart Disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
accompanied by ~~DUE TO (b)~~: Cerebral thrombosis
and DUE TO (c): Gangrene from Arterial Occlusion

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Both feet

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1953, *to* August 7, 1953, *that I last saw the deceased alive on* 8-4, 1953, *and that death occurred at* 8:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Mangum MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-17-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 10, 53
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Aug 22, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3040
Local Reg. No. 190
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 707 Elder St.

3. NAME OF DECEASED (Type or Print)
a. (First): BARBEE
b. (Middle): CLOYD
c. (Last): JAGGER

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alger, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Winfield Jagger — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Josephine Carter — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 18 7543
17. INFORMANT'S OWN SIGNATURE: Bessie Jagger — ADDRESS:

MEDICAL CERTIFICATION

153X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of splenic flexure of colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Operative shock with auricular fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8/7/53
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of splenic flexure (extensive)
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 8/7, 19 53, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Mangan M.D. by Thos E. Mangan (Degree or title)
23b. ADDRESS: 1414½ 1st St. So., Nampa, Ida.
23c. DATE SIGNED: 8/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Aug 18, 1953
REGISTRAR'S SIGNATURE: Mrs. Janet Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

AUG 27 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3041
Local Reg. No. 193
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 619 14th Ave So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID		O'KEEFE	August 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	May 7, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Queenstown, Ireland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick O'Keefe	Ireland	Margaret Barry	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 07 1198	Arthur J O'Keefe	316-7th Ave So.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old age
DUE TO (b) (2) Coronary sclerosis
DUE TO (c) (3) Arteriosclerosis generalized with Rupture of artery in Gastro intestinal tract

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4-20.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	M D	Nampa	8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 53	Mt. Calvary Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 22, 1953	Mrs Jane Stuck	Paul L. Erbsen Jr Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3042
Local Reg. No. 194
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Martin b. (Middle) Franklin c. (Last) Fulcher

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married x	Feb. 26, 1903	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timekeeper 34
10b. KIND OF BUSINESS OR INDUSTRY: Reclamation Dept.
11. BIRTHPLACE (State or foreign country): Zurich, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Fulcher — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Burns — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518 09 3403
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 20 1 Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 30 min
D.O.A. at Hosp.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or Title) 264
23b. ADDRESS: Nampa
23c. DATE SIGNED: 8/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 17, 53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Aug 22, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3043
Local Reg. No. 195
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 511 Holly Street

3. NAME OF DECEASED (Type or Print): a. (First) Rev. b. (Middle) Earle c. (Last) L Perry

4. DATE OF DEATH (Month) (Day) (Year): Aug. 15, 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1953

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wileysburg, Virginia.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Perry
BIRTHPLACE: Eagleville, Pa.

14. MOTHER'S MAIDEN NAME: Eliza Bush
BIRTHPLACE: East Coventry, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Elva Gay Perry
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-Dural Hematoma
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible injury by fall
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Fall in park

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nampa Idaho

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-27-53 10 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Slipped & fell in small ditch

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 8-15, 1953, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD (Degree or title)

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 8-25-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 18, 53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cem

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F Alsip, Jr.
Alsip Funeral Chapel

ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3044
Local Reg. No. 196
Reg. Dist. No. 362

BIRTH NO.

RECEIVED SEP 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 4th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 411 4th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) EUGENE c. (Last) SEEWALD

4. DATE OF DEATH: (Month) (Day) (Year) August 21, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Oct. 18, 1943
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bremerton, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence P. Seewald — BIRTHPLACE: Longmont, Colo.
14. MOTHER'S MAIDEN NAME: Judith VanPatten — BIRTHPLACE: Longmont, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lawrence P. Seewald — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 17 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952 *to* Aug 21, 1953, *that I last saw the deceased alive on* Aug 21, 1953, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 130 J. R. Barber (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 26 Aug 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3045
Local Reg. No. 197
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

REC... SEP 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 416 Chesnut	d. STREET ADDRESS (If rural, give location) 416 Chesnut

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) c. (Last) SCHAFER

4. DATE OF DEATH (Month) (Day) (Year) August 24, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 18, 1891

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator "

10b. KIND OF BUSINESS OR INDUSTRY Service Station

11. BIRTHPLACE (State or foreign country) Derenthal, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-09-6792

17. INFORMANT'S OWN SIGNATURE Fred H. Schafer — ADDRESS Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — acute dilatation heart

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Acute Cancer Stomach

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 20 53

19b. MAJOR FINDINGS OF OPERATION Inoperable cancer stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 2, 1953, *to* Aug 24, 1953, *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 11:00am *m., from the causes and on the date stated above.*

23a. SIGNATURE 022 [signature] (Degree or title)

23b. ADDRESS Nampa Ida

23c. DATE SIGNED Aug 27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/27/53 08

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept. 6, 1953

REGISTRAR'S SIGNATURE Mrs. Jane Stack

25. FUNERAL DIRECTOR Lewis Edmunds — ADDRESS Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3046
Local Reg. No. 198
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 711 10th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 711 10th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) ROY c. (Last) BECHTEL

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 22, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Caldwell N. Tribune

11. BIRTHPLACE (State or foreign country): Lebanon. Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W. War #1

16. SOCIAL SECURITY NO.: 512-10-8083

17. INFORMANT'S OWN SIGNATURE: + Robert C Bechtel
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-3, 1953, *to* 8-27, 1953, *that I last saw the deceased alive on* 8-26, 1953, *and that death occurred at* 5:00a m., *from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wenke M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 6, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Stark
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 10 1953 DIVIS. STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3047
Local Reg. No. 199
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Thomas	Baxter	August	27,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	October 9, 1873	79	10	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Livestock Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jordan Valley, Oregon
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Baxter, BIRTHPLACE: Liberty Bell, Iowa
14. MOTHER'S MAIDEN NAME: Annie Edgington, BIRTHPLACE: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert M. Baxter, ADDRESS: Notus, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrage	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	20 yrs
DUE TO (c)	hypertension	30 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 July, 1953, *to* 27 Aug, 1953, *that I last saw the deceased alive on* 24 Aug, 1953 *and that death occurred at* 12:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph B. Marcuson MD	111 6th ST Nampa Ida	Sept 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 31, 1953	Lower Boise	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	
Sept 6, 1953	Mrs. Jane Stock	C. V. Peckham-Oakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3048
Local Reg. No. 28
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ miles West of Wilder on Wilder-Adrian Road

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Earl	Lamm	July	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 26, 1907	45	11	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hugo, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lincoln Pearl Lamm	Salem, Iowa	Emma Cummins	Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Wilder Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest with internal injuries.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Possible Basal Skull Fracture.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public Highway	2½ miles West of Wilder, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) July 30, 1953 8:30 P.M. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Thrown from auto in auto wreck

22. *I hereby certify that I attended the deceased from* about 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Alsip, Jr. Coroner	Nampa, Idaho	8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 4, 1953	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG. 8-16-53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: C. F. Peckham-Dakan Chapels ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3049
Local Reg. No. 27
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd; b. (Middle) Wallace; c. (Last) Lane

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 4-1910

9. AGE (In years last birthday): 42 | IF UNDER 1 YEAR Months: 11 Days: 26 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Amalgamated Sugar Beet

10b. KIND OF BUSINESS OR INDUSTRY: Factory, Nyssa

11. BIRTHPLACE (State or foreign country): Alpine, near Cambridge, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Lane,
BIRTHPLACE: Baker, Oregon

14. MOTHER'S MAIDEN NAME: Sadie Ethel Woods
BIRTHPLACE: Indian Valley, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-4118

17. INFORMANT'S OWN SIGNATURE: Margaret Irene Lane
ADDRESS: Parma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound to head. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Self inflicted.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Parma, Canyon, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year): About 5:45 A.M. July 30, 1953. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot self with 12 ga. Shot Gun.

22. *I hereby certify that I attended the deceased from* about 5:45 A.M. *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip Jr (Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/8/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 3,1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3050
Local Reg. No. 204
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Intersection of Star Road and Cherry Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1815 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): ELVER
c. (Last): WYCKOFF

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 21, 1877
9. AGE (In years last birthday): 75-11-27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Tekamah, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Albert E. Wyckoff-Clinton, Iowa
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Phoebe Ann Prusia-Clinton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 137-10-6379
17. INFORMANT'S OWN SIGNATURE: Mary M. Wyckoff — ADDRESS: 1815 State Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/18/53 6:30a m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: John F. Alsip, Jr. (Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/21/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 14, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3051
Local Reg. No. 203
Reg. Dist. No. 3 & 3

SEP 17 1953

DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Intersection of Star Rd. and Cherry Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: ~~(Canyon)~~ ADA

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 2011 Ellis Ave

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) C c. (Last) Fletcher

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/3/ 1883

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Muncie, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Fletcher — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Hezekiah Unknown — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-09-6010

17. INFORMANT'S OWN SIGNATURE: Edith M. Fletcher — ADDRESS: Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Broken neck and internal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): injuries.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Nampa, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/18/53 6:30A m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip Jr. — (Degree or title): Coroner

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/18/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 14, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: Alsip Funeral Chapel — ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3052
Local Reg. No. 41
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Five Miles out of Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif.
b. COUNTY: Loa Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles, Calif
d. STREET ADDRESS (If rural, give location): 726 East 10th st

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) Talsuo c. (Last) Morizawa

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1953

5. SEX: M
6. COLOR OR RACE:
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/25/1916
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesaler 36
10b. KIND OF BUSINESS OR INDUSTRY: Exporter
11. BIRTHPLACE (State or foreign country): San Francisco
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jiro Morizawa — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Haruyo Suga — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Haruo Morizawa — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Loss of Blood and
DUE TO (c) Broken Neck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): R.F.D. Parma, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/22/53 12:25 A.M. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12:25 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip, Jr Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/22/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Los Angeles Calif.

DATE REC'D BY LOCAL REG.: 9/8/53
REGISTRAR'S SIGNATURE: Agnes Denman
25. FUNERAL DIRECTOR ADDRESS: Flahiff Funeral Chapel
Lucy M. Flahiff - Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3053
Local Reg. No. 37
Reg. Dist. No. 36-1

BIRTH NO. [illegible]

SEP 1 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roff Cabin Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charley; b. (Middle); c. (Last) DeVuono

4. DATE OF DEATH (Month) (Day) (Year): August 23-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 8, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months 6 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marzi, Italy

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph DeVuono
BIRTHPLACE: Marzi, Italy

14. MOTHER'S MAIDEN NAME: Thresa Tucci
BIRTHPLACE: Marzi, Italy

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Joseph DeVuono ADDRESS: Cedar City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary Occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Aleff Jr. Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8/29/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC Certificate of Death

STATE OF IDAHO

State File No. 3054
Local Reg. No. 200
Reg. Dist. No. 362

BIRTH NO.

SEP 14 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	DONALD	SULLIVAN	Aug. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Dec. 6, 1899	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Turkey Raiser		Edina, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Sullivan	Troy, Iowa	Ida Galyean	Agency, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x Mrs Dean Sullivan	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation heart.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mild myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-1-53, *to* Aug 30, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* 1 p m *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D22 A. A. Belknap MD	Nampa Ida	Sept 4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 2, 53	Kohlerlawn Cem.	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 10 1953	Mrs Jane Stock	John F Alsip	Nampa, Idaho
		Alsip Funeral Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3055
Local Reg. No. 6
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (In this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gray
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) c. (Last) Johnson

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 23-1902

9. AGE (In years last birthday) 50
If UNDER 1 YEAR Months 2 Days 17
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Stockman

11. BIRTHPLACE (State or foreign country) Taylorville Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Chas H Johnson BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Martha Priest BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 520-34-7535

17. INFORMANT'S OWN SIGNATURE Marion Johnson ADDRESS Gray Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 912.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Gray (COUNTY) Bonneville (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 10-53 m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Tractor tipped over on Him.

22. *I hereby certify that I attended the deceased from* Aug 10, 1953, *to* Aug. 10, 1953, *that I last saw the deceased alive on* Aug. 10, 1953, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen N. Tigert, M.D. (Degree or title) 427

23b. ADDRESS Soda Springs Idaho

23c. DATE SIGNED Aug. 13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 13-53

24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.

24d. LOCATION (City, town, or county) Soda Springs (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 13-53

REGISTRAR'S SIGNATURE Betty Mae Burton

25. FUNERAL DIRECTOR C. D. Whiteman ADDRESS Soda Springs Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3056
Local Reg. No.
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Clay c. (Last) Gorton

4. DATE OF DEATH (Month) (Day) (Year) Aug-12-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Aug-5-1878
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 0 Days 7 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Store Business
11. BIRTHPLACE (State or foreign country) Soda Springs Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. W. Gorton 35 BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Leah M. Waylett BIRTHPLACE Salt Lake city

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Ralph S. Gorton ADDRESS Soda Spgs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Aug. 12, 1953, *that I last saw the deceased alive on* Aug. 12, 1953, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE 427 Allen H. Tigert (Degree or title) M.D.
23b. ADDRESS Soda Springs Idaho
23c. DATE SIGNED 15 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE 8/14/53
24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.
24d. LOCATION (City, town, or county) Soda Spgs (State) Idaho

DATE REC'D BY LOCAL REG. 8-15-53
REGISTRAR'S SIGNATURE Betty Mae Burton
25. FUNERAL DIRECTOR B. D. Whitman ADDRESS Soda Spgs. Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3957
Local Reg. No.
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	F.	Law	Aug. 19 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 5 1883	70	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranching 07		Soda Springs Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel F. Law	Germany	Dorathea Zollinger	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		No	Hubert Law	Soda Springs Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 427.2 Degenerative Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 49, *to* Aug. 19, 1953, *that I last saw the deceased alive on* 19 Aug, 1953 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tigert 427	M.D.	Soda Springs Idaho	Aug. 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 22, 53	Fairview Cem.	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-20-53	Lillie Mae Burton	E.D. Whitman	Soda Springs Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3058
Local Reg. No. 187
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Kaefer

4. DATE OF DEATH (Month) (Day) (Year) August 2, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Feb. 8, 1873
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Basle, Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Kaefer — BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Verena Benile — BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE John R. Gilman — ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia — 5 days.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1953, to aug 1, 1953, *that I last saw the deceased alive on* aug 1, 1953, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 391 M.D.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 8-7-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemtery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Aug 5 1953
REGISTRAR'S SIGNATURE B. P. Wilson
25. FUNERAL DIRECTOR S. C. Tillery
ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3059
Local Reg. No. 186
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 Oakley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 610 Oakley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Arthur c. (Last) Barigar

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 26, 1883
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Columbus, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Barigar BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Katherine Madsen BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-12-5616
17. INFORMANT'S OWN SIGNATURE: Alice Harkness ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1953 *to* 8-3, 1953 *that I last saw the deceased alive on* 8-3, 1953, *and that death occurred at* 10 40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Bricker M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: W. F. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3060
Local Reg. No. 189
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Virginia Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): Heber
c. (Last): Thorne

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 23, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR Months: 7 Days: 28 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY: restaurant
11. BIRTHPLACE (State or foreign country): Riverton, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Heber Thorne, BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Bertha A. Beckstead, BIRTHPLACE: South Jordan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-05-0414
17. INFORMANT'S OWN SIGNATURE: M. H. Thorne, ADDRESS: Phoenix Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alcoholic Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1953, *to* Aug 21, 1953, *that I last saw the deceased alive on* Aug 21, 1953, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. J. E. Dean M.D. 081 (Degree or title)
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Aug 22. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1953 02
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county): Declo (State): Idaho

DATE REC'D BY LOCAL REG.: Sept 8 1953
REGISTRAR'S SIGNATURE: B A Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch, ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3061
Local Reg. No. 178
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Strevell
c. LENGTH OF STAY (in this place): enroute
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 10630 N.E. Halsey

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle):
c. (Last): Estes

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 10, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 62
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cornacopia, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Elisha Estes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Josephine McDowell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 514-07-05928
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1713 Cherry L.A.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never attended, *19*__, *to* Cause death determined, *19*__, *that I last saw the deceased alive on* from available history and type death, *19*__, *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-23-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Tom B. McCulloch — ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3062
Local Reg. No. 187
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Starrhs Ferry district

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
d. STREET ADDRESS (If rural, give location): Starrhs Ferry District

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) Enoch c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 28, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elias Lewis, BIRTHPLACE: South Wales
14. MOTHER'S MAIDEN NAME: Eleanor Roberts, BIRTHPLACE: North Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4428

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease — 2-3 years
DUE TO (c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-29-49, 19__, *to* 8-6-53, 19__, *that I last saw the deceased alive on* 7-28, 1953, *and that death occurred at* 5:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] +23 (Degree or title) MD.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7 Aug '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-10-53
24c. NAME OF CEMETERY OR CREMATORY: Spanish Fork Cemetery
24d. LOCATION (City, town, or county) (State): Spanish Fork, Utah

DATE REC'D BY LOCAL REG.: Aug 15 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Fern B. McCullach ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3063
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN: Star Route Dubois, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: None

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN: Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Warren; c. (Last) Sullivan

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 17, 1887
9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months: 3 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clark County, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Michael Francis Sullivan BIRTHPLACE: Waterloo, Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Frances Neville BIRTHPLACE: Canton Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 825,4
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 1295 Vista Ventura, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hiway #32
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clark, Idaho
21d. TIME OF INJURY: (Month) 8 (Day) 25 (Year) 53 (Hour) 11:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident on a Highway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): County Coroner
23b. ADDRESS: Dubois, Idaho
23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-25-53
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: 8-25-53
REGISTRAR'S SIGNATURE: Madge Lee
25. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Informant's Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3064
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 8½ ml. So. Dubois
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ammon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Deola	Whitmill	Bailey	Aug 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec. 16, 1920	32				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Goshen, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry A Whitmill	Utah	Delia Poe	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Art Whitmill ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Street		Clark	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 30, 1953 1 p.m. M
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tire blew out causing auto to turn over

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* P m. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C B Roberts 096 5 State Police	Idaho Falls Ida	9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-3-53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/10/53	Madge M. Lee	Jack A Wood	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3065
Local Reg. No. 12
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 yr 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Ida
d. STREET ADDRESS (If rural, give location): 1421 - 10th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Jeff.
b. (Middle):
c. (Last): Holm

4. DATE OF DEATH (Month) (Day) (Year): Aug 2 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 9, 1883
9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR Months: 6 | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow Ida
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Abraham Holm
BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Justina Swanson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1952, *to* 7-2-, 1953, *that I last saw the deceased alive on* 7-2-, 1953, *and that death occurred at* 2051 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. Gespe M D (Degree or title)
23b. ADDRESS: State Hospital N
23c. DATE SIGNED: 7-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Pleasant Valley
24b. DATE: 8-2-53
24c. NAME OF CEMETERY OR CREMATORY: Bauska-Wann Co.
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 8-2-53
REGISTRAR'S SIGNATURE: Vernon E. Hardey
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3066
Local Reg. No. 13
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Main Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Oliver b. (Middle) P. c. (Last) Fairley

4. DATE OF DEATH (Month) (Day) (Year): 8-5-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-16-1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Lowell Kansas
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward Fairley BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Martha Sailing. BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joel E Fairley ADDRESS: Lewiston Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 2 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3, 1953, *to* 8/5, 1953, *that I last saw the deceased alive on* 8/4, 1953, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 166 R. J. Hopkins
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 8/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 8-7-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. C. Gilbert ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

AUG 17 1953 STATE OF IDAHO

State File No. 3067
Local Reg. No. 14
Reg. Dist. No. 210

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk River-rural
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 Mi. W Elk River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash. b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) O/ b. (Middle) Austin c. (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year) 8-10-1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) 46 ? IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 7o

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Theodore G. Bell BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S OWN SIGNATURE W. E. Gilbert ADDRESS Orofino, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9799X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decapitation of head. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elk River Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-10-53 3:20p. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Laid head on railroad track.

22. *I hereby certify that I attended the deceased from* ---------- *19---, to* ---------- *19---, that I last saw the deceased alive on* ---------- *19---, and that death occurred at* 3:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE W. E. Gilbert 470 (Degree or title) Coroner 4

23b. ADDRESS Orofino, Idaho

23c. DATE SIGNED 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8-12-1953

24c. NAME OF CEMETERY OR CREMATORY Sherwood-Ferguson Fun. Home.

24d. LOCATION (City, town, or county) (State) Bedford Indiana

DATE REC'D BY LOCAL REG. 8-12-53

REGISTRAR'S SIGNATURE Vernon E. Farley

25. FUNERAL DIRECTOR W. E. Gilbert ADDRESS Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3068
Local Reg. No. 75
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur D Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) c. (Last) Gonda

4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 1-17-1880
9. AGE (In years last birthday) 72 — If UNDER 1 YEAR Months 7 Days 18 — If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Charles Gonda — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Ellen Morning — BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE R. E. Gilbert — ADDRESS Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1953, *to* 8-14, 1953 *that I last saw the deceased alive on* 8-14, 1953, *and that death occurred at* 8:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M D (Degree or title)
23b. ADDRESS State Hosp. N.
23c. DATE SIGNED 8-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-15-1953
24c. NAME OF CEMETERY OR CREMATORY English Luth. Home
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. 8-15-53
REGISTRAR'S SIGNATURE Vernon E. Fowler
25. FUNERAL DIRECTOR R. E. Gilbert — ADDRESS Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3069
Local Reg. No. 16
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 2yrs. 10mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): McAllister
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 8-22-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-20-1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): LeRoy Mich.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Alex McAllister — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Moore — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: X Jess McAllister — ADDRESS: Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial asthma — INTERVAL BETWEEN ONSET AND DEATH: about 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Inanition due to anorexia — 1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1953, *to* Aug 22, 1953, *that I last saw the deceased alive on* August 10, 1953, *and that death occurred at* 4:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 187 M. C. Hanson, M.D.
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: Aug 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 8-24-53
REGISTRAR'S SIGNATURE: Vernon E Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3070
Local Reg. No. 17
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1424 - 10 Am

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Carl c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): Aug 23 53

5. SEX: M
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 21 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quincy Ill
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Commodore B. — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: Melissa Pink — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. L. Burry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (1) — INTERVAL BETWEEN ONSET AND DEATH: 7 wks

ANTECEDENT CAUSES — DUE TO (b) " " (2) — 4 days

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chron mitral regurg. — many yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1953, *to* Aug 23, 1953, *that I last saw the deceased alive on* Aug 22, 1953, *and that death occurred at* 4 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Burry MD (Degree or title)
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: Aug 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: August 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-23-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3071
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 128 "E" St.

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle); c. (Last) Bloom

4. DATE OF DEATH: (Month) (Day) (Year): 8-26-1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-31-1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lynn Co. Ore.

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James Parker
BIRTHPLACE: No. Carolina

14. MOTHER'S MAIDEN NAME: Mary Smith
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Elbert Bloom
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Left cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: aug 26-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis and Hypertension — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1953, *to* aug 26, 1953, *that I last saw the deceased alive on* aug 24, 1953, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M V Hanson M.D.
(Degree or title)

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: aug 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-29-1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 8-27-53

REGISTRAR'S SIGNATURE: Vernon E Dawley

25. FUNERAL DIRECTOR: R. E. Gilbert
ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 26 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3072
Local Reg. No. 472
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bay Horse Lake near
c. LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Erwin
b. (Middle): Webster
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 26, 1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DeLassus, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Zaydoc Taylor — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ruby Irene — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 570-10-1309
17. INFORMANT'S OWN SIGNATURE: C. C. Bolander — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boat capsized
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bay Horse Lake, Custer, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:02A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Will Centaurus 470 Coroner, Custer 4
23b. ADDRESS: Cty.--Challis, Idaho
23c. DATE SIGNED: 8-15-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-53 4
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Aug. 17 1953
REGISTRAR'S SIGNATURE: Edna McKenney
25. FUNERAL DIRECTOR: Kenneth Klingler — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3073
Local Reg. No. 27
Reg. Dist. No. 380

BIRTH NO.

RECEIVED
AUG 15 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (If this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died in Sheep Camp. 40 M. N.E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Mt Home 912 Grove St.

3. NAME OF DECEASED (Type or Print)
a. (First): Felipe
b. (Middle):
c. (Last): Asumendi

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 6th 1897

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spain (Marquina)

12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Domingo Asumendi — BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Josefa Legga — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-22-9226

17. INFORMANT'S OWN SIGNATURE: X Bill Smith — ADDRESS: 1424 Warm Springs Blvd Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Phil F. Green M.D. Coroner

23b. ADDRESS: Mtn Home, Ida

23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 4. 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Aug 3. 1953

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — **ADDRESS**: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 3074
Local Reg. No. 28
Reg. Dist. No. 380

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 30. 20 Miles West of Mountain Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1920. North 9 th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): CLELAND
b. (Middle): CLARENCE
c. (Last): BULL.

4. DATE OF DEATH (Month) (Day) (Year): August. 4. 1953.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sept. 5. 1902.
9. AGE (In years last birthday): 50. -10- 29. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Foreman.
10b. KIND OF BUSINESS OR INDUSTRY: Construction.
11. BIRTHPLACE (State or foreign country): Fort Collins, Colorado.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Frank. C. Bull, Ohio.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Grace Hotchkiss, New London, Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 462-16-0516.
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Thelma Bull 1920 N 9th Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auto accident loose gravel on side of road.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Scalped. Head &

DUE TO (c): Body injuries

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE X (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 30. 20.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Miles West of Mountain Home, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4.30. P.M. 8/4/53.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile that he was driving hit loose Gravel.

22. *I hereby certify that I* ~~[illegible]~~ saw deceased August. 4. 1953., *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4.30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F Greene Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August. 7. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: Aug 13, 1953.
REGISTRAR'S SIGNATURE: H F Anderson
25. FUNERAL DIRECTOR / ADDRESS: Clyde B Summers
Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3075
Local Reg. No. 30
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mountain Home
c. LENGTH OF STAY (in this place): TRANSIENT
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Auburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gereldine b. (Middle) c. (Last) Cosgrove

4. DATE OF DEATH (Month) (Day) (Year): August 11 1953

5. SEX: Female
6. COLOR OR RACE: Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk 27
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Larson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 537-14-4256
17. INFORMANT'S OWN SIGNATURE: Chris Cosgrove — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulation by blunt object,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 11, 1953-8pm m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR? Car backing into ditch body caught between rear bumper & bank

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Beeman MD 345
23b. ADDRESS: Boise
23c. DATE SIGNED: 12 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Remod 3
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Auburn Washington

DATE REC'D BY LOCAL REG.: Aug 14, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mtn Home
D. A. L. Herisson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

AUG 22 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3076
Local Reg. No. 31
Reg. Dist. No. 388

BIRTH NO. 111-53-10042

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT. HOME AFB, IDA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location): PHA HOUSING 168

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): MORGAN

4. DATE OF DEATH: (Month) AUG (Day) 15 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: CAUCASIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: AUG 14, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA 02

10b. KIND OF BUSINESS OR INDUSTRY: NA

11. BIRTHPLACE (State or foreign country): MOUNTAIN HOME, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CHARLES V. MORGAN
BIRTHPLACE: LUMBERTON, N. C.

14. MOTHER'S MAIDEN NAME: ANNIE R. MILLER
BIRTHPLACE: LUMBERTON, N. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NA

17. INFORMANT'S OWN SIGNATURE: x Charles V. Morgan
ADDRESS: MHAFB, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG 14, 1953, *to* AUG 15, 1953, *that I last saw the deceased alive on* AUG 15, 1953, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Kuneke M.D

23b. ADDRESS: MT. HOME AIR FORCE BASE, IDAHO

23c. DATE SIGNED: 16 AUG 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 17-Aug-53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Mountain Home Ada

DATE REC'D BY LOCAL REG.: Aug 17, 1953

REGISTRAR'S SIGNATURE: A E Anderson

25. FUNERAL DIRECTOR: By Mountain View Mtn Home D & L Henderson

ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-46021

Certificate of Death

STATE OF IDAHO

State File No. 3077
Local Reg. No. 7
Reg. Dist. No. 540

RECEIVED SEP 19 1953 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin DIVISir
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) McCulloch c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 30, 1896
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George McCulloch — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Schvaneveldt — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS Weston, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis with — 10 yrs
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 19 53 *to* 9-7 8, 19 53 *that I last saw the deceased alive on* 9-28, 19 53 *and that death occurred at* 1100 *m., from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler (Degree or title) MD
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 01 Sept. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY Weston
24d. LOCATION (City, town, or county) Weston, Idaho (State)

DATE REC'D BY LOCAL REG. Sept. 1-1953
REGISTRAR'S SIGNATURE Effie M. Brower
25. FUNERAL DIRECTOR [illegible] ADDRESS Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3078
Local Reg. No. 42
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marysville Rural.
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) a. (First) Norman. b. (Middle) Blair. c. (Last) Hillam.

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27th 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 5th. 1931
9. AGE (In years last birthday) 21 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Marysville Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Norman Hillam, BIRTHPLACE Marysville Idaho.
14. MOTHER'S MAIDEN NAME Dorthy. Hansen, BIRTHPLACE Mt Pleasant Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Norman Hillam ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 292.4 Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 27 Aug., 1953, *that I last saw the deceased alive on* 27 Aug., 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Ashton - Ida.
23c. DATE SIGNED 29 Aug. B.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE 8/29th 1953
24c. NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 2 Sept 53
REGISTRAR'S SIGNATURE M. D. Hansen
25. FUNERAL DIRECTOR Louis Kiser ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

SEP 10 1953

STATE OF IDAHO

State File No. 3079
Local Reg. No. 13
Reg. Dist. No. 651

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (In this place): 7 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Jersey
b. COUNTY: Bergen County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ramsey
d. STREET ADDRESS (If rural, give location): 257 Wycoff Avenue

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) KATHERINE VERONICA c. (Last) SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 13, 1881
9. AGE (In years last birthday): 72 — If under 1 year: Months: 5, Days: 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Jersey City, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Keane — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Katherine Hanrahan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John J Sullivan — ADDRESS: Ramsey, N.J.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injuries, head, extreme — 7 HRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

823.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Hiway 191
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Island Park, Fremont, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-29-53 4:15 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY Ooccur? Husband driving car and dozed and car went off hiway striking tree

22. I hereby certify that I attended the deceased from 8-29, 1953, to 8-29, 1953, that I last saw the deceased alive on 8-29, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Spencer Parkinson 638 — (Degree or title): M.D.
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 31, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Ramsey, Bergen, New Jersey

DATE REC'D BY LOCAL REG.: Sept 53
REGISTRAR'S SIGNATURE: M. L. Hansen
25. FUNERAL DIRECTOR: M. L. Hansen — ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPHS-40001

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3080
Local Reg. No. 9
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 508½ Monroe

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Walter	Bert	Patterson, Sr.	August 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Jan. 18, 1898	55	6 24	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
construction	building	Hutchenson, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark W. Patterson	Penn.	Emma Susan Keith	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-2010	X Beatrice Patterson	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion with	16 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocardial Infartion Auricular fibrillation	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January, 1952, *to* August, 1953, *that I last saw the deceased alive on* Aug 12, 1953, *and that death occurred at* 11:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E. Howard M.D	Emmett Idaho	Aug 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 17, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 19, 1953	Jean A. Beatty	Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3081
Local Reg. No. 10
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 6mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Lawrence c. (Last) Armstrong

4. DATE OF DEATH (Month) (Day) (Year) August 24, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Sept. 15, 1866

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 70

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Port Jarvis, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
BIRTHPLACE

14. MOTHER'S MAIDEN NAME
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE X Johnny H. Lee
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia Terminal — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral accident — 2 mo
DUE TO (c) Arteriosclerosis Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death — Fracture of neck of femur (left) — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Emmett (COUNTY) Gem (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Aug 24, 1953, that I last saw the deceased alive on Aug 22, 1953, and that death occurred at Noon m., from the causes and on the date stated above.

23a. SIGNATURE Donald V. Lawrence MD (Degree or title) 325
23b. ADDRESS Emmett Ida
23c. DATE SIGNED 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Aug. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Aug 26 1953
REGISTRAR'S SIGNATURE T. Beatty

25. FUNERAL DIRECTOR William W. Beatty
ADDRESS The Beatty Chapel Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 3 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 8
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	Maggie	Maude	Marler

4. DATE OF DEATH: August 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	July 22, 1886	67	0	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Stockton, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Gatfield	Wisconsin	Ursula Jane Hicks	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X [illegible]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Obesity — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 5, 1953, *to* August 11, 1953, *that I last saw the deceased alive on* August 11, 1953, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E. Howard M D	Emmett, Idaho	Aug 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 14, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Aug 19 1953	Jean A Gatley	Beggs Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 11
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
c. LENGTH OF STAY (in this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roystone Hot Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montour
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle):
c. (Last): Parlo

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 25, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engeneer 16
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Tripolis, Greece
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Parlo — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Margaret Parlo — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* [illegible], 19__, *that I last saw the deceased alive on* [illegible], 19__, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 325
23b. ADDRESS: [illegible] Ada
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: Aug 27 1953
REGISTRAR'S SIGNATURE: [illegible] Beatty
25. FUNERAL DIRECTOR: The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 25 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1615
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Fair Grounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JACKIE b. (Middle) KAY c. (Last) SLEMMER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 4, 1952

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pheonix, Arizona

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jules Slemmer BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Ollie Mae Henson BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jules Slemmer ADDRESS: Gooding,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning - 929.8

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 15, 1953 12:00 A. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Child fell into irrigation ditch

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12: A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell (Degree or title) MD

23b. ADDRESS: Gooding Co Coroner

23c. DATE SIGNED: 8-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/18/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Aug 22-53

REGISTRAR'S SIGNATURE: J. H. Cromwell

25. FUNERAL DIRECTOR: Geo. Jensen

ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
SEP 14 1953
STATISTICS

State File No. 3085
Local Reg. No. 1617
Reg. Dist. No. 420

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding DIVISION OF VITAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 Wyoming

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 501 Wyoming

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ALTA	HUEY	Aug. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 7, 1893	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Villisca, Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. Perle Davis	Iowa	Ella	Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Regina Jackson	Boise

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420,1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug - 28, 1953 *to* Aug 29, 1953, *that I last saw the deceased alive on* Aug 28, 1953, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. H. Cromwell M.D	Gooding Ida	9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 1, 1953	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-11-53	J. H. Cromwell	Geo. Jewell Jr.	THOMPSON CHAPEL GOODING, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OFFICE handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

AUG 17 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3086
Local Reg. No. 1615
Reg. Dist. No. 426

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 32 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 MI. WEST WENDELL
d. STREET ADDRESS (If rural, give location): RT. 1

3. NAME OF DECEASED (Type or Print)
a. (First): SHERMAN
b. (Middle): H
c. (Last): LARSON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 20, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEB
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: AUGAST LARSON — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: ANNIE PETERSEN — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Mary E. Larson — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary insufficiency
DUE TO (c): art. sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* 8-11, 1953 *that I last saw the deceased alive on* 8-4, 1953, *and that death occurred at* 6 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 415 (Degree or title): Maurice E. Scheel M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/14 01 1953
24c. NAME OF CEMETERY OR CREMATORY: wendell
24d. LOCATION (City, town, or county) (State): city idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: G. Forrest Weaver — ADDRESS: wendell idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3087
Local Reg. No. 64
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Welschenbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE?
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HERMAN
b. (Middle) A.
c. (Last) HASSEL

4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH May 23, 1883
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY common
11. BIRTHPLACE (State or foreign country) Lund, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME F. A. Hassel BIRTHPLACE
14. MOTHER'S MAIDEN NAME Matilda BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-14-6021
17. INFORMANT'S OWN SIGNATURE C. J. Krueger ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebral thrombosis - approx 3 weeks ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 July, 1953, *to* 3 aug, 1953, *that I last saw the deceased alive on* 1 aug, 1953, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Saltman (Degree or title) M.D.
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 5 aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) Grangeville, (State) Idaho.

DATE REC'D BY LOCAL REG. Aug. 6 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jess Peterson
ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3088
Local Reg. No. 63
Reg. Dist. No. 240

BIRTH NO. 111-53-10148

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 15 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) Montell

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): New born

8. DATE OF BIRTH: August 5, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours 15 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph R. Montell — BIRTHPLACE: New London, Conn.

14. MOTHER'S MAIDEN NAME: Betty Lou McConnell — BIRTHPLACE: Grangeville, Ida.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Betty Lou Montell — ADDRESS: Grangeville Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7726 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 Aug, 1953, *to* 5 Aug, 1953, *that I last saw the deceased alive on* 5 Aug, 1953, *and that death occurred at* 2:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Kaltman M.D — **23b. ADDRESS**: Grangeville Idaho — **23c. DATE SIGNED**: 5 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation — **24b. DATE**: 6 Aug. 53 — **24c. NAME OF CEMETERY OR CREMATORY**: Hospital Furnace — **24d. LOCATION** (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Aug 6, 1953 — **REGISTRAR'S SIGNATURE**: Irma Cone

25. FUNERAL DIRECTOR — **ADDRESS**: Vilma Moreland

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 21 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3089
Local Reg. No. 63
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE?
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HELEN
b. (Middle) NEWMAN
c. (Last) SCALES,

4. DATE OF DEATH (Month) (Day) (Year) Aug/14,1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct.11,1868
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Fremont, Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Horace Newmann
BIRTHPLACE New York,
14. MOTHER'S MAIDEN NAME Lydia Forbes,
BIRTHPLACE Omaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Sylvia Mulhall
ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952 *to* 14 Aug, 1953, *that I last saw the deceased alive on* 13 Aug, 1953, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald J Altman (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug.15,1953
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Aug 15, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature]
ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3090
Local Reg. No. 67
Reg. Dist. No. 240

BIRTH NO.

AUG 31 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERRITT	NMN	WITT	Aug/24,1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	Married	Feb.2,1876	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Middlestrum, Holland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Witt, BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Klazina Hendricks, BIRTHPLACE: Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wm DeHaas. ADDRESS: Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 24, 1953, *to* Aug 24, 1953, *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 7:15 P m, *from the causes and on the date stated above.*

23a. SIGNATURE: L.M. Butterman 029 (Degree or title): M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: Aug 25 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug.27,1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Aug 26 1953
REGISTRAR'S SIGNATURE: Irma Conet
25. FUNERAL DIRECTOR: Hutson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3091
Local Reg. No. 246
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RUFUS SYLVESTER b. (Middle) c. (Last) PETTIBONE

4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Dec. 28, 1865

9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 91

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (State or foreign country) Warsaw, Ill.

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Cephus Pettibone, BIRTHPLACE U.S.

14. MOTHER'S MAIDEN NAME Ameila Belcher, BIRTHPLACE Cork, Ireland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE F. J. Pettibone ADDRESS Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema due to congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
(a) few minutes
(b)
(c)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Aug, 1953 *to* 25 Aug, 1953, *that I last saw the deceased alive on* 25 Aug, 1953 *and that death occurred at* 11:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE. William H. Cone (Degree or title) M. D.

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 25 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville, Idaho.

DATE REC'D BY LOCAL REG. Aug 26, 1953

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Jas Peterson

ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3092
Local Reg. No. 629
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3 mi. N. on Hiway 13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - rural
d. STREET ADDRESS (If rural, give location): One mi N. on hiway 13

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Iola	Annett	Greig	August 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	never married	April 9 1937	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	High School	Grangeville Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Lorenzo Greig	Lucile, Idaho	Edith Rape	Grangeville, Idaho

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Walter H Farris	Kooskia, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8251.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Cervical Spine-Severed Cord — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture Rt Parietal Resin

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway #13	Kooskia	Idaho	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
August 7 1953 7:30 P.M.		Failed To make Turn in Highway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert A. Ewell	Coroner	Grangeville, Idaho	8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1953	Prairie View	Grangeville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 8 1953	Claude Tharp	Claude Tharp	Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3093
Local Reg. No. 26
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1604 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): LOOR
b. (Middle): B.
c. (Last): DICK

4. DATE OF DEATH (Month) (Day) (Year): 8 - 9 - 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 21 - 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction worker
10b. KIND OF BUSINESS OR INDUSTRY: Cement
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Dick — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Roseann — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dana Dick — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis - Generalized — INTERVAL BETWEEN ONSET AND DEATH: 26 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Abdominal Viscus — 26 hr.
DUE TO (c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Shock. Generalized arteriosclerotic Cardio vascular disease

19a. DATE OF OPERATION: 8-9-53
19b. MAJOR FINDINGS OF OPERATION: Perforation of Ileum. 18 in. from cecum. Peritonitis - multiple Petechial hemorrhage
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nezperce Idaho.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nezperce. Lewis Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 8 53 6P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 8-8, 1953, *to* 8-9, 1953, *that I last saw the deceased alive on* 8-9, 1953, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D. Kobler M.D.
23b. ADDRESS: Nezperce Idaho
23c. DATE SIGNED: 8-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24b. DATE: 8-10-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-4-'53
REGISTRAR'S SIGNATURE: Wesley T. Orr M.D. Wyt N.
25 FUNERAL DIRECTOR — ADDRESS: Alter Pehlsen, Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3094
Local Reg. No. 27
Reg. Dist. No. 242

BIRTH NO.

SEP 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN COTTONWOOD
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location) R F.D.

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) A. c. (Last) CALLAN

4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Jan. 8, 1868

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY no

11. BIRTHPLACE (State or foreign country) Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Ryan
BIRTHPLACE not known

14. MOTHER'S MAIDEN NAME Rose
BIRTHPLACE not known not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE Mrs. Will De Armond
ADDRESS Grangeville

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 12 yrs.
DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 36, *to* Aug 12, 19 53, *that I last saw the deceased alive on* Aug 12, 19 53, *and that death occurred at* 4:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wesley D. Orr M.D.

23b. ADDRESS Cottonwood, Idaho

23c. DATE SIGNED 8-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 15, 1953

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) Grangeville, Idaho. (State)

DATE REC'D BY LOCAL REG. 8-13-53

REGISTRAR'S SIGNATURE Wesley D. Orr, M.D. by T.N.

25. FUNERAL DIRECTOR Isa Peterson

ADDRESS Grangeville, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3095
Local Reg. No. 28
Reg. Dist. No. 242

BIRTH NO. 111-53-10167

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sheryl
b. (Middle): Ann
c. (Last): Schumacher

4. DATE OF DEATH (Month) (Day) (Year): 8 28 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: 8-11-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 17; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Edmund Schumacher — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Norma Frei — BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ~~none~~ 921.0
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edmund L Schumacher — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiated on formula.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greencreek, Idaho co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 28, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Aspiration of formula into lungs

22. *I hereby certify that I attended the deceased from* 8-11, 1953, *to* 8-28, 1953, *that I last saw the deceased alive on* 8-28, 1953, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr MD
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 8-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 29-53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek Ida
DATE REC'D BY LOCAL REG.: 8-29-1953
REGISTRAR'S SIGNATURE: Wesley F. Orr MD. by TN.
25. FUNERAL DIRECTOR: Clifford Uhlorn — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3096
Local Reg. No. 630
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bill Langford home-Kooskia Airport

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Lowell Star route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Roy	Samuel	Conn	August	30	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	never married	Feb. 2 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General labor ob	Railroad & woodswork	Smith Center Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jeff Conn	Ohio	Amanda Nutt	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-5528	From Telephone Conversation with his nephew Claude Tenney	Kooskia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 Aug, 1953, *to* _____, 19____, *that I last saw the deceased alive on* 9 Aug, 1953, *and that death occurred at* 10:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Saltmarsh	M.D.	Grangeville, Idaho	2 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 1 1953	Pine Grove	Kooskia Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 1, 1953	Claude Tenney	Claude Tenney	Kooskia, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3097
Local Reg. No. 7
Reg. Dist. No. 6-40

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Don b. (Middle) Adrian c. (Last) Orme

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 15, 1943

9. AGE (In years last birthday): 10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adrian Orme
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Rose Perkins
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Adrian Orme
ADDRESS: Terreton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral concussion
INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fall & horse
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Terreton Jefferson Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Horse fall

22. *I hereby certify that I attended the deceased from* after operation, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coleman Hatch M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: Aug 13 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/10/53
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept 10 1953
REGISTRAR'S SIGNATURE: Mrs A B Caswell
25. FUNERAL DIRECTOR: Jack Atwood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3098
Local Reg. No. 4
Reg. Dist. No. 640

RECEIVED
SEP 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Rigby)
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Annis)
d. STREET ADDRESS (If rural, give location): Annis

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PAULINE	JULIANE	OLSEN	Aug. 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Never Married	Apr. 11, 1870	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	Home	Denmark	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jens Peter Olsen	Denmark	Grete Maria Jensen	Denmark

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	X	X	P R Geisler	Lorenzo, Ida #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	2 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocarditis	8 yrs.
DUE TO (c)	Arteriosclerosis	8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	8 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Aug 21, 1953, *that I last saw the deceased alive on* Aug. 19, 1953, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
422 Asael Hall	M. D.	Rigby, Idaho	8-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-24-53	Little Butte	Annis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 1 1953	Mrs A C Ackerell	A M Ackerell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
SEP 15 1953

Certificate of Death

STATE OF IDAHO

State File No. 3099
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rte. #2 Rigby, Ida.
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Milo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) AMMON b. (Middle) ALPHIAS c. (Last) HARMON

4. DATE OF DEATH (Month) (Day) (Year) August 20, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 12/10/1872
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner of
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Providence, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ammon Harmon BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Margaret Scott BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Wm A Harmon ADDRESS Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & — 5 yrs.
DUE TO (c) myocarditis + — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1951, to Aug. 26, 1953, that I last saw the deceased alive on Aug. 26, 1953, and that death occurred at 4:00a m., from the causes and on the date stated above.

23a. SIGNATURE Asael Hall (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-28-53
24c. NAME OF CEMETERY OR CREMATORY Lewisville
24d. LOCATION (City, town, or county) (State) Lewisville, Idaho

DATE REC'D BY LOCAL REG. Sept. 1 1953
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR A B Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

RECEIVED STATE OF IDAHO

SEP 15 1953

DIVISION OF VITAL STATISTICS

State File No. 3100
Local Reg. No. 6
Reg. Dist. No. 6-40

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edna b. (Middle) Priscilla c. (Last) Weeks

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1893

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Murray, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E Stoten
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Jessie B Calderwood
BIRTHPLACE: Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Abram Weeks
ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension — 10 yrs.

DUE TO (c) Arteriosclerosis — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1948, *to* Aug. 27, 1953, *that I last saw the deceased alive on* Aug 26, 1953, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-31-53

24c. NAME OF CEMETERY OR CREMATORY: Fieldi g Memorial

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept 10 1953

REGISTRAR'S SIGNATURE: Mrs A B Ockerstt

25. FUNERAL DIRECTOR: Jack A Wood

ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3101
Local Reg. No. 119
Reg. Dist. No. 4-4-0

Certificate of Death

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 7th East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Roscoe	O	Myers	Aug	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 23.1889	63	10	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oil Gas 36	Distributer	Proton Boy Nebraska	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David A Myers	Lettoon Illinois	Ina Barnes	Sullivan Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Herman Myers	Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiac Failure 2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Aug 4, 1953 *that I last saw the deceased alive on* Aug 2, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James E. Short M.D. 399	Jerome, Idaho	7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 7.1953	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1953	Luster M. Rayos	J R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-10192

BIRTH NO.

Certificate of Death

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3102
Local Reg. No. 120
Reg. Dist. No. 440

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 305 E Ave B

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Richard c. (Last) Anderson

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 6. 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Anderson — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Ruth Maupin — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity @ 1 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Partial separation

DUE TO (c): Placenta of Mother.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-6, 1953, *to* 8-7, 1953, *that I last saw the deceased alive on* 8-6, 1953, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.

23b. ADDRESS: Jerome Ida

23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery

24d. LOCATION (City, town, or county) (State): Council Idaho

DATE REC'D BY LOCAL REG.: Aug 8 1953

REGISTRAR'S SIGNATURE: Lester McRae Reg.

25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3103
Local Reg. No. 123
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 277 E. Ave. B

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) E. c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Williams Builders Supply Co.

11. BIRTHPLACE (State or foreign country): Portage, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Williams
BIRTHPLACE: U.S.

14. MOTHER'S MAIDEN NAME: Margaret Green
BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jared R Williams
ADDRESS: Wendell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fibrillation of Heart — 11 days.

DUE TO (c): Myocardial Fibrosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-53, *to* death, 8-12-53, *that I last saw the deceased alive on* 8-12-53, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Holsinger M.D.

23b. ADDRESS: Wendell, Idaho

23c. DATE SIGNED: 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/15/53

24c. NAME OF CEMETERY OR CREMATORY: Grace, Idaho

24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: Aug. 20 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: Geo. Jerread Jr.

ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3104
Local Reg. No. 124
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Kosco
b. (Middle): C.
c. (Last): Cotton

4. DATE OF DEATH (Month) (Day) (Year): Aug 16 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 10 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business man 74
10b. KIND OF BUSINESS OR INDUSTRY: Saw mills.
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-24-5586
17. INFORMANT'S OWN SIGNATURE: Dewey A. Webb — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of colon, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12, 1953, *to* 8/16, 1953, *that I last saw the deceased alive on* 8/16, 1953, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W Carlyle Smail 373 (Degree or title)
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 8/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13 1953
24c. NAME OF CEMETERY OR CREMATORY: Garden View
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3105
Local Reg. No. 125
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 5 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 5-N-2 E
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Hans b. (Middle) — c. (Last) Nelson

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 12 1858
9. AGE (In years last birthday) 94 | IF UNDER 1 YEAR Months 9 Days 5 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Fyen Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE Nelson Den.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Mrs Eric Jensen ADDRESS Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16-, 1950, *to* 8-18-, 1953, *that I last saw the deceased alive on* 8-18-, 1953, *and that death occurred at* 7 45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 284 (Degree or title)
23b. ADDRESS Jerome Idaho
23c. DATE SIGNED 8-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 21 1953
24c. NAME OF CEMETERY OR CREMATORY Fremont Memorial Park
24d. LOCATION (City, town, or county) Fremont (State) Nebr

DATE REC'D BY LOCAL REG. Aug. 24, 1953
REGISTRAR'S SIGNATURE Sister M. Rose, OSB.
25. FUNERAL DIRECTOR [signature] ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3106
Local Reg. No. 126
Reg. Dist. No. 440

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 525 E Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 525 E Main

3. NAME OF DECEASED (Type or Print)
a. (First): Al.
b. (Middle): A
c. (Last): McKinzie

4. DATE OF DEATH (Month) (Day) (Year): Aug 19 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 1 1860
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months 4 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Morison Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown - McKinzie
BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: —
BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] Cabohun
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral regurgitation
INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Thromboangeitis obliterans
Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* 8/19, 1953, *that I last saw the deceased alive on* Jan. 5, 1953, *and that death occurred at* 1 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Carlyle Small, MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 21 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county): Jerome (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [signature] Webber
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953

Certificate of Death

STATE OF IDAHO

State File No. 3107
Local Reg. No. 127
Reg. Dist. No. 440

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerom
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 612 - E 6 Th

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Fredrick
c. (Last): Day

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 15 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 1 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction 73

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Mt. Hyre Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ira Barnum
BIRTHPLACE: Day-Ill.

14. MOTHER'S MAIDEN NAME: Ida Delora ABrums
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 420.1

17. INFORMANT'S OWN SIGNATURE: Elizabeth F Day.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Hypertension — 3-4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7-53 19____, *to* 8-23 19 53, *that I last saw the deceased alive on* 8-17 19 53, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION/REMOVAL (Specify): Burial
24b. DATE: Aug 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cem
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Aug 24 1953
REGISTRAR'S SIGNATURE: Sister M. Rose OSB
25. FUNERAL DIRECTOR: Glen Buckley
ADDRESS: Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 27 1953

Certificate of Death

STATE OF IDAHO

State File No. 3108
Local Reg. No. 128
Reg. Dist. No. 440

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 515 E 6th

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): J
c. (Last): Glodowski

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 29 1887

9. AGE (In years last birthday): 106
IF UNDER 1 YEAR: Months 2 Days 27
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Labor

10b. KIND OF BUSINESS OR INDUSTRY: Chemical

11. BIRTHPLACE (State or foreign country): Dodge Nebr

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Hanzel
BIRTHPLACE: Bohemia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-30-8238

17. INFORMANT'S OWN SIGNATURE: B F Glodowski
ADDRESS: Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Brain Astrocytoma
INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia
3 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 17, 1953, *to* Aug 25, 1953 *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 6:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Sloat 399 (Degree or title): MD

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 8/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/25/53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Aug. 25, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: Allen Buehler
ADDRESS: Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3109
Local Reg. No. 121
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 15 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY in this place: 1 A
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): J Ave A

3. NAME OF DECEASED (Type or Print): a. (First) Austin b. (Middle) Edgar c. (Last) Fisher

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 19 1888

9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR Months: | Days: 21 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Versailles Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Steve Fisher — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Eliza Williams — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY: 519-10-7478

17. INFORMANT'S OWN SIGNATURE: Mrs Minnie Ruth Fisher — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 Mar. *, 19*48*, to* 10 Aug *, 19*53*, that I last saw the deceased alive on* 23 Feb. *, 19*53*, and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Beymer, M.D.

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 11 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Aug 12

24c. NAME OF CEMETERY OR CREMATORY: Wellsville

24d. LOCATION (City, town, or county) (State): Wellsville Kansas

DATE REC'D BY LOCAL REG.: Aug. 14, 1953

REGISTRAR'S SIGNATURE: Lester M. Rose, O.D.

25. FUNERAL DIRECTOR: J. R. Wiley — **ADDRESS**: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3110
Local Reg. No. 129
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): XX
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1531- 11th Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Diumenti

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 6, 1916
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Hiawatha, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Steve Diumenti — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: Penelope — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Connie A. Curtis — ADDRESS: Price, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gun Shot Wound in Head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Self Inflicted

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY): Jerome (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* between 9:45 to 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Wiley 470 4 (Corner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-31-53
24c. NAME OF CEMETERY OR CREMATORY: Price Cemetery
24d. LOCATION (City, town, or county) (State): Price, Utah

DATE REC'D BY LOCAL REG.: Sept. 2, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3111
Local Reg. No. 159
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~302 Garden~~ Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 302 Garden

3. NAME OF DECEASED (Type or Print)
a. (First): Gustav
b. (Middle):
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): 7 9 53

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 27 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter 63
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Nickolson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic cardio-vascular disease — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 7-9-53, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley 270 M.D.
23b. ADDRESS: Cour d'Alene Idaho
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 7-14-53
24c. NAME OF CEMETERY OR CREMATORY: Smith
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: 9-4-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Cour d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3112
Local Reg. No. 152
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Coeur d'Alene Idaho
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Coeur d'Alene, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smelterville
d. STREET ADDRESS (If rural, give location) Box 182

3. NAME OF DECEASED (Type or Print)
a. (First) BERT
b. (Middle)
c. (Last) LIEN

4. DATE OF DEATH (Month) July (Day) 18, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 20, 1922
9. AGE (In years last birthday) 30 — IF UNDER 1 YEAR: Months 8, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse clerk 29
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Kellogg, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Edward Lien — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Elaine Lien — ADDRESS Smelterville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

850X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Coeur d'alene
21c. (CITY, TOWN, OR TOWNSHIP) near Bennetts Bay. **(COUNTY)** Kootenai **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from Boat & drowned.

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title) Coroner.
23b. ADDRESS Coeur d'alene, Idaho
23c. DATE SIGNED 7-30-'53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 25, 1953
24c. NAME OF CEMETERY OR CREMATORY Forrest Cemetery
24d. LOCATION (City, town, or county) Coeur d 'Alene, Idaho (State)

DATE REC'D BY LOCAL REG. 8-24-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Grant McClode — ADDRESS Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3113
Local Reg. No. 143
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Wallace Hotel

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) DUCHENEAU
c. (Last)

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Hugh
8. DATE OF BIRTH 8-10-1891
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months 11 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender 48
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Casimer Port Neuf Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Not Known — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Not Known — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-9067
17. INFORMANT'S OWN SIGNATURE John A Beer — ADDRESS Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Coeur d'Alene
21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'Alene (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Found in water at end of Dock

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood 470 M.D. Coroner 4 (Degree or title)
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 8-1-53 4
24c. NAME OF CEMETERY OR CREMATORY Wallace Cemetery
24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 8-7-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR English Chapel By N. G. Riplinger Jr.
ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3114
Local Reg. No. 145
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 114-Wallace ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Howard
b. (Middle) W.
c. (Last) Jennings

4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 26, 1883
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Chief
10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Jennings — BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Hannah Painter — BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-03-7008
17. INFORMANT'S OWN SIGNATURE Mrs Howard Jennings — ADDRESS Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Carcinoma of the pancreas — INTERVAL BETWEEN ONSET AND DEATH 6 mo -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Aug, 1953, *that I last saw the deceased alive on* Aug 1, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE D M Gunnecht 24X (Degree or title) M D.
23b. ADDRESS
23c. DATE SIGNED 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-4-53 22
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. 8-7-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3115
Local Reg. No. 162
Reg. Dist. No. 120

Dr. Rex Henson

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 416-N-6th, street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 416-N-6th, street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frederic	William	Wendt	August	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 24, 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-20-9769
17. INFORMANT'S OWN SIGNATURE: Ida Wendt — ADDRESS: Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis Senility. — 3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Aug 6, 1953, *that I last saw the deceased alive on* Aug 6, 1953, *and that death occurred at* 8 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
181 Rex Henson, M.D.	Coeur d'Alene Idaho	Aug. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1953	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-29-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Wm Wood

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3116
Local Reg. No. 142
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 817-5th, st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 817-5th, st.

3. NAME OF DECEASED (Type or Print): a. (First) Bernice; b. (Middle) L.; c. (Last) Wyatt

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 15, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse-Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Hospitals

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Pelph
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-22-9680

17. INFORMANT'S OWN SIGNATURE: Mrs C.R. Emmett
ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner
23b. ADDRESS: Coeur d' alene, Idaho
23c. DATE SIGNED: 8-7-'53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 8-7-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: English Chapel By M. F. Oppenheimer Jr.
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3117
Local Reg. No. 150
Reg. Dist. No. 120

BIRTH NO. 111-53-10292

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 10-hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 606-Indiana ave

3. NAME OF DECEASED (Type or Print): a. (First) Fredrick b. (Middle) D. c. (Last) Eckberg

4. DATE OF DEATH (Month) (Day) (Year): 8-16-53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never

8. DATE OF BIRTH: 8-16-53

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 10 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coeur d' Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Eckberg — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Evelyn Bell — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: D R Eckberg Jr. ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 16, 1953 *to* Aug 16, 1953, *that I last saw the deceased alive on* Aug 16, 1953, *and that death occurred at* 12:00 Noon m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry A. Novak 652 M.D.

23b. ADDRESS: 609 Sherman Ave Coeur d'Alene Ida.

23c. DATE SIGNED: Aug 19 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-17-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 8-26-53

REGISTRAR'S SIGNATURE: Lyraine K. Brush

25. FUNERAL DIRECTOR ADDRESS: Don English Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3118
Local Reg. No. 153
Reg. Dist. No. 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1022 Montana Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Lockyer

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Lockyer — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Disney — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Bessie Lockyer — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, basilar with cerebal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) skull fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: fracture rt. clavicle
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in home

21c. (CITY, TOWN, OR TOWNSHIP): Coeur d'Alene — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) Aug. (Day) 18 (Year) 1953 (Hour) 10 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell down cement stairway

22. *I hereby certify that I attended the deceased from* 18 Aug, 1953, *to* 20 Aug, 1953, *that I last saw the deceased alive on* 20 Aug, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Preston Knight 627 — (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 21 Aug. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-22-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeurd'Alene, Idaho

DATE REC'D BY LOCAL REG.: 8-24-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gota — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wood

RECEIVED
SEP 11 1953

Certificate of Death
STATE OF IDAHO

State File No. 3119
Local Reg. No. 154
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway near Rossport

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 715-Foster

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Fitze	Bonneville	Aug. 22 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 11, 1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office Mgr. 74	Saw Mill	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Bonneville	Canada	Kate Fitze	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. One	518-01-3095	Mrs. Jean B. Doer	Tacoma Wn

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. coroner	Coeur d' alene Idaho.	8-28-'53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25-1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-29-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. Knight

Certificate of Death

STATE OF IDAHO

State File No. 3120
Local Reg. No. 158
Reg. Dist. No. 120

BIRTH NO. 11-53-10297

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. STREET ADDRESS (If rural, give location): Box-56

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Margaret	Jane	Lake	Aug 22 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never	Aug. 21, 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02		Coeur d' Alene, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James F. Lake	Spokane, Wash.	Kathryn Miller	Cda. Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	James F. Lake	Cataldo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

759.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Died from anoxia due to Congenital incomplete development of lungs — INTERVAL BETWEEN ONSET AND DEATH: 32½ hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 21, 1953, *to* Aug. 22, 1953, *that I last saw the deceased alive on* Aug. 22, 1953, *and that death occurred at* 1:37 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Rheon Knight, M.D. 627	Coeur d'Alene, Ida. 315 West Garden Ave	27 Aug '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-26-53	St. Thomas Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-29-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3121
Local Reg. No. 156
Reg. Dist. No. 120

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 2½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 402 Indiana

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	F.	Deckert	8	27	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Unkown	12-21-1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Deckert — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Mary Calahan — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records from Knights Home — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	~~Cerebral~~ Bronchpneumonia	1 wk
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral hemorrhage	2 wks
DUE TO (c)	Hypertensive arteriosclerotic 10 yrs cardiovascular disease	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 8-27, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-31-53	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-4-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3122
Local Reg. No. 168
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1102 Adeline Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle); c. (Last) Pilke

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-5-1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Newfoundland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Dunphy
BIRTHPLACE: Newfoundland

14. MOTHER'S MAIDEN NAME: Mary Finley
BIRTHPLACE: Newfoundland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. C. A. Magnuson
ADDRESS: Wallace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

B31X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
INTERVAL BETWEEN ONSET AND DEATH: unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary Infarct
INTERVAL BETWEEN ONSET AND DEATH: 1 week.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1953, *to* 8-27, 1953, *that I last saw the deceased alive on* 8-27, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 8-31-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 8-27-53 01

24c. NAME OF CEMETERY OR CREMATORY: Ward Funeral Home

24d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: 9-4-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yate
ADDRESS: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3123
Local Reg. No. 767
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 9-mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Benjamin	Spencer	Thompson	Aug. 28 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Mar. 5, 1864	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Private	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Thompson	Unknown	Sarah E. McBrian	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. Kenneth Allen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 8-28-53 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 270	M D	Coeur d' Alene	8-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-30-53	Harrison Cemetery	Harrison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-4-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3124
Local Reg. No. 155
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 953 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): E.
c. (Last): Corey

4. DATE OF DEATH (Month) (Day) (Year): Aug 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sep 10, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundryman 06
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LeRoy Corey — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Harriett (unknown) — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Mrs. A E Corey — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: about 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractures of R Hip — 7/16/53

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1946, *to* 8/31, 1953, *that I last saw the deceased alive on* 8/31, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 [signature] M D
23b. ADDRESS
23c. DATE SIGNED: 9/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-4-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3125
Local Reg. No. 148
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls Idaho
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3rd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls, Idaho
d. STREET ADDRESS (If rural, give location): 3Rd St

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) c. (Last) Dupuis

4. DATE OF DEATH: (Month) 8 (Day) 15 (Year) 53

5. SEX: Female

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 19 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Warrensburg Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unkown
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Maude Kearney
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Diabetis + diabetic coma — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Dropsy of legs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15, 1953, *to* 8/15, 1953 *that I last saw the deceased alive on* 8/15, 1953, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Stephan (Degree or title): M.D.

23b. ADDRESS: Post Falls, Idaho

23c. DATE SIGNED: 8/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-19-53

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Wolf Point Montana

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Dr. D. Moseley

AUG 24 1953

Certificate of Death

STATE OF IDAHO

State File No. 3126
Local Reg. No. 147
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Rt # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): Star Rt # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle):
c. (Last): Chadbourne

4. DATE OF DEATH (Month) (Day) (Year): Aug 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 22 1885
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman & Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Josiah Chadbourne — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Nancy Bowerman — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs L. H Walters — ADDRESS: 1113C St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 20.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive arteriosclerotic cardio vascular renal disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 8-17-53, *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley 270 M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8.19.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-53 01
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3127
Local Reg. No. 149
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4Th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls,
d. STREET ADDRESS (If rural, give location): 4Th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	F.	Smith	8	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	SepT. 1, 1877	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER 16	U.S. ARMY	FORT RANDALL, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ALLEN SMITH	UNKNOWN	Julia Stephens	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	432-38-5931	MRS. Bernice Smith	Post Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/14 *to* 8/18, 1953, *that I last saw the deceased alive on* 8/18, 1953, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.H. Stephan 685	M.D.	Post Falls Ida	8/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
CREMATION	8-21-53	Hazen & Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-21-53	Lorraine K. Brush	Gillett Gates	Coeur d'Alene Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3128
Local Reg. No. 157
Reg. Dist. No. 120

BIRTH NO.

SEP 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leslie	F.	Engen	Aug. 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Jan. 3, 1911	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Administrator
10b. KIND OF BUSINESS OR INDUSTRY Spirit Lake Hosp.
11. BIRTHPLACE (State or foreign country) North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chris Engen	Norway	Addie Haugen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE + Arnold C. Engen ADDRESS Coeur d'Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		—

22. *I hereby certify that I attended the deceased from* 1948, 19___, *to* August 22, 1953, *that I last saw the deceased alive on* August 22, 1953, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Fredrikson M.D.	Spirit Lake Idaho	8/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1953	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-29-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED AUG 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3129
Local Reg. No. 82
Reg. Dist. No. 200

BIRTH NO. Amey

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle):
c. (Last): Hash

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 3, 1935
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Potlatch, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. Hash — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Ottie Depee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Geo. E. Evans — ADDRESS: Harvard, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus of pulmonary artery — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) multiple internal injuries. — 28 hours.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) 8 (Day) 3 (Year) 53 (Hour) 5:50 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck rolled over grade grade.

22. *I hereby certify that I attended the deceased from* 8-3, 1953, *to* 8-4, 1953, *that I last saw the deceased alive on* 8-4, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drury 104 (Degree or title) MW
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 8, 1953 01 3
24c. NAME OF CEMETERY OR CREMATORY: Palouse Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Wash.

DATE REC'D BY LOCAL REG.: 8/11/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Harold R. Stee — ADDRESS: Moscow, Idaho
Short's Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3130
Local Reg. No. 86
Reg. Dist. No. 206

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1217 Lynn

3. NAME OF DECEASED (Type or Print): a. (First) Lois b. (Middle) L. c. (Last) Nicholson

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 28, 1871

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cedar Point, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Van Deeren
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: informant
BIRTHPLACE:
Betty L. Kammeyer - Colfax Wa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Sophie Higgins
ADDRESS: Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cancer of breast(bilateral) — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
metastatic cancer liver — 1 month

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: noe

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1938, *to* Aug 8, 1953, *that I last saw the deceased alive on* 8-8, 1953, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 095
Earl L Dunn MD

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 8-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 01: Aug 12, 1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 8/21/53

REGISTRAR'S SIGNATURE: Lois L Angel

25. FUNERAL DIRECTOR: H R Hunt
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

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RECEIVED
AUG 24 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3131
Local Reg. No. 87
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 503 So. Almon St.

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Sheuey

4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 2, 1868
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Base County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ruffis Lovelly BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Susana King BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Marian Zumhoff ADDRESS Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 8-7-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intussusception, Carcinoma of Colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 1 year
Hypertensive Cardiovascular Renal Disease
Chronic Cholecystitis with Lithiasis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1933, *to* 8-15, 1953, *that I last saw the deceased alive on* 8-15, 1953, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph R. Wilson 450 (Degree or title) M. D.
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 8-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-19-1953
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 8/21/53
REGISTRAR'S SIGNATURE Lois E. Angel
25. FUNERAL DIRECTOR Short's Chapel
ADDRESS Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

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RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3132
Local Reg. No. 88
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leslie	Earl	Shafer	August 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Dec. 19, 1952	0	7	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lloyd E. Shafer — BIRTHPLACE: Bend, Oregon
14. MOTHER'S MAIDEN NAME: Joanne Espy — BIRTHPLACE: Garfield, Wash.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lloyd E. Shafer — ADDRESS: Palouse Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head injury - concussion — 1 1/2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): a home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 13 53 4:P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur? Mother stepped while holding baby baby struck head floor

22. *I hereby certify that I attended the deceased from* Dec 19, 1952, *to* August 15, 1953, *that I last saw the deceased alive on* August 15, 1953, *and that death occurred at* 1:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J W DeBree (Degree or title) M.D
23b. ADDRESS: Palouse Wn
23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Palouse Washington

DATE REC'D BY LOCAL REG.: 8/21/53
REGISTRAR'S SIGNATURE: Lois E. Angell
FUNERAL DIRECTOR: [illegible]
ADDRESS: Palouse, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-14525 RECEIVED AUG 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3133
Local Reg. No. 89
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): North of Garfield Washington

3. NAME OF DECEASED (Type or Print): a. (First) Lonnie; b. (Middle) Lynn; c. (Last) Pfeff

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Harold D. Pfeff — BIRTHPLACE: Ruff, Washington

14. MOTHER'S MAIDEN NAME: Patracia Kuehner — BIRTHPLACE: Palouse, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harold D Pfeff — ADDRESS: Garfield Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congential atelectasis & Congintal heart enlargement — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August 14, 1953, *to* August 16, 1953, *that I last saw the deceased alive on* August 16, 1953, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.W. DeBree — (Degree or title): M.D

23b. ADDRESS: Palouse Wash

23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-17-53

24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 8/21/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H.E. Kimball — ADDRESS: Palouse, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3134
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO. Culp

RECEIVED SEP 5 - 1953 DIVISION OF VITAL STATISTICS STATE HOSPITAL

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 East A St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 604 East A St.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) John c. (Last) Hoffman

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 22, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret.) 04

10b. KIND OF BUSINESS OR INDUSTRY: Wheat farming

11. BIRTHPLACE (State or foreign country): Walla Walla, Wn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Hoffman
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Teresa Kirchner
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. C. H. Beattie
ADDRESS: Coffee Cr., Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilitic Aortitis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1949, *to* 8/18, 1953, *that I last saw the deceased alive on* 8/10, 1953, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070 (Degree or title): MD

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-20-1953

24c. NAME OF CEMETERY OR CREMATORY: Walla Walla Cemetery

24d. LOCATION (City, town, or county) (State): Walla Walla Wash.

DATE REC'D BY LOCAL REG.: 8/24/53

REGISTRAR'S SIGNATURE: Lois L. Angel

25. FUNERAL DIRECTOR: Short's Chapel, Moscow
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3135
Local Reg. No. 99
Reg. Dist. No. 200

BIRTH NO.

SEP 5 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	IDA	BELL	WHYBARK	August	15,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 4, 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pratt Center, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rev. Andrew E. Helm	Iowa	Mary E. Hottle	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	x Daniel W. Whybark	Juliaetta

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X Carcinoma of ovary — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan ____, *1953, to* Aug 15, *1953, that I last saw the deceased alive on* Aug 15, *1953, and that death occurred at* 10: a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Christensen M.D.	Kendrick Idaho	Aug 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal-burial	8-15-1953	Normal-Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	BY FUNERAL DIRECTOR	ADDRESS
8/26/53	Lois E. Angel	Brower-Walton R. H. Malcom	Lewiston, Idaho

Dr. Christensen

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 5 - 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3136
Local Reg. No. 92
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Archie Garner home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): W.
c. (Last): Garner

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 30, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sawmill worker 09
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Linden, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Garner — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Matilda Huffman — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-0542
17. INFORMANT'S OWN SIGNATURE: Archie Garner — ADDRESS: Juliaetta

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1953, *to* _____, 19__, *that I last saw the deceased alive on* Aug 2, 1953, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Christensen M.D. 057 (Degree or title)
23b. ADDRESS: Kendrick Idaho
23c. DATE SIGNED: Aug 24 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Gold Hill Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 9/2/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Tate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3137
Local Reg. No. 93
Reg. Dist. No. 200

RECEIVED SEP 5 - 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potlatch Saw Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 610 Maple

3. NAME OF DECEASED (Type or Print): a. (First) Marvel; b. (Middle) Sever; c. (Last) Thompson

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 1, 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Setter

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Seattle, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Thomas H. Thompson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Thompson
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 518-01-0229

17. INFORMANT'S OWN SIGNATURE: Emma M Thompson
ADDRESS: Potlatch Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1.) Hypertension C.V. Disease
DUE TO (c): 2.) Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 29, 1953, *to* Aug. 29, 1953 *that I last saw the deceased alive on* Aug 29, 1953, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mark Knowles M.D.
23b. ADDRESS: Potlatch Idaho
23c. DATE SIGNED: Aug 31 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-1-53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 9/2/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: H. E. Kimball
ADDRESS: Palouse, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

SEP 8 - 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3138
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. 111-53-10387

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 8 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Baby Boy
b. (Middle)
c. (Last) Chivers

4. DATE OF DEATH (Month) Aug. (Day) 17, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 16, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 8 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Garth Chivers
BIRTHPLACE Challis, Idaho
14. MOTHER'S MAIDEN NAME Glenis Wilson
BIRTHPLACE Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Garth Chivers
ADDRESS Challis, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung — INTERVAL BETWEEN ONSET AND DEATH 8 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1953, *to* Aug, 1917, *that I last saw the deceased alive on* Aug 17, 1953, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph Sinclair 578 (Degree or title) Me
23b. ADDRESS Salmon
23c. DATE SIGNED 8-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-18-53
24c. NAME OF CEMETERY OR CREMATORY Challis
24d. LOCATION (City, town, or county) Challis, Idaho (State)

DATE REC'D BY LOCAL REG. 9-1-53
REGISTRAR'S SIGNATURE Viola E Johnson
25. FUNERAL DIRECTOR Gilbert C. Jones
ADDRESS Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3139
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location) Silbaugh Home

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Agnes c. (Last) Monaghan

4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 15, 1888

9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Christian Nagel BIRTHPLACE Sauk City, Misc.

14. MOTHER'S MAIDEN NAME Marcelene Barnabee BIRTHPLACE Salem, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Lorene Hulick ADDRESS Walla Walla, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-2, 19 53, *to* 8-18, 19 53 *that I last saw the deceased alive on* 8-18, 19 53, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title) W. K. Hulick 262 M.D.
23b. ADDRESS Salmon Ida.
23c. DATE SIGNED 8-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-20-53
24c. NAME OF CEMETERY OR CREMATORY Salmon
24d. LOCATION (City, town, or county) Salmon, Idaho (State)

DATE REC'D BY LOCAL REG. Aug-28-53
REGISTRAR'S SIGNATURE Viola Erfolmeyer
25. FUNERAL DIRECTOR Albert C. Jones ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3140
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cobalt
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Royce b. (Middle) c. (Last) Richardson

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 22, 1893

9. AGE (In years last birthday): 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 72

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Spangle, Wash.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas York Richardson BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 7-1917 to 5-1919

16. SOCIAL SECURITY NO.: 491-09-1690

17. INFORMANT'S SIGNATURE: Mrs Royce Richardson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 5 min

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma rectosigmoid resected 2 months ago

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* Aug 21, 1953, *that I last saw the deceased alive on* Aug 20, 1953, *and that death occurred at* 3:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blankenship M.D. 031

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 8-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-1-1953

24c. NAME OF CEMETERY OR CREMATORY: Holly Cross

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: Aug-24-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Kenneth Klingler ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3141
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 16 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sara	Jane	Allred	Aug	22	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Divorced	Jan. 19, 1887	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Malad, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Evans	Unknown	Janie McKay	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	C C Owen	Salmon, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 21, 1953, to Aug 22, 1953, *that I last saw the deceased alive on* Aug 22, 1953, *and that death occurred at* 8:23A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B Johnson MD	Salmon Idaho	8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-25-53	Bonanza	Custer County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-1-53	Viola E Johnson	Kenneth Klingler	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3142
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. 111-53-10390

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 8 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Aaron	Wade	Bragg	Aug.	27,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Aug. 26, 1953				8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 62
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Aaron David Bragg — BIRTHPLACE: Elberton, Ga.
14. MOTHER'S MAIDEN NAME: Verona Huntsman — BIRTHPLACE: Woodville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Aaron D. Bragg — ADDRESS: Salmon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity Birth — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26, 1953, *to* 8-27, 1953, *that I last saw the deceased alive on* 8-27, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Mulder 262	MD	Salmon Idg	8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-27-53	Firth	Firth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-1-53	Viola E. Johnson	Elliott C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

RECEIVED
SEP 8 - 1953

Certificate of Death

STATE OF IDAHO

State File No. 3143
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle):
c. (Last): Eldridge

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 5, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Stephen Eldridge — BIRTHPLACE: N. C.
14. MOTHER'S MAIDEN NAME: Ann Long — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-0507
17. INFORMANT'S OWN SIGNATURE: Taken from papers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 3 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 5 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 1948, *to* 8-30, 1953, *that I last saw the deceased alive on* 8-30, 1953, *and that death occurred at* 7:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 262 [signature] MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-53
24c. NAME OF CEMETERY OR CREMATORY: Lusk
24d. LOCATION (City, town, or county) (State): Lusk, Wyoming

DATE REC'D BY LOCAL REG.: Sept-1-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3144
Local Reg. No. 198
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon, Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): On highway 93 1/2 Mile North of Salmon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Philo	Wells	Austin	8	5	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	July 21, 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Centerville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius A.C. Austin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eliza Dibble — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mathews W. Austin — ADDRESS: Salmon Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Cervical Vertebra — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): acident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salmon Lemhi Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/5/53 8:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? struck by car while walking in highway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gilbert C. Jones, Lemhi Co. Coroner	Salmon, Idaho	8/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial-removal	8/8/53	Lewston Cemetery	Lewston, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug-20-53	Viola E. Johnson	Gilbert C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3145
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Indian Creek
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indian Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Prosser
d. STREET ADDRESS (If rural, give location): R. C. Box 587

3. NAME OF DECEASED (Type or Print): a. (First) Durward b. (Middle) Lincoln c. (Last) Shaffer

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1912
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Aleck Shaffer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ida Powers — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 541-10-5970
17. INFORMANT'S OWN SIGNATURE: Mrs. Durward Shaffer — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. K. Mulder M.D. (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 53
24c. NAME OF CEMETERY OR CREMATORY: Prosser, Wash.
24d. LOCATION (City, town, or county) (State): Benton County, Wash.

DATE REC'D BY LOCAL REG.: Aug-24-53
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Kenneth Klingler
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3146
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

SEP 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer-rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nez Perce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	A.	Leitch	8-5-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Divorced	11-4-1910	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm	Colton, Wash.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph A. Leitch	Wash.	Winona Richardson	Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x Dwight Leitch	Nez Perce

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Clearwater River	Greer-rural Lewis Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8-5-53 6:30p. m.		Drowned in river while swimming.

22. *I hereby certify that I attended the deceased from* Autopsy only *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise	9 August 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-11-1953	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-11-53	Albert Huff	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 19 1953
DIVISION OF VITAL STATISTICS

3147

Certificate of Death

STATE OF IDAHO

State File No. 3147 (357)
Local Reg. No. 357
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
d. STREET ADDRESS (If rural, give location): R. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Joseph
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Aug 1 - 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13 - 1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self.
11. BIRTHPLACE (State or foreign country): Doeville - Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William M Davis — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Emma Laura Robinson — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mayme Davis — ADDRESS: Dietrich Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Cervical spine — INTERVAL BETWEEN ONSET AND DEATH: ind.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Feeding corral at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dietrich Lincoln Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 1 53 7:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Bit of hay fell on pole which hit him on side of jaw.

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Aug 1, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:20 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Weber 289 M.D.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 8-2-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 5 '53
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: 8/2.53
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK-record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3148
Local Reg. No. 259
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location): Farm home

3. NAME OF DECEASED (Type or Print)
a. (First): Matilda
b. (Middle): Isabella
c. (Last): Capps

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5 - 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 4 - 1884
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Bloomville
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James R. Cox
BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Clara Isabella Cox
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: O. M. Capps
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Richfield Shoshone (COUNTY) Lincoln (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5, 1953, *to* 8-5, 1953, *that I last saw the deceased alive on* 8-5, 1953, *and that death occurred at* 3:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 289 (Degree or title)
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 Aug-9-53
24c. NAME OF CEMETERY OR CREMATORY: Richfield
24d. LOCATION (City, town, or county) (State): Richfield - Idaho

DATE REC'D BY LOCAL REG.: 8-8-53
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett
ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3149
Local Reg. No. 358
Reg. Dist. No. 432

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Farm home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location) Route

3. NAME OF DECEASED (Type or Print) a. (First) Clifford b. (Middle) Clifton D c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 - 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child
8. DATE OF BIRTH Aug. 28 - 53
9. AGE (In years last birthday) 9
IF UNDER 1 YEAR Months 11 Days 8
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Burley
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Willis Larsen BIRTHPLACE Clifton Ida
14. MOTHER'S MAIDEN NAME Virginia Rube BIRTHPLACE Grace Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE by phone – Myrtle C. Burdett ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8354

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest. — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) neck broken
DUE TO (c) internal organs crushed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. crushed by truck backing over patient

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) Shoshone (COUNTY) Lincoln (STATE) Idaho
21d. TIME OF INJURY (Month) 8 (Day) 5 (Year) 53 (Hour) 10:45 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Mill truck hit & backed over him

22. I hereby certify that I attended the deceased from 8-5, 1953, to 8-5-53, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 8-53
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. Aug 8-53
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Myrtle C Burdett Lic. No. 2290 at Shoshone on

ADDITIONAL REMARKS by Physician

N #8

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3150
Local Reg. No. 35
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): West 1st North

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Sophia
c. (Last): Ricks Kington

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ~~Sept~~ Sept. 15, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Benson Ward, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ~~John~~ Johnathon Ricks — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Eliza Jame Eynan — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Eunice Kington — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 6 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* Aug. 5, 1953, *that I last saw the deceased alive on* Aug. 3, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Truxal, M.D. 433
23b. ADDRESS:
23c. DATE SIGNED: 8-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/8/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 8-8-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth R. Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3151
Local Reg. No. 36
Reg. Dist. No. 630

BIRTH NO. 111-53-10406

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 65 South 2nd East.

3. NAME OF DECEASED (Type or Print)
a. (First): Scott
b. (Middle): LeRoy
c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: Aug. 7, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Dick LeRoy Powell — BIRTHPLACE: Pocatello, Idaho
14. MOTHER'S MAIDEN NAME: Jerry Fern Bean — BIRTHPLACE: Teton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dick L. Powell — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (5 mos.) — INTERVAL BETWEEN ONSET AND DEATH: 20 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-7, 1953, *to* 8-8, 1953, *that I last saw the deceased alive on* 8-8, 1953, *and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine H Pussey MD. 572
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/8/53
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer, Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 8-8-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russel Flamm — ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3152
Local Reg. No. 37½
Reg. Dist. No. 630

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 435 West Main

3. NAME OF DECEASED (Type or Print): a. (First) Geraldine b. (Middle) Ann c. (Last) McCormich Smith

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19, 1932

9. AGE (In years last birthday): 21 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Clyde McCormach BIRTHPLACE: Brookville Kansas

14. MOTHER'S MAIDEN NAME: Phyllis Cameron BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ellen Smith ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture — 10 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jefferson (STATE) Idaho

21d. TIME OF INJURY (Month) Aug (Day) 15 (Year) 1953 (Hour) 11 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Pat fell from moving auto.

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Aug 16, 1953, that I last saw the deceased alive on Aug 16, 1953, and that death occurred at 9:35 A m., from the causes and on the date stated above.

23a. SIGNATURE: Blaine Harvey (Degree or title) M.D.

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-19-53

24c. NAME OF CEMETERY OR CREMATORY: Ashton

24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: 8-19-53

REGISTRAR'S SIGNATURE: Zora Flamm

25. FUNERAL DIRECTOR: Bennett Flamm ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3153
Local Reg. No. 34
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City RFD#1 (Teton)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MABLE
b. (Middle): ELSIE OLSEN
c. (Last): GARDNER

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Olsen — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Wilhelmina Sorensen — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. G. Scott. — ADDRESS: 3520 Jefferson Ave. Ogden Utah.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperglycemic shock (diabetic coma) — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 20-25 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and arterio-sclerotic heart disease — 15-20 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 5, 1942, *to* Aug. 20, 1953, *that I last saw the deceased alive on* Aug. 20, 1953, *and that death occurred at* 1A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. O. Truxal, M.D. 433
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 8-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 August 53
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Sugar City RFD (Madison) Idaho

DATE REC'D BY LOCAL REG.: 8-24-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3154
Local Reg. No. 52
Reg. Dist. No. 630

AUG 10 1953

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rexburg,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Archie; b. (Middle); c. (Last) Squires

4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 29, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hyrum Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Henry Squires — BIRTHPLACE: Salt Lake City

14. MOTHER'S MAIDEN NAME: Christina Andersen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W H Squires — ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

402 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidently Killed by train — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg, Madison Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/4/53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Run over by train

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth R Flamm — (Degree or title): Coroner

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 8/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/7/53

24c. NAME OF CEMETERY OR CREMATORY: Plano

24d. LOCATION (City, town, or county) (State): Rexburg Rt. 2, Idaho

DATE REC'D BY LOCAL REG.: 8-7-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm — ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3155
Local Reg. No. 39
Reg. Dist. No. 452

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Earl c. (Last) Janey

4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Jan 25-1891
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 6 Days 16 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 56
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unk.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unk BIRTHPLACE unk
14. MOTHER'S MAIDEN NAME unk BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War I 1914-18
16. SOCIAL SECURITY NO. 452-16-1039
17. INFORMANT'S OWN SIGNATURE Rodney Boardman ADDRESS Rupert Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest injuries - shock. — INTERVAL BETWEEN ONSET AND DEATH Aug 9th 1953.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs Cerebral Concussion.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 30 W.
21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) Aug (Day) 9 (Year) 53 (Hour) 6 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? car accident

22. *I hereby certify that I attended the deceased from* Aug 9, 1953, *to* Aug 11, 1953, *that I last saw the deceased alive on* Aug 11, 1953, *and that death occurred at* 12:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 8-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-14-53
24c. NAME OF CEMETERY OR CREMATORY Omaha Cemetery
24d. LOCATION (City, town, or county) (State) Omaha Nebraska

DATE REC'D BY LOCAL REG. 8/14/53
REGISTRAR'S SIGNATURE E. H. Elmore by W. H. Elmore Deputy
25. FUNERAL DIRECTOR Rodney Boardman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DRS. MOELLMER & DALLEY

RECEIVED SEP 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3156
Local Reg. No. 43
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Elgart.

4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Apr 5. 1895
9. AGE (In years last birthday) 58 | UNDER 1 YEAR Months 4 Days 13 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) France
12. CITIZEN OF WHAT COUNTRY? France

13. FATHER'S NAME Unknown BIRTHPLACE France
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 722-18-4355
17. INFORMANT'S OWN SIGNATURE Gladys Elgart ADDRESS Paul Rt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

200.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma. ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1953 *to* Aug 18 1953, *that I last saw the deceased alive on* Aug 18, 1953 *and that death occurred at* 34 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 8-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-22-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 8-28-1953
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Rodney B Boardman ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3157
Local Reg. No. 40
Reg. Dist. No. 45

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul.
d. STREET ADDRESS (If rural, give location): Rt 3 Box 307

3. NAME OF DECEASED (Type or Print): a. (First) Harvey. b. (Middle) LeRoy. c. (Last) Jensen.

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June. 5. 1913.

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months 2 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Amalg. Sugar Co.

11. BIRTHPLACE (State or foreign country): Lewiston. Utah.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: James Jensen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Johanna Nickelsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-09-0968

17. INFORMANT'S OWN SIGNATURE: Bertha R Jensen — ADDRESS: Paul.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolar sclerosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 8, 1953, *to* Aug 8, 1953, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: V A F Dally 099 (Degree or title): M D
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 8/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-12-53
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney L Boardman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3158
Local Reg. No. 42
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Ewing	Clark	Aug.	16	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug 17 1870	82	11	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Makin Co, Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry C. Clark	Ohio	Clarissa Clements	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No No 4221	no.	Ray E Clark	Paul Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-26 1946, *to* 16 Aug, 1953, *that I last saw the deceased alive on* 12 Aug, 1953, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
423 MD	Burley Ida	8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-19-53	Paul Cemetery	Paul Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-26-53	E N Elmore	Rodney L Gardner	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3159
Local Reg. No. 148
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1502-18th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1502-18th. Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Milton	Parkhurst	Aug	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	March 25, 1923	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parts Manager 19	Gray Webb Co.	Moscow, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Parkhurst	Clinton, Iowa	Wickware	Antigo, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		537-14-1044	Mrs Andrew Ostberg	Spokane, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Probable Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Found dead in home 8-3-53 *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. H. Malcom 470	Coroner	Lewiston, Idaho	8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-4-53 08		Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 4, 1953	Jean Wegelius	Brower-Wann R.E. DeBacon	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3160
Local Reg. No. 956
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 625 Lynn

3. NAME OF DECEASED (Type or Print): a. (First) Doris; b. (Middle); c. (Last) Roberts

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 14, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montrose, S.D.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Stenger
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Ida May White
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: X Leslie Roberts
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Pyelonephritis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Polycystic Kidney Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 31 July '53

19b. MAJOR FINDINGS OF OPERATION: Polycystic Kidney - Pyelonephritis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 30 July, 1953 *to* 4 Aug, 1953 *that I last saw the deceased alive on* 4 Aug, 1953 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell L. Scott M.D.

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 10 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Aug 13, 1953

REGISTRAR'S SIGNATURE: Jean Wagelins

25. FUNERAL DIRECTOR:

ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3161
Local Reg. No. 151
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Riverside Auto Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Riverside Auto Court

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	JANE	FINCH	Aug. 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 10, 1922	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
seamer operator o6	Frozen Foods	Joseph, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy Hyman	Unknown	Ida Clark	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	728-05-4039	Buck Finch	Po. box 254 Lewiston.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

98 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Three gun shot wounds in left temple

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	Trailer home	Lewiston, Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug 5, 1953 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Gun fired at close range into left temple

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.K. Malcom 470 4	Coroner	Lewiston, Idaho	8/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/8/53	Booth-Bollman Funeral Home	Enterprise, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1953	Jean Weydert	Brower-Wann	L.E. DeBoth Lewiston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

48-12905

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3162
Local Reg. No. 150
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1820 - 10th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): VICKIE
b. (Middle):
c. (Last): SHIRLEY

4. DATE OF DEATH (Month) (Day) (Year): August 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 14, 1948
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Eldon Shirley — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Jacqueline Marlatt — BIRTHPLACE: Council, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Eldon Shirley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

902.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture, Epidural Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 44 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): School Grounds.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8, 3, 1953 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Child fell from Slide.

22. *I hereby certify that I attended the deceased from* Aug 3, 1953, *to* Aug 5, 1953, *that I last saw the deceased alive on* Aug 5th, 1953, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Pierce M.D. 310
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 8/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 7, 1953 4
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 7 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wann R. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3163
Local Reg. No. 153
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Riverside Trailer Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2324-8th. Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Francis
c. (Last): Peone

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 17, 1919
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver 06
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Spokane, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herald Reyno — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Kate Nagle — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 10/5/36-4/28/41
16. SOCIAL SECURITY NO.: 518-14-6335
17. INFORMANT'S OWN SIGNATURE: Birth certificate — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound - self-inflicted

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shot through left temple
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Riverside Auto Court
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 5, 1953 2 A.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom 470 — (Degree or title): Coroner
23b. ADDRESS: Box 630 Lewiston, Idaho
23c. DATE SIGNED: 8-6-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/12/53 08
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 11, 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Warm — L. E. DeBaun — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3164
Local Reg. No. 155
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1619-4 St

3. NAME OF DECEASED (Type or Print)
a. (First): Rosabel
b. (Middle): Jannette
c. (Last): Nanik

4. DATE OF DEATH (Month) (Day) (Year): 8-8-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-13-1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colfax, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. B. Mordyke — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Grace Hayes — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-6504
17. INFORMANT'S OWN SIGNATURE: Joe Nanik — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage, 331X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1953, *to* Aug 8, 1953, *that I last saw the deceased alive on* Aug. 8, 1953 *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White, M.D. 446
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-12-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-12-53
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: D. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

A. J. Wh.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3165
Local Reg. No. 152
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 0208-25 St

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Keamia c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) 8-9-53

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1-31-1880

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dade Co, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Raines BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Carl L Johnson ADDRESS

18. CAUSE OF DEATH 420.0

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease and generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9 , 1953, *to* 8-9- , 1953, *that I last saw the deceased alive on* 8-9- , 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. White (Degree or title) M.D.

23b. ADDRESS Lewiston, Ida

23c. DATE SIGNED 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE August 11, 1953

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Aug 11 1953

REGISTRAR'S SIGNATURE Jean Vogelius

25. FUNERAL DIRECTOR W. Vassar Peterson ADDRESS Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

K. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3166
Local Reg. No. 158
Reg. Dist. No. 220

RECEIVED AUG 17 1953 OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perde
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1603, 14 ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	William	Cooper	Aug, 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	ever Married	March 11, 1924	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service man
10b. KIND OF BUSINESS OR INDUSTRY: for Lewiston Refrigeration
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: C.L. Cooper — BIRTHPLACE: Asotin Wash.
14. MOTHER'S MAIDEN NAME: Grace Fourre — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): tes — (If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 518-20-2299
17. INFORMANT'S OWN SIGNATURE: (Mrs. C. L. Cooper) — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombosis — 2 wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Casson M.D. (Degree or title) — 23b. ADDRESS: Lewiston Idaho — 23c. DATE SIGNED: 8-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Aug, 14, 53 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Aug 14 1953 — REGISTRAR'S SIGNATURE: Jean Wagelin — 25. FUNERAL DIRECTOR — ADDRESS: Andrew F. Vassar Lewiston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3167
Local Reg. No. 157
Reg. Dist. No. 220

BIRTH NO. 111-53-10495

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): St. Joseph Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Kari b. (Middle) Renee c. (Last) Field

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Aug. 11, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 10 / Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
02

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milford Field
BIRTHPLACE: Colton, Wash.

14. MOTHER'S MAIDEN NAME: Shirley Dalve
BIRTHPLACE: Great Falls, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs. Milford Field
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Baby lived 10 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/11, 1953, *to* 8/11, 1953, *that I last saw the deceased alive on* 8/11, 1953, *and that death occurred at* 7:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. W. H. Pierce (Degree or title): M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 8/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/13/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 13 1953
REGISTRAR'S SIGNATURE: Jean Wegeleus
25. FUNERAL DIRECTOR: Brooker-Warn
ADDRESS: Lewiston, Idaho

Dr. W. H. Pierce

Federal Security Agency
United States Public Health Service
Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3168
Local Reg. No. 357
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1831 - 2nd Ave. N.

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) MAY c. (Last) BOWLIN

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 20, 1888
9. AGE (In years last birthday): 65 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alger, Colorado
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James G. Barnes BIRTHPLACE: Memphis, Tenn.
14. MOTHER'S MAIDEN NAME: Elizabeth Underwood BIRTHPLACE: Joplin, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Harold G Bowlin ADDRESS 1831-27th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive cardio-vascular disease.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 9, 1953, *to* Aug. 14, 1953, *that I last saw the deceased alive on* Aug. 14, 1953, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. J. White (Degree or title) M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 17, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann ADDRESS: K.H. Malcom Lewiston, Idaho

Dr. A. J. White

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3169
Local Reg. No. 160
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace		Mauch	Aug.	15,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb, 7 1893	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	At Home	Cameron, Mo.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Leach	Mo	Caroline Keller	Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Chas Mauch	Genesee, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis. — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	[illegible] Lewiston	Aug 18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Aug, 18,53	Genesee City Cemetery	Genesee, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-18-53	Jean Wegelius	E. S. Rawls	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3170
Local Reg. No. 167
Reg. Dist. No. 220

BIRTH NO. 111-53-10516

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Cowletz
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longview
d. STREET ADDRESS (If rural, give location): Rt # 2 box 562

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): GIRL
c. (Last): REID

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: Aug. 18, 1953
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours 6 Min. 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Fred Reid
BIRTHPLACE: Centrelalia, Wash.
14. MOTHER'S MAIDEN NAME: Martha Thomas
BIRTHPLACE: North Carlonia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Fred Reid
ADDRESS: Longview, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - 6 Mos
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): gestation - lived about
DUE TO (c): 6 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1953, *to* Aug 18, 1953, *that I last saw the deceased alive on* Aug 18, 1953, *and that death occurred at* 7:27 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Pierce MD. 310
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 8/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 19 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wann by H. Malcom
ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

State File No. 3171
Local Reg. No. 162
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1912 G Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1912 G Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ELLEN	CARPENTER	Aug 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Apr 18, 1871	82	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homekeeper	Own Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J K P Allen	Illinois	Mathias Thornton	Tennessee

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	– – – – – –	None	Ethel Miles	Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchopneumonia

DUE TO (c) Cerebral Vascular accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-15, 1953, *to* 8-19, 1953, *that I last saw the deceased alive on* 8-19, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. W. Eastman M.D.		Lewiston Idaho	8/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/21/53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 21, 1953	Jean Wegelin	R. C. Murdock	Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3172
Local Reg. No. 164
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 431--14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): JACOB
c. (Last): NEUPERT

4. DATE OF DEATH (Month) (Day) (Year): Aug. 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 16, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 12
10b. KIND OF BUSINESS OR INDUSTRY: Professer
11. BIRTHPLACE (State or foreign country): North Judson, Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George J. Neupert — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth ? — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-28-8878
17. INFORMANT'S OWN SIGNATURE: Bertha B. McD. Neupert — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

415X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): my acindites.
ANTECEDENT CAUSES — DUE TO (b): Rheumatic Fever
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 mo. cheldhood.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1947, *to* Aug. 18, 1953, *that I last saw the deceased alive on* Aug 18, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Baldeck MD
23b. ADDRESS: 707 - 7th St City
23c. DATE SIGNED: 8/20/54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 25, 1953
REGISTRAR'S SIGNATURE: Jean Wegeline
25. FUNERAL DIRECTOR: Brower-Wann By K. H. Malcom — ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. J. E. Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3173
Local Reg. No. 163
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3312 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) Allen c. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) Aug 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Cloverland, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Johnson
BIRTHPLACE: Fayetteville, Ark

14. MOTHER'S MAIDEN NAME: Sarah Jane Keller
BIRTHPLACE: Fayetteville, Ark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 534-28-8926

17. INFORMANT'S OWN SIGNATURE: Cornelia Johnson
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 902.3 Irreversible Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemorrhage Laceration Left Lung:

DUE TO (c) fractured ribs left

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) accident Aug 20, 1953

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): D.F.T.

21c. (CITY, TOWN, OR TOWNSHIP) Lewiston (COUNTY) Nez Perce (STATE) Idaho

21d. TIME OF INJURY (Month) aug (Day) 20 (Year) 1953 (Hour) a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell off roof

22. I hereby certify that I attended the deceased from aug 20, 1953, to aug 20, 1953 that I last saw the deceased alive on Aug 20, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: John F. Barnes (Degree or title) M.D

23b. ADDRESS: 307 St Johns Lewiston Id.

23c. DATE SIGNED: 8/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/22/1953

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) Clarkston Asotin (State) Washington

DATE REC'D BY LOCAL REG.: Aug 21 1953

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: W. Merchant
ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3174
Local Reg. No. 169
Reg. Dist. No. 220

BIRTH NO.

SEP 3 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANTONE; b. (Middle); c. (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 17, 1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Carl McDaniel — ADDRESS: Winchester Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriasclerosis — 10 yrs
DUE TO (c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 10 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____ *to* ____, 19____, *that I last saw the deceased alive on* 8-27, 1953 *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 291 (Degree or title)

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 8-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-22-53

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: Aug 29 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann — K.W. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3175
Local Reg. No. 165
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2023 Cedar

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELSIE	CORINNA	WEBER		Aug.	22,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 30, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Willard Comstock — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Jennie Thompson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Emma Snyder — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) 420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 - 4, 1953 *to* 8 - 21, 1953, *that I last saw the deceased alive on* 8 - 21, 1953 *and that death occurred at* Unknown m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial
24b. DATE: 8-22-53
24c. NAME OF CEMETERY OR CREMATORY: Texas Ridge
24d. LOCATION (City, town, or county) (State): Juliaetta, Idaho

DATE REC'D BY LOCAL REG.: Aug 25 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Donald Ward — ADDRESS: Moscow, Idaho

Dr. A. J. White

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 9 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3176
Local Reg. No. 767
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eugene; b. (Middle); c. (Last) Turner

4. DATE OF DEATH: (Month) (Day) (Year): Aug 23, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1892

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler 75

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Boston, Mass.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Turner
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Anna Bowles
BIRTHPLACE: Ne Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E A Dufour
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

540.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Gastric Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic gastric ulcer - 6+ months.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ancient myocardial infarct 3 years

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Cystic Hygroma. at frontal area -

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19—, *to* Aug 23, 1953, *that I last saw the deceased alive on* Aug 23, 1953, *and that death occurred at* 5:12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 383 MD (Degree or title)

23b. ADDRESS: 307 St John Way Lewiston

23c. DATE SIGNED: Aug 24 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug, 27, 53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 8-27-53

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: A. F. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3177
Local Reg. No. 166
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GRACIE	O).	EBERHARDT	Aug. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Oct. 1, 1891	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Salem, Oregon	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph F. Cook	Kansas	Mary Hollingsworth	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Herman Eberhardt	Lenore, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4438

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-14, 1953, *to* 8-23, 1953, *that I last saw the deceased alive on* 8-23, 1953, *and that death occurred at* 9:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. J. White M.D.	Lewiston, Ida.	8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-25-53	Jean Wiggins	Brower-Wann H. H. Malcom	Lewiston, Idaho

Dr. A. J. White

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3178
Local Reg. No. 168
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 10 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sommerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Prce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): Sommerville Home

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Graves

4. DATE OF DEATH (Month) (Day) (Year): 8-25-53

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: October 19, 1953

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): log Scaler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clover, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. S. Rawls
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: a few minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arterio sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952 *to* 8-25, 1953 *that I last saw the deceased alive on* 8-19, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. W. Eastman (Degree or title) M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 8/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-28-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 28, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vassar-Rawls
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

2 #8

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 245.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3179
Local Reg. No. 1733
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 323 - 6th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MYRTA	ETHYLEN	LUMPKIN	August	30,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 26, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Dutton — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Esta ? — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: David B. Peterson — ADDRESS: Lewiston,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral infarction. — 6 weeks
DUE TO (c) Severe arteriosclerosis. — years -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Hypertension. — 20+ yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1953, *to* Aug. 30, 1953, *that I last saw the deceased alive on* Aug 30, 1953, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein (Degree or title): M.D.
23b. ADDRESS: 307 St John Way Lewiston
23c. DATE SIGNED: 9-1-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-2-1953	Normal-Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: K. H. Malcom Lewiston, Idaho

Dr. Stein

Federal Security Agency
United States Public Health Service
Form DPH-40021

RECEIVED

Certificate of Death

SEP 14 1953

STATE OF IDAHO

State File No. 3180
Local Reg. No. 122
Reg. Dist. No. 220

BIRTH NO. 111-53-10517

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DEBRA; b. (Middle) JEAN; c. (Last) WILSON

4. DATE OF DEATH: (Month) August (Day) 30, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 18, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 12; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Dan Wilson — BIRTHPLACE: Colton, Wash.

14. MOTHER'S MAIDEN NAME: Louise Smith — BIRTHPLACE: Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dan Wilson — ADDRESS: Culdesac, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/30, 1953, *to* 8/30, 1953, *that I last saw the deceased alive on* 8/30/53, 19— *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 310 (Degree or title) MD

23b. ADDRESS: Lewiston Ida.

23c. DATE SIGNED: 8/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-2-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept 1 1953

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Brower-Wann H.H. Malcom — ADDRESS: Lewiston, Idaho

Dr. Pierce

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 14 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3181
Local Reg. No. 174
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston,
d. STREET ADDRESS (If rural, give location): 1121 Fair St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	F.REDRICK	HELM	Aug. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 5, 1887	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Conductor 70	Northern Pacific R. R.	Wausaw, Wisconsin	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick W. Helm	Germany	Johanna	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	701-07-8084	Elizabeth M Helm	Clarkston Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 30, 1953, *to* Aug 31, 1953, *that I last saw the deceased alive on* Aug 30, 1953, *and that death occurred at* 6:52 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Haas Jr. 687 M.D.	936 7th Clarkston, Wa	9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9-1-1953 15	Hazen & Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 1, 1953	Jean Wegelius	Brower-Wann R.H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Haas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

AUG 17 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3182
Local Reg. No. 142
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai, Idaho
LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence Lapwai, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Russell; b. (Middle); c. (Last) Webb

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: General Merchandise

11. BIRTHPLACE (State or foreign country): La Crosse, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Webb
BIRTHPLACE: Chester, Wisconsin

14. MOTHER'S MAIDEN NAME: Anna Uden
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-3520

17. INFORMANT'S OWN SIGNATURE: by Mrs. George Webb
ADDRESS: 5414 Eastwood Dr. Cincinnati 27, Ohio

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable - coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. H. Malcom (Degree or title): Coroner
23b. ADDRESS: Box 630 Lewiston, Idaho
23c. DATE SIGNED: 8-6-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-6-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug 7 1953
REGISTRAR'S SIGNATURE: Jean Wagelin
25. FUNERAL DIRECTOR: Brower-Wann
ADDRESS: Lewiston, Ida.
L. E. DeBaun

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

AUG 17 1953 STATE OF IDAHO

State File No. 3183
Local Reg. No. 154
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding, Idaho
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Snohomish
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everett
d. STREET ADDRESS (If rural, give location): 2928 Hoyt Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lester		Cooley	Aug. 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Separated	June 27, 1908	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawyer	Lumber	Arlington, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas F. Cooley	Michigan	Mary E. Reed	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Donald L. Cooley	2928 Hoyt Everett

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c) Stomach Cramps

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Clearwater River	Spalding Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug. 9, 1953 11:45A.M.		While swimming

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Malloy, Coroner	Box 630, Lewiston, Ida.	8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/11/53	Purdy & Walters	Everett Snohomish Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 11 1953	Jean Wegelius	Brower-Wann L E DeBaun	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
SEP 14 1953

Certificate of Death

STATE OF IDAHO

State File No. 3194
Local Reg. No. 193
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Genesee T
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): William Mervyn farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Genesee Rural T
d. STREET ADDRESS (If rural, give location): William Mervyn farm

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Hunter; c. (Last) Mervyn

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 11, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Wheat farm

11. BIRTHPLACE (State or foreign country): Genesee, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Mervyn
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Cora Lees
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S OWN SIGNATURE: Mrs. A. R. Mervyn
ADDRESS: Genesee, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning 929.1
INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Genesee, NezPerce, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 26, 1953 p m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Fell into well while working on it.

22. I hereby certify that I attended the deceased from autopsy only, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 29 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: Sept 1, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

REC NON-RESIDENT

SEP 3-1953

Certificate of Death

STATE OF IDAHO

State File No. 3185
Local Reg. No. 171
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Hill Highway

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Rode Island

b. COUNTY: Providence

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woonsocket

d. STREET ADDRESS (If rural, give location): 594 Providence St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edward	George	Messere	Aug. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	June 22, 1953	23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woonsocket, Rode Island

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor Messere — BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Irma Bellini — BIRTHPLACE: Patterson, N.J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 035-20-7843

17. INFORMANT'S OWN SIGNATURE: Victor Messere (by phone) — ADDRESS: Woonsocket, Ri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Concussion of the brain — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Car accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

925.4

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): XXX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 29, 1953 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* ———, 19—, *to* ———, 19—, *that I last saw the deceased alive on* ———, 19—, *and that death occurred at* 4:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.H. Malcom	Coroner	Lewiston, Idaho	8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-30-53	St. Charles	Woonsocket, Rhode Island

DATE REC'D BY LOCAL REG.: 8-31-53

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Mann L.E. DeBaun — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3186
Local Reg. No. 170
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location): Edward Knowlton Ranch

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	STEVEN	RAYMOND	WARGI	Aug. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	December 11, 1944	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Raymond Wargi — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Alice Knowlton — BIRTHPLACE: Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Owen L. Knowlton — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Peck, Nez Perce, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 30, 1953 10 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from raft.

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. K. Malcom 470	Coroner	Lewiston, Idaho	Aug. 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 2, 1953	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 31 1953	Jean Vegelius	Brower-Wann K. K. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

AUG 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3187
Local Reg. No. 21
Reg. Dist. No. 530

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 267 N.2nd West

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Thomas
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): August 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 30 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William D.Williams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Hannah Thomas — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-4438
17. INFORMANT'S OWN SIGNATURE: Ronald Williams — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~[illegible]~~ Mitral Heart disease & Decompensation — 15 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Glomerulonephritis — 4 Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1952, *to* Aug 2, 1953, *that I last saw the deceased alive on* Aug 1, 1953, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard C Cowlishaw MD
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: Aug 5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 5 1953
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 5-1953
REGISTRAR'S SIGNATURE: J. Guy Hansen
25. FUNERAL DIRECTOR: Lyford H. Denson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3188
Local Reg. No. 23
Reg. Dist. No. 530

BIRTH NO.

SEP 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) - c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1953

5. SEX Male (Malad)

6. COLOR OR RACE wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb. 8, 1892

9. AGE (If years last birthday) 61
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Flour mill

11. BIRTHPLACE (State or foreign country) Portage, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David R. Thomas
BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Phoebe Ann John
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-18-2679

17. INFORMANT'S OWN SIGNATURE Margaret Thomas ADDRESS Malad Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

159X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure (history only) — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro-intestinal Carcinoma — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION — Very probable.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Aug., 1953, *to* 24 Aug., 1953, *that I last saw the deceased alive on* 24 Aug., 1953, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph F. Mabey 621 (Degree or title) M.D

23b. ADDRESS Malad City, Idaho

23c. DATE SIGNED 27 Aug '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 28-53

24c. NAME OF CEMETERY OR CREMATORY Malad City Cemetery

24d. LOCATION (City, town, or county) (State) Malad, Idaho

DATE REC'D BY LOCAL REG. Aug 26 1953

REGISTRAR'S SIGNATURE J. Guy Hansen

25. FUNERAL DIRECTOR Gaylord F. Hansen ADDRESS Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3189
Local Reg. No. 24
Reg. Dist. No. 530

BIRTH NO.

SEP 8 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plymouth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Merlin
c. (Last): Estep

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: June 27 1953
9. AGE (In years last birthday): If under 1 year: Months 2 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Walter Max Estep — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Joan Darlene Tippetts — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter Max Estep — ADDRESS: Plymouth Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 27 June, 1953, *to* 24 Aug, 1953, *that I last saw the deceased alive on* 24 Aug, 1953, *and that death occurred at* 12:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph T. Mabey, M.D. (21)
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 25 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug 26 53
24c. NAME OF CEMETERY OR CREMATORY: Plymouth Utah
24d. LOCATION (City, town, or county) (State): Plymouth, Box Elder, Utah

DATE REC'D BY LOCAL REG.: Aug 26. 1953
REGISTRAR'S SIGNATURE: J. Guy Denson
25. FUNERAL DIRECTOR: Raymond G. Denson — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

SEP 8 - 1953

STATE OF IDAHO

State File No. 3190
Local Reg. No. 22
Reg. Dist. No. 530

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Utah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lehi
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Keith Roland
b. (Middle):
c. (Last): Colledge

4. DATE OF DEATH (Month) (Day) (Year): August 14 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30 1931
9. AGE (In years last birthday): 22 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Utah Fire Clay
11. BIRTHPLACE (State or foreign country): And Pipe Co. → Lehi Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lester B. Colledge — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Erma Dean Peterson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 528-40-8359
17. INFORMANT'S OWN SIGNATURE: Alva R. Wing — ADDRESS: Lehi Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, Hemorrhage, Traumatic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Wounds Pelvic Region
DUE TO (c): Truck going off road into ditch

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-way 191 South
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oneida Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 14 1953 4AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck ran off road into wash

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stephen D. Lewis 470 — (Degree or title): Oneida County Coroner 4
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: Aug 14 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug 14 53 01 3
24c. NAME OF CEMETERY OR CREMATORY: Lehi Utah
24d. LOCATION (City, town, or county) (State): Lehi, Utah, Utah

DATE REC'D BY LOCAL REG.: Aug. 19-1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Rayford G. Simon — ADDRESS: Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3101
Local Reg. No. 29
Reg. Dist. No. 380

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: OWYHEE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, TAYLOR GRANGE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAYLOR CREEK FIRING RANGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: CALIFORNIA
b. COUNTY: LOS ANGEELS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOS ANGELES, ZONES 45
d. STREET ADDRESS (If rural, give location): 6567 WEST 84TH PLACE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIRGIL	A.	THARP	AUG	13	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	CAUCASIAN	MARRIED	16 JULY 1920	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SUPERVISER 42	AIRCRAFT	SALEM, MISSOURI	USAF

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
OSCAR THARP	USA	UNKNOWN	USA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WORLD WAR II 866X	546-15 1096	1/Lt. John S. Schill, 201 File	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INJURIES, MULTIPLE, EXTREME — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AIRCRAFT ACCIDENT — INSTANT
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	FIRING RANGE	TAYLOR GRANGE OWYHEE IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
AUG	13	53	6:20 AM m.	WHILE AT WORK [X] NOT WHILE AT WORK [ ]	AIRCRAFT ACCIDENT

22. *I hereby certify that I attended the deceased from* [illegible] *that death occurred at* APRX 6:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas F Greencorn	Mtn Home Ida	8-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removed	Aug. 14, 1953		Burbank. Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 14, 1953	[signature]	D. E. Alden	Boise, Idaho
		McBratney - Alden	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

AUG 31 1953

STATE OF IDAHO

State File No. 3192
Local Reg. No. 31
Reg. Dist. No. 330

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 355 - 3rd Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 355 - 3rd Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) ELLEN c. (Last) STEGALL

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Clair, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joshua C. Oliver — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Clark — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Allen Stegall — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chronic myocarditis with auricular fibrillation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 19 53, *to* July 23, 19 53, *that I last saw the deceased alive on* July 23, 19 53, *and that death occurred at* 7:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: July 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: July 26 1953
REGISTRAR'S SIGNATURE: Roberta E. Hoffman
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3193
Local Reg. No. 38
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): North 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) HUGH; b. (Middle) HARRIS; c. (Last) DANIEL

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 10, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR Months: 3 Days: 20
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dade County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bluford Allen Daniel
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Sophia Davis
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bob Daniels
ADDRESS: Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 24 hr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stokes Adams Syn. d. Heart Block.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1953, *to* July 30, 1953, *that I last saw the deceased alive on* July 30, 1953, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Leasell (Degree or title) M.D.

23b. ADDRESS: Fruitland, Idaho

23c. DATE SIGNED: July 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Washington, Idaho

DATE REC'D BY LOCAL REG.: Aug 31 1953

REGISTRAR'S SIGNATURE: Roberts E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3194
Local Reg. No. 40
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.V.M. Hospital - Payette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Fruitland, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): ALONZO
b. (Middle): - - - -
c. (Last): HEAP

4. DATE OF DEATH (Month) (Day) (Year): August 4, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: March 17, 1879
9. AGE (In years last birthday): 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm work
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Heap — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Margaret Brown — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A R Heap — ADDRESS: Fruitland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Acute left lung atelectasis with pleural effusion and pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: Two days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic hypertensive cardio renal disease. Acute renal failure — 10 yrs. One day

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1953, *to* Aug. 4, 1953, *that I last saw the deceased alive on* 10:30 PM Aug. 3, 1953, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. E. Davis M.D. (Degree or title) 081
23b. ADDRESS: New Plymouth Idaho
23c. DATE SIGNED: Aug. 4 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 7, 1953 02
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: August 5 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3105
Local Reg. No. 41
Reg. Dist. No. 330

BIRTH NO.

REC'D AUG 31 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 135 North 10th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 135 North 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Josephine c. (Last) Ferrel

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 1, 1899

9. AGE (In years last birthday): 53 Yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Plattsmouth, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Rys
BIRTHPLACE: Bohemia

14. MOTHER'S MAIDEN NAME: Mary Bajeck
BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: W B Ferrel
ADDRESS: Payette Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 19 5 f, to Aug. 13, 1953, that I last saw the deceased alive on Aug 10, 19 53, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE: W B Ferrel (Degree or title) MD
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: Aug. 13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Aug. 17, 1953
REGISTRAR'S SIGNATURE: Robert E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2196
Local Reg. No. 42
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 No. 7th Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 815 No. Seventh Street

3. NAME OF DECEASED (Type or Print): a. (First) Jonathan; b. (Middle) Enoch; c. (Last) Roberts

4. DATE OF DEATH: (Month) August (Day) 15, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 7, 1862

9. AGE (In years last birthday): 90 yrs — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: store operator

11. BIRTHPLACE (State or foreign country): Lee County, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Roberts — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Nancy Wickersham — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: E Roberts — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease

DUE TO (c) Essential Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12 Aug, 1953, *to* Aug. 15, 1953, *that I last saw the deceased alive on* 12 Aug, 1953, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Steele (Degree or title) M.D.

23b. ADDRESS: Fruitland, Idaho

23c. DATE SIGNED: 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

24b. DATE: 8-18-53

24c. NAME OF CEMETERY OR CREMATORY: Morriss Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 18 1953

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3107
Local Reg. No. 14
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1750 - 7th Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamieson
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) FRIEDA b. (Middle) REIMERS c. (Last) COLEMAN

4. DATE OF DEATH: (Month) (Day) (Year) August 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 19, 1897
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR Months: 10 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Reinbeck, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. D. Reimers BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary Anderson BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-7896
17. INFORMANT'S OWN SIGNATURE: Frieda Coleman ADDRESS: Jamieson, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 3-53
19b. MAJOR FINDINGS OF OPERATION: Metastases - general in peritoneal cavity
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13, 1950, *to* August 30, 1953, *that I last saw the deceased alive on* August 30, 1953, *and that death occurred at* 11:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles R. Palmer (Degree or title) M.D.
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: August 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Sept 3 1953
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Giffard R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3198
Local Reg. No. 39
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. West Blvd. New Plymouth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): No-West Blvd. New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): SARENA
b. (Middle): ELLEN
c. (Last): TUTTLE

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 16, 1868
9. AGE (In years last birthday): 84 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home-keeper
11. BIRTHPLACE (State or foreign country): London, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome G. Evans — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Emily Benge — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Ed Bell — ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocardial failure with edema — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute upper respiratory infection — 2 days
Senility. Disabling healed left hip fracture — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1953, *to* Aug 3, 1953, *that I last saw the deceased alive on* Aug. 3, 1953, *and that death occurred at* 4:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo E. Davis M.D. (Degree or title)
23b. ADDRESS: New Plymouth Idaho
23c. DATE SIGNED: Aug. 4, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3199
Local Reg. No. 43
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 630 Outside Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 630 Outside Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmo	Nicholas	Rotering	August 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 11, 1891	62	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager Furniture Store	Furniture Store	Stephen, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nicholas Rotering	Minnesota	Ella Russell	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		[signature]	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion and cardiac infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Previous anterior coronary occlusion and cardiac infarct — 3 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 15, 1953, *to* Aug. 21, 1953, *that I last saw the deceased alive on* Aug. 21, 1953, *and that death occurred at* 5:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. E. Davis M.D.	New Plymouth Idaho	Aug 23 '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 24, 1953	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
August 24, 1953	Robert E. Hoffa	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 19 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3200
Local Reg. No. 15
Reg. Dist. No. 500

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - American Falls
c. LENGTH OF STAY (in this place) 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 miles West Am. Falls, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athena
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) McMillan

4. DATE OF DEATH (Month) Aug. (Day) 11, (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 19, 1882

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY On farm

11. BIRTHPLACE (State or foreign country) Beloit, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Daniel Webster McMillan BIRTHPLACE Philadelphia, Penn.

14. MOTHER'S MAIDEN NAME Josephine Troutman BIRTHPLACE Frankford, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Roy McMillan ADDRESS 771 So. Shilling

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Subacute coronary occlusion — 3 years

DUE TO (c) Arteriolarsclerosis — 12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* June 19 53 *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Hanna 149 (Degree or title) M. D.

23b. ADDRESS American Falls, Idaho

23c. DATE SIGNED Aug. 14-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8-11-53

24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery

24d. LOCATION (City, town, or county) Blackfoot, (State) Bingham, Idaho

DATE REC'D BY LOCAL REG. 8-15-53

REGISTRAR'S SIGNATURE Gertrude Trumbull

25. FUNERAL DIRECTOR Howard Packham ADDRESS Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3201
Local Reg. No. 16
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Am. Falls, Idaho
c. LENGTH OF STAY (in this place) 44yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grand Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Am. Falls, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Rutherfourd b. (Middle) Hayes c. (Last) Lounsbury

4. DATE OF DEATH (Month) Aug. (Day) 14, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 28, 1877
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 5 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cattleman 51
10b. KIND OF BUSINESS OR INDUSTRY Ranch
11. BIRTHPLACE (State or foreign country) Weber County, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Lounsbury BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Mary Ann Horn BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-26-0325
17. INFORMANT'S OWN SIGNATURE Carlos H Lounsbury ADDRESS Am Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosus (acute) — INTERVAL BETWEEN ONSET AND DEATH 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 2 yrs.
DUE TO (c) Arteriolarsclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 16 months.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1952, *to* Aug 1, 1953, *that I last saw the deceased alive on* Aug 12, 1953, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE F. J. Harris M.D. 141 (Degree or title)
23b. ADDRESS American Falls Idaho
23c. DATE SIGNED 8-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-17-53
24c. NAME OF CEMETERY OR CREMATORY Fallsview
24d. LOCATION (City, town, or county) Am. Falls, Idaho (State)

DATE REC'D BY LOCAL REG. 8-17-53
REGISTRAR'S SIGNATURE Gertrude Thornhill
25. FUNERAL DIRECTOR H. L. Davis ADDRESS Am. Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
AUG 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3202
Local Reg. No. 63
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery Gulch
d. STREET ADDRESS (If rural, give location): Montgomery Gulch

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Raymond c. (Last) Yount

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1953

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1906
9. AGE (In years last birthday): 47 | IF UNDER 1 YEAR Months: 0 Days: 27 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Worker
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Wilbur Washington
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ray Yount BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Lydia Keeling BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Hazel Yount ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Malignant Lymphoma 6 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 July, 1953, *to* 2 Aug, 1953 *that I last saw the deceased alive on* 2 Aug, 1953 *and that death occurred at* 1:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. I. Gibbon M.D.
23b. ADDRESS: Kellogg
23c. DATE SIGNED: 7 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/5/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

AUG 26 19

State File No. 3203
Local Reg. No. 01
Reg. Dist. No. 12

BIRTH NO.

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltermille
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mabel b. (Middle) [illegible] c. (Last) Orr

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	May 9, 1904	49	2	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home 01	Home	La Grande Oregon	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lewis Berka	Bohemia	Lydia Hayes	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	James Orr	Smeltermille Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mild - Status Convulsive
DUE TO (c) Of Regional · 10-22-51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-22, 1951, *to* 8-5, 1953, *that I last saw the deceased alive on* 8-5, 1953, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert E. Peters M.D.	Kellogg Idaho	8-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	August 10 1953	White Sulphur Springs	White Sulphur Springs Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-11-53	[signature]	[signature]	[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3204
Local Reg. No. 43
Reg. Dist. No. 17

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Apt 71 Vets Housing

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Charles
c. (Last) Goolesby

4. DATE OF DEATH (Month) August (Day) 7 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 1, 1952
9. AGE (In years last birthday): If under 1 year: Months 8, Days 6; If under 1 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Chatanooga Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles W Goolesby — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Marilyn Miles — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles Goolesby — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

473 x

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septic tonsillitis — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1953, *to* Aug 7, 1953, *that I last saw the deceased alive on* Aug 7, 1953, *and that death occurred at* 1:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Cordwell, MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: Aug 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8-13-53
REGISTRAR'S SIGNATURE: Joe Lisine
25. FUNERAL DIRECTOR: Grant M. Plate — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3205
Local Reg. No. 65
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pats Boarding House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) Pats Boarding House

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Spillman

4. DATE OF DEATH (Month) (Day) (Year) August 22 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 28, 1876
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 0 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horseshoer Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russian Poland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Adolf Spillman BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Barbara Lauber BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. 516-14-3389
17. INFORMANT'S OWN SIGNATURE A Employment Record ADDRESS Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — years

DUE TO (c) Arteriosclerosis General

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-22-53 7:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 8-22, 19 53 *and that death occurred at* 7:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE R. M. Berg
(Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 27 1953
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg, Ida. (State)

DATE REC'D BY LOCAL REG. 8-28-53
REGISTRAR'S SIGNATURE Joe Sabine
25. FUNERAL DIRECTOR Grant Glade Kellogg Idaho ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-1172

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SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3206
Local Reg. No. 64
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Bunker Courts No. 2

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ann c. (Last) Robertson

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 26, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: Less 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kellogg, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ralph J. Robertson BIRTHPLACE: Beark, Arkansas

14. MOTHER'S MAIDEN NAME: Mary V. Austin BIRTHPLACE: Bonners Ferry, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Hospital Record ADDRESS: Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 772 Premature 5½ mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pre-mature Separation of Placenta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 26, 1953, *to* Aug 26, 1953, *that I last saw the deceased alive on* Aug, 1953, *and that death occurred at* 7P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 382 Robert T. Peters

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 8-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Ida.

DATE REC'D BY LOCAL REG.: 8-28-53

REGISTRAR'S SIGNATURE: Joe Osborne

25. FUNERAL DIRECTOR ADDRESS: Gantz & Glade Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-P964

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SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3207
Local Reg. No. 66
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltervill
d. STREET ADDRESS (If rural, give location): 209 D Street

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Gerald c. (Last) Schonewald

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 6 1953

9. AGE (If under 1 year last birthday): Years | If under 1 year: Months | Days | If under 1 day: Hours 30 minutes | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wallace Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Tom Schonewald — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Jo Ann Ricken — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Tom Schonewald — ADDRESS: Smeltervill Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: ½ hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 6 mo. gestation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6-53, 19___, *to* 7-6-53, 19___, *that I last saw the deceased alive on* 7-6-53, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 8-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/8/53

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8-28-53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3208
Local Reg. No. 8
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gem
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) ALVIN c. (Last) REYNOLDS
4. DATE OF DEATH (Month) Aug. (Day) 2 (Year) 53
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 10-1946
9. AGE (In years last birthday) 6 — IF UNDER 1 YEAR Months 10 Days 12 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Priest River Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Forest Reynolds — BIRTHPLACE Wyoming
14. MOTHER'S MAIDEN NAME Lois Foster — BIRTHPLACE Wash
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Forest A. Reynolds — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe laceration of scalp
DUE TO (c) — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Automobile Accident
21c. (CITY, TOWN, OR TOWNSHIP) Wallace (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) 8 (Day) 2 (Year) 53 (Hour) 12:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* 8-2-, 1953, *to* 8-2-, 1953, *that I last saw the deceased alive on* 8-2, 1953 *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 307 Clem Peterson, M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 8-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 5-1953
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Aug 5-1953
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3209
Local Reg. No. 9
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 119 Mill Road

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Alexander
c. (Last) Baillie

4. DATE OF DEATH (Month) (Day) (Year) Aug 9, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 11, 1880
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 1 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Morning Mine
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS 315 Snapel
X Melvin Baillie Kellogg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

561.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute — INTERVAL BETWEEN ONSET AND DEATH 5 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c) Hemolomy Shaughnessy

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Resection - Intestine 13 da

19a. DATE OF OPERATION July 26/53
19b. MAJOR FINDINGS OF OPERATION Strangulated Intestine Resection Hernia
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1953 *to* Aug 9, 1953, *that I last saw the deceased alive on* Aug 8, 1953 *and that death occurred at* 2:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Monterey Peterson - MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED Aug 10-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 11-1953
NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. Aug 11-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell
ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3210
Local Reg. No. 13
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): Copper St.

3. NAME OF DECEASED (Type or Print)
a. (First): Otto
b. (Middle):
c. (Last): Sivil

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 10, 1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Morning Mine
11. BIRTHPLACE (State or foreign country): Uurainen Finland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Sivil — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Ida Rummakkmaki — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-01-9253
17. INFORMANT'S OWN SIGNATURE: X Mrs Otto Sivil — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia, Terminal. — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Glomerulo Nephritis. — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cardiac Decompensation — 3 wks.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1 August, 1953, *to* 21 August, 1953, *that I last saw the deceased alive on* 21 August, 1953, *and that death occurred at* 1.00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis B. Hunter (Degree or title): MD.
23b. ADDRESS: Wallace, Idaho.
23c. DATE SIGNED: 8-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 23-1953
24c. NAME OF CEMETERY OR CREMATORY: Mullan
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: Aug 21-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3211
Local Reg. No. 14
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 407 Bank Street

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) Lewis; c. (Last) Botzon

4. DATE OF DEATH (Month) (Day) (Year): 8-24-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-26-1896

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Star Mine

11. BIRTHPLACE (State or foreign country): St. Paul, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Botzon
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-01-3863

17. INFORMANT'S OWN SIGNATURE: Sarah E. Botzon
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broncho pneumonia — 24 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-20-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach metastases to hier

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949, *to* Aug. 23, 1953, *that I last saw the deceased alive on* Aug. 23, 1953, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul M. Ellis, M.D.

23b. ADDRESS: Wallace, Idaho

23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Kellogg

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: Aug. 26, 1953

REGISTRAR'S SIGNATURE: Dale L. Cornell, Dep.

25. FUNERAL DIRECTOR: Dale L. Cornell

ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

J. A. Bever, Owner

Phone 314

Ward Funeral Home

Funeral Director

Wallace, Idaho

Dear Sir:

This is a Correction on the original certificate as far as the date of birth + birth place.

Yours Truly

Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

DIVISION OF VITAL STATISTICS

SEP 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 3211
Local Reg. No. 7
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 407 Bank St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Lewis	Botzon	Aug 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married		57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Star Mine	Minneapolis, Minnesota.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Botzon			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-01-3863	X Sarah E. Botzon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 24 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-20-53	Carcinoma of Stomach metastasis to liver	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar, 1949, *to* Aug 23, 1953, *that I last saw the deceased alive on* Aug 23 1953, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul E. Ellis	MD	Wallace Idaho	8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 26 1953	Kellogg	Kellogg - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 26 1953	Dale E. Cornell	Dale E. Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-45021

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3212
Local Reg. No. 15
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Placer Creek.

3. NAME OF DECEASED (Type or Print)
a. (First): Harlan
b. (Middle): Glenn
c. (Last): Gilman

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July, 24, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 1; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harvey Gilman Hamilton, BIRTHPLACE: Mont.
14. MOTHER'S MAIDEN NAME: Geneive Carrol, BIRTHPLACE: Missoula, Mont.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Mrs Harvey Gilman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

76215

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1953, *to* 8-25, 1953, *that I last saw the deceased alive on* 8-25, 1953, *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Am Peterson 307 (Degree or title), M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 26. 1953
24c. NAME OF CEMETERY OR CREMATORY: United
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Aug 26. 1953
REGISTRAR'S SIGNATURE: Dale L Cornell Dep
25. FUNERAL DIRECTOR: Dale L Cornell ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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53-10605

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3213
Local Reg. No. 16
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonhom
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ardant
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) GIRL c. (Last) SEITZ

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27-53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 27-53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wallace
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Claude Seitz BIRTHPLACE Mo
14. MOTHER'S MAIDEN NAME Rosalind Porter BIRTHPLACE Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Claude Seitz ADDRESS Pine Creek, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis R Side Chest
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 6 Month Sodus 2nd 11 og
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1953 *to* Aug 27, 1953 *that I last saw the deceased alive on* Aug 27, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 260 H. Mowery Jr. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 8/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 28-1953
24c. NAME OF CEMETERY OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Sept 1-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 3214
Local Reg. No. 19
Reg. Dist. No. 140

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Copper St.

3. NAME OF DECEASED (Type or Print) a. (First) Chlora b. (Middle) May c. (Last) Lund

4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 11, 1953
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mexico City, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elmer Young, BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Florence Brown, BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-20-7770
17. INFORMANT'S OWN SIGNATURE X Floyd L. Lund ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH Aug 12/31

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sigmoid & Trans-Verse Colon — to Aug 30/53

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Aug 12/31 — 7/10/53
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 1950 *to* Aug 30 1953, *that I last saw the deceased alive on* Aug 30 1953, *and that death occurred at* 6:30 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) 260 Mowery Wallace, Idaho
23b. ADDRESS
23c. DATE SIGNED Sept 1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept 1-1953
24c. NAME OF CEMETERY OR CREMATORY Nampa
24d. LOCATION (City, town, or county) (State) Nampa Idaho

DATE REC'D BY LOCAL REG. Sept 1-1953
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3215
Local Reg. No. 20
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jamesion Hotel Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 918 Residence St.

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Clarence
c. (Last) Creek

4. DATE OF DEATH (Month) (Day) (Year) Aug 31, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 10-1889
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 6 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed 90
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monroe Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Creek — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Martha Lafferty — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. A. C. Creek — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — several mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 8/31, 1953 and that death occurred at 2:30 P.M., from the causes and on the date stated above.*

23a. SIGNATURE 263 H. B. Mowery M.D. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED Sept 1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 3-1953
24c. NAME OF CEMETERY OR CREMATORY Kellogg
24d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. Sept 1-1953
REGISTRAR'S SIGNATURE Dale L Cornell Dep
25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3216
Local Reg. No. 59
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Star Route
c. LENGTH OF STAY (in this place): 20
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunshine Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Star Route
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Bernice
c. (Last): Spencer

4. DATE OF DEATH (Month) (Day) (Year): August 1 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 21 1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Taylor — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Lena Black — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lena Kagee — ADDRESS: Chase Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun Head Inflicted by Husband 22 Revolver — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sunshine Store
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sunshine Mine Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-1-53 5 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot side head by Husband

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 8-1, 1953 *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H C Mowry Coroner (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 5 1953
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur D Alene Idaho

DATE REC'D BY LOCAL REG.: 8-4-53
REGISTRAR'S SIGNATURE: Joe Lorne
25. FUNERAL DIRECTOR: Frank M Glade — ADDRESS: Kellogg Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3217
Local Reg. No. 142
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Star Route
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunshine Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Star Route
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) L c. (Last) Spencer

4. DATE OF DEATH (Month) (Day) (Year): August 1 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2 1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Spencer — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Irene McCrary — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War II 976X
16. SOCIAL SECURITY NO.: 442 01-9427
17. INFORMANT'S OWN SIGNATURE: Sunshine Mining Company Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gas Mouth Shoot Suicide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Self inflicted after shooting
DUE TO (c): Wife

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sunshine Store
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sunshine Mine Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-1 53 5P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot self in Mouth

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 8/1, 1953 and that death occurred at 5P m., from the causes and on the date stated above.

23a. SIGNATURE: A. Mowery Coroner (Degree or title)
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/5 53
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 8/1/53
REGISTRAR'S SIGNATURE: Joe Shmid
25. FUNERAL DIRECTOR: Martin Glade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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AUG 26 1953

Certificate of Death

State File No. 3218
Local Reg. No. 0
Reg. Dist. No. 72

BIRTH NO.

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Bunker Courts

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Lou
c. (Last): Robertson

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: September 25 1936
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kennett Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ralph A. Robertson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lilly M. Smith — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ralph Robertson — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Center Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Sarcomatous Tumor Brain — 4 Tmo

DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May/53
19b. MAJOR FINDINGS OF OPERATION: Sarcomatous Tumor Brain
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul 10 1953 *to* Aug 6, 1953 *that I last saw the deceased alive on* Aug 6, 1953 *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mc Cleowery MD
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 8/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/8 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Frank M. Flock — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
SEP 4 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3219
Local Reg. No. 67
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
c. LENGTH OF STAY (in this place): 5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boveall Auto Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): Boveall Auto Court

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): A
c. (Last): Elliott

4. DATE OF DEATH (Month) (Day) (Year): August 10 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 8 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New Richmond Wisconsin
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Wood — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Willis J. Elliott — ADDRESS: Smelterville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): blood clot in left auricle — months
DUE TO (c): auricular fibrillation — 1½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31, 1948, *to* August 11, 1953, *that I last saw the deceased alive on* July 27, 1953, *and that death occurred at* 3:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Cordwell, 071 (Degree or title): MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12 Aug 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 13 1953
24c. NAME OF CEMETERY OR CREMATORY: Forrest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: 8/13/53
REGISTRAR'S SIGNATURE: Joe [illegible]
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

AUG 17 1953 STATE OF IDAHO

State File No. 3220
Local Reg. No. 78
Reg. Dist. No. 140

BIRTH NO.

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 355 2ND St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): 355 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Edward
c. (Last): Oates

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 13, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compressor Man
10b. KIND OF BUSINESS OR INDUSTRY: Morning Mine
11. BIRTHPLACE (State or foreign country): SALTASH England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Oates — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Maria Gillis — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 518-03-1678
17. INFORMANT'S OWN SIGNATURE: Martha E. Oates — ADDRESS: Mullan Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apparently Heart Block
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): Arteriosclerosis Severe
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 8/13 1953, *that I last saw the deceased alive on* 8/13, 1953 *and that death occurred at* 11:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Morrow Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: Aug 14-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Aug 17-1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: Aug 14-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3221
Local Reg. No. 121
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Avery At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jeanette
b. (Middle): Marie
c. (Last): Sharp

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1906
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 0, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Ida Sharp — ADDRESS: Avery, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — several years
DUE TO (c) alcoholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 8/18, 1953 *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C 470 Rowery Coron
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: Aug 19-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Aug 21-1953
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Aug 19-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 11 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3222
Local Reg. No. 17
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dobson Pass Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Judson
c. (Last): Harper

4. DATE OF DEATH (Month) (Day) (Year): Aug, 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept, 5, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 11, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Palouse, Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin Harper, Wisconsin — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Nellie Draper — BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Helen L. Castle — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): 823.4 Fracture Skull & Neck — Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Into accident went off Hgwy Dobson Pass

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Found Dead

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hgwy Dobson Pass
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wallace Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-30-1953 6:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? auto went off Hgwy

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on 8/30, 1953 and that death occurred at 6:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Mowery Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 3-1953
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: Sept 1-1953
REGISTRAR'S SIGNATURE: Dale L Cornell Dep
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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REC Certificate of Death

STATE OF IDAHO

State File No. 3223
Local Reg. No. 18
Reg. Dist. No. 140

BIRTH NO.

SEP 11 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dobson Pass Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Vera	Lucille	Harper	Aug, 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 18, 1897	56	2	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 29	Retail Store	Cherokee, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Crawford		Dora Smith	

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Helen L. Castle	

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fracture of Skull & Neck — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body
DUE TO (c) Car Accident West Side of Hwy 10 miles East of Kellogg Idaho

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found Dead

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hwy Fracture Pass	Wallace Shoshone Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY occur?
8/30/53 6:30 P.M.		Auto Went off Hwy

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 8/31, 19 53 *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Coroner	Wallace Ida	9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 3 1953	Forest	Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 1 1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3224
Local Reg. No. 189
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1338 6th Ave East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1338 6th Ave East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	V.	DAY	August 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 28, 1899	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate and Insurance		Walla Walla, Washington	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robt. S. Day	Oregon	Pearl Larkin Van	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW1 US Navy	None	x Margaret L. Day	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-4, 1948, *to* Aug. 1, 1953, *that I last saw the deceased alive on* Aug. 1, 1953, *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD	Twin Falls, Idaho	8/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-5-53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 6, 1953	Phyllis Butler	Guy H. Wilson	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED NON-RESIDENT
AUG 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3225
Local Reg. No. 190
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ardmore, Oklahoma
d. STREET ADDRESS (If rural, give location) 425 F. S.W.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	J.	Lloyd	Schwab	Aug 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 25, 1901	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant 72
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Martin Schwab — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Hattie Bullard — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO 440-09-5985
17. INFORMANT'S OWN SIGNATURE James L. Schwab — ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1953, *to* 8-2, 1953, *that I last saw the deceased alive on* 8-2-53, 19____, *and that death occurred at* 11:09 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Affleck M.D. (Degree or title)
23b. ADDRESS Twin Falls, Ida
23c. DATE SIGNED 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY Tonkawa Cemetary
24d. LOCATION (City, town, or county) Tonkawa (State) Okla.

DATE REC'D BY LOCAL REG. Aug. 6, 1953
REGISTRAR'S SIGNATURE Phyllis Bunker
25. FUNERAL DIRECTOR White Mortuary Twin Falls, Ida
ADDRESS Arthur Smith

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

clinic

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3226
Local Reg. No. 194
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 758 Locust

3. NAME OF DECEASED (Type or Print) a. (First) Carrie . b. (Middle) G. c. (Last) Fox

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar 18, 1869

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Marion County, Oregon

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unk
BIRTHPLACE

14. MOTHER'S MAIDEN NAME unk
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE N. J. Bumgardner
ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Previous cerebral hemorrhage — Sept 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25-53, 19___, *to* 8-2-53, 19___, *that I last saw the deceased alive on* 8-2-53, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph W. Marshall (Degree or title) M.D.

23b. ADDRESS Twin Falls Idaho

23c. DATE SIGNED 8-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug 4, 1953

24c. NAME OF CEMETERY OR CREMATORY Morris Hill

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 8-6-53

REGISTRAR'S SIGNATURE Phyllis Butler

25. FUNERAL DIRECTOR Arthur Smith
ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3227
Local Reg. No. 187
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): E Ave B

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): August 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 11 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 9, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Everton Arkansas
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jones 04 — BIRTHPLACE: Not Known
14. MOTHER'S MAIDEN NAME: Rachel Young — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Leonard Y. Jones — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease Class III — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Aug, 1953, *to* 2 Aug, 1953, *that I last saw the deceased alive on* 2 Aug, 1953, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Royal S. Cutler 482 M.D.
23b. ADDRESS: 1898 Filer Ave E. Twin Falls Ida
23c. DATE SIGNED: 4 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Aug 5 53 01
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: AUG 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

AUG 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 3228
Local Reg. No. 196
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFAlls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Filer Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) ADA b. (Middle) ESTELLA c. (Last) PRESTER

4. DATE OF DEATH: (Month) Aug. (Day) 5, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 29, 1864

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sardinia, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Graves BIRTHPLACE: Sardinia, N.Y.

14. MOTHER'S MAIDEN NAME: Sally Ann Walker BIRTHPLACE: Sardinia, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Carroll S. Preston ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-18-, 1948, *to* 8-5-, 1953, *that I last saw the deceased alive on* 5 Aug, 1953 *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: AUG 14 1953
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: WHITE MORTUARY ADDRESS: TwinFalls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
AUG 17 1953

Certificate of Death

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. 3229
Local Reg. No. 194
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 260 8th Ave N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 260 8th Ave No.

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) WILLIAM c. (Last) ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 19, 1870
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Stock & Wool
11. BIRTHPLACE (State or foreign country) Grenada, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Robertson BIRTHPLACE Mississippi
14. MOTHER'S MAIDEN NAME Pernissa Shanan BIRTHPLACE Mississippi

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joseph W Robertson Jr. ADDRESS Buhl, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946, *to* 9 Aug, 1953, *that I last saw the deceased alive on* 4 Aug, 1953, *and that death occurred at* 1 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. B. Beymer, M.D. (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 12 Aug 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. AUG 11 1953
REGISTRAR'S SIGNATURE Phyllis Bradley
25. FUNERAL DIRECTOR White Mortuary ADDRESS Twin Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3230
Local Reg. No. 381
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 351-8th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Francis
c. (Last) Sawyer

4. DATE OF DEATH (Month) (Day) (Year) August 11, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 4, 1878
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surgeon 14
10b. KIND OF BUSINESS OR INDUSTRY Medical
11. BIRTHPLACE (State or foreign country) Waupon, Wis.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John Sawyer — BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Carrie Race — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION Twin Falls, Idaho

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary atherosclerosis — 9 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-11, 1953, *to* 8-11, 1953, *that I last saw the deceased alive on* 8-11, 1953, *and that death occurred at* 11:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 476 George E. Brown MD FACP
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 8/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-14-1953
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 8-17-53
REGISTRAR'S SIGNATURE Phyllis Buhler
25. FUNERAL DIRECTOR [signature] — ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED AUG 17 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3231
Local Reg. No. 197
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cloud
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Concordia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Joseph
c. (Last): Chartier

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 29, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Railroad Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Chartier 70 — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Caroline Martin — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 512-09-4961
17. INFORMANT'S OWN SIGNATURE: Leroy Chartier — ADDRESS: Salem, Oregon.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted bullet wound of head. Point of entrance - above rt. ear; point of exit - L. parieto + temporal area - .38 calibre revolver

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Trailway Bus
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 12 1953 12:15 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self-inflicted

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:15 A *m., from the causes and on the date stated above.*

Did not see alive

23a. SIGNATURE (Degree or title): J. Woodson Creed, MD. 073
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 8-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/15/53
24c. NAME OF CEMETERY OR CREMATORY: Salina Cem.
24d. LOCATION (City, town, or county) (State): Salina, Kansas

DATE REC'D BY LOCAL REG.: AUG 14 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: James E. Reynolds — ADDRESS: REYNOLDS FUNERAL HOME TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 18 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3232
Local Reg. No. 202
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 241-4th Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): O.
c. (Last): Wallace

4. DATE OF DEATH (Month) (Day) (Year): August 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George O. Wallace — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Sally Beck — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-9403
17. INFORMANT'S OWN SIGNATURE: Mrs. George O. Wallace — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* Aug 14, 1953, *that I last saw the deceased alive on* Aug 10, 1953, *and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Willard M Peterson M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Aug 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-17-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: S C Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3233
Local Reg. No. 205
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 466 Borah

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): Wilma
c. (Last): Saxon

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: August 29, 1911
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stratton, Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Harry Folsom — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Clara Linford — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs E R Wescott — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Congestive heart failure with decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
① Rheumatoid arthritis, severe — 9 yrs.
② Hepatitis, chronic — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2 Dec., 1952, *to* 19 Aug., 1953, *that I last saw the deceased alive on* 19 Aug., 1953, *and that death occurred at* 6:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray M Kellogg M.D. 651 — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 8-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 01
24b. DATE: 8-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemtery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-24-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: S G Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3234
Local Reg. No. 986
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location): Richfield

3. NAME OF DECEASED (Type or Print): a. (First) GRANT b. (Middle) c. (Last) ERWIN

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 26, 1953
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waseca, Minnesota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Erwin BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Orilla Ketchum BIRTHPLACE: Wisconsin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. H. W. Riedeman ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy Acute Urinary Retention sec to

19a. DATE OF OPERATION: 8/21/53.
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy.
20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/18, 1953, *to* 8/21, 1953, *that I last saw the deceased alive on* 8/21, 1953, *and that death occurred at* 10:12 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: George I. Davis M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/53
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cem.
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: Aug. 25, 1953
REGISTRAR'S SIGNATURE: Phyllis Barker
25. FUNERAL DIRECTOR: White Mortuary, TwinFalls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3235
Local Reg. No. 208
Reg. Dist. No. 460

BIRTH NO. 111-53-10707

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Fruitland Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Dale
b. (Middle): Eben
c. (Last): Avery

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 21, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 24 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alva Avery — BIRTHPLACE: Phillips Co., Kansas
14. MOTHER'S MAIDEN NAME: Fern Hainline — BIRTHPLACE: Ciscero, Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Alva E Avery — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

757.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maldevelopment of urinary system c̄ obstruction — INTERVAL BETWEEN ONSET AND DEATH: congenital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(congenital defect)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-21, 1953, *to* 8-22, 1953 *that I last saw the deceased alive on* 8-22, 1953 *and that death occurred at* 1:35P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M A Drake M D (Degree or title)
23b. ADDRESS: Buhl
23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 28, 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 3

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3236
Local Reg. No. 211
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1mo. 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 849 Ash Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) R.; c. (Last) YORK

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 20, 1921

9. AGE (In years last birthday): 32 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minden, Nebraska

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Chas. H. York — BIRTHPLACE: York, Nebr.

14. MOTHER'S MAIDEN NAME: Beulah Jones — BIRTHPLACE: Minden, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW 2 US Army

16. SOCIAL SECURITY NO.: 519-12-5441

17. INFORMANT'S OWN SIGNATURE: X Mrs Geo P. York — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XXX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 57, 19__, *to* Aug 20, 19 53, *that I last saw the deceased alive on* Aug 20, 19 53, *and that death occurred at* 2:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Holland M Peterson M.D.

23b. ADDRESS: TwinFalls, Idaho

23c. DATE SIGNED: 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/26/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Co.

24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 9-1-53

REGISTRAR'S SIGNATURE: Phyllis Buhler

25. FUNERAL DIRECTOR: Dwight Hullinger — ADDRESS: White Mortuary, TwinFalls, Idaho

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Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 2 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3237
Local Reg. No. 209
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton

3. NAME OF DECEASED (Type or Print)
a. (First): JERUSHA
b. (Middle): ELLA
c. (Last): HINTON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 7, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prescott, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: B. F. Miller — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Clyde M. Hinton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): old age
DUE TO (c): hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 16, 1953, *to* 8 25, 1953, *that I last saw the deceased alive on* 8 25, 1953, *and that death occurred at* 10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Drake MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: AUG 31 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 3238
Local Reg. No. 210
Reg. Dist. No. 460

BIRTH NO. SEP 2 - 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 536 5th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS.
b. (Middle): GEORGIA
c. (Last): KLEINKOPF

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Eddyville, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Hudson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Susan Partin — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C. E. Kleinkopf — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Progressive c̄ hemiplegia
DUE TO (c): Original onset - cerebral Thrombosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25-50, 19___, *to* 8-25-53, 19___, *that I last saw the deceased alive on* 8-25-53, 19___, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall 243 M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/27/53 01
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: AUG 31 1953
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: [signature] — ADDRESS: WHITE MORTUARY, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 10 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3239
Local Reg. No. 213
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Diego
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Diego
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Callie	May	Lewis	August 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	October 27, 1891	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. Shohoney — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Annie Crandall — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. D.F. McCloud — ADDRESS: Wendell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coma and Complete paralysis — 20 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Royal S. Cutler 482	M.D.	Twin Falls, Idaho	8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-31-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 4 1953	Phyllis Barker	[illegible] Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3240
Local Reg. No. 242
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Amy; b. (Middle) Alvord; c. (Last) Hadley

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Weber County, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Alvord — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Sarah E. Mower — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Doris H. Reimann — ADDRESS: Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident (~~Thrombosis~~ Embolis)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25/53 *19*___, *to* 8/31/53, *19*___, *that I last saw the deceased alive on* 9:29 AM, *19*___, *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard C. Luke (Degree or title) MD 8/31/53 531
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 31, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: SEP 4 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC

SEP 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3241
Local Reg. No. 3241
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 238 8th Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): F.
c. (Last): Patz

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Del Norte, Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Conrad Patz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Henrietta Lotz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-7800
17. INFORMANT'S OWN SIGNATURE: Minnie D. Patz — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Damage - on an arteriosclerotic basis
DUE TO (c) Congestive Heart Failure — 2 - years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29- 1950, *to* 8-31, 1953, *that I last saw the deceased alive on* 7-27, 1953, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. A. McClushy 247 (Degree or title): MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-1953 14
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: SEP 4 1953
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3242
Local Reg. No. 188
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elmer		Edwards	August 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 12, 1914	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker		Skidmore, Mo.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Edwards	Indiana	Ethel Abram	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs Elmer Edwards	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 19[illegible] *to* Aug 4, 1953, *that I last saw the deceased alive on* Aug 4, 1953, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
O. T. Drake	094 (Degree or title)	Twin Falls, Idaho	8/5/1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-8-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 6, 1953	Phyllis Butler	L. C. Pulley	Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
AUG 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 3243
Local Reg. No. 200
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, Route # 1
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at her home R # 1, Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 1
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Leila; b. (Middle) Corthell; c. (Last) Rutherford

4. DATE OF DEATH (Month) (Day) (Year): August 9, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 29, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Machias, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lathrap Corthell — BIRTHPLACE: Machias, New York

14. MOTHER'S MAIDEN NAME: Phoebe Morris — BIRTHPLACE: Frankville, New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Pauline Rutherford — ADDRESS: Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1952 *to* 9 Aug, 1953 *that I last saw the deceased alive on* 4 Aug, 1953 *and that death occurred at* 1:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymer (Degree or title): M. D.

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 12 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/12/53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 8-12-53

REGISTRAR'S SIGNATURE: Phyllis Buhler

25. FUNERAL DIRECTOR: D. I. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3244
Local Reg. No. 204
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
c. LENGTH OF STAY (in this place): 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Mrs. Dell Hudson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford,
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Levi
b. (Middle): H.
c. (Last): Miracle

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 26, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pineville, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas Miracle — BIRTHPLACE: Bell County, Ky.
14. MOTHER'S MAIDEN NAME: Catherine Risner — BIRTHPLACE: Bell County, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X G. R. Miracle — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary hypostasis	3 dy
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility -	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Prostatectomy - Benign hypertrophy?	2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/11, 1950, *to* 8/12, 1953, *that I last saw the deceased alive on* 7/21, 1953 *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: George B. Halley 14 (Degree or title) MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: Aug. 17/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 15, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3245
Local Reg. No. 199
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister -Rural
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denair
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	E.	Guth	August 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	June 25, 1902	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Railroad Flat, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Guth	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	561-26-9387	George E. Guth	Murtaugh, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fractures, multiple, communited with extensive brain lacerations

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Extensive laceration & hemorrhage with incomplete avulsion of rt. upper extremity

DUE TO (c) Multiple rib fractures - right

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

819.4

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 93 - 23 mi S. of	Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8/13/53 7:00a. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car struck abutment and railing of Bridge.

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 7:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed, M.D. 073	Twin Falls, Idaho	8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/15/53 01 3	Turlock Cem.	Turlock, California.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (Signature and Address)
AUG 14 1953	Phyllis Buhler	REYNOLDS FUNERAL HOME * TWIN FALLS, IDAHO. James T. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Amended April 20, 1961

Certificate of Death

STATE OF IDAHO

State File No. 3246
Local Reg. No. 198
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister-Rural
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denair
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Grace; b. (Middle) Lucille; c. (Last) Guth

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 28, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Merced, California

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Thomas Harrison
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Zillah A. Hoffman Harrison
BIRTHPLACE: Dunnigan, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George E. Guth, Jr.
ADDRESS: Murtaugh, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fractures, multiple, comminuted with extensive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) brain laceration

DUE TO (c) Extensive laceration & hemorrhage with incomplete avulsion of rt. upper extremity.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple rib fractures.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Fracture of mandible

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 93, 23 mi S

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): of Twin Falls / Twin Falls / Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 13, 1953 -7 Am.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car struck railing of bridge

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* Did not see alive, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 8-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-15-1953

24c. NAME OF CEMETERY OR CREMATORY: Denair Cemetery

24d. LOCATION (City, town, or county) (State): Denair ,, California

DATE REC'D BY LOCAL REG.: Aug 14, 1953

REGISTRAR'S SIGNATURE: Phyllis Buhler

25. FUNERAL DIRECTOR
ADDRESS: Reynolds Funeral Home, Twin Falls, Idaho
James C. Reynolds

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of MERCED

Certificate No. 53-3246

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Grace Lucille Cuth (Name on Original Certificate) who died (Was Born or Died) on Aug 13, 1953 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name and birthplace of Mother	Unknown	Zillah A. Hoffman Harrison Dunnigan, California
Name and birthplace of Father	Unknown	James Thomas Harrison Virginia
Name of Cemetery	Turlock	Denair

Subscribed and sworn to before me this 6 day of April, 19 61

Notary Public, residing at Merced, California
My commission expires November 26, 1964
(Seal)

Signed Josie Hoffman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1420 WEST 22nd STREET, MERCED, CALIFORNIA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 19 61

Notary Public, residing at Los Angeles, Cal
My commission expires RUTH M. SONDER NOTARY PUBLIC MY COMMISSION EXPIRES OCT. 13, 1964
(Seal)

Signed Naomi M. Kirkland
(Signature of Any Credible Person)
1239 Laguna Trail - Inglewood Park, Calif.
(Street Address, City, State)

FORM DH 60. 155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REGISTERED

AUG 17 1953

NON-RESIDENT Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3246
Local Reg. No. 198
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister* Rural
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denair
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Lucille	Guth	August 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	August 28, 1902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Merced, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		George E. Guth	Murtaugh, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fractures, multiple, comminuted with extensive brain laceration

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) extensive laceration & hemorrhage

DUE TO (c) with incomplete avulsion of rt. upper extremity at middle with fracture.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of mandible

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Highway 93, 23 mi. S.	Twin Falls Twin Falls Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Aug 13 1953 7:00 a.m.		Car struck railing of bridge

22. *I hereby certify that I attended the deceased from* Aug 13 1953 *to* Aug 13 1953, *that I last saw the deceased alive on* Aug 13 1953, *and that death occurred at* 7:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed 073	M.D.	Twin Falls, Idaho	8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/15/53 (3)	Turlock Cem.	Turlock, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
AUG 14 1953	Phyllis Butler	REYNOLDS FUNERAL HOME* James E. Reynolds	TWIN FALLS, IDAHO.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3247
Local Reg. No. 203
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hansen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R.#2 Hansen
d. STREET ADDRESS (If rural, give location): R.R.#2

3. NAME OF DECEASED (Type or Print): a. (First) Nephi b. (Middle) c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 7, 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Rancher of

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Mendon, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lars Larsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Ellen Ann ?
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Lloyd Hucki ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Old age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Renal Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/14, 1953, *to* 8/16/, 1953, *that I last saw the deceased alive on* 8/14, 1953, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/19/53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-18-53

REGISTRAR'S SIGNATURE: Phyllis Buhler

25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME, TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 31 1953

Certificate of Death

STATE OF IDAHO

State File No. 3248
Local Reg. No. 207
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place): 40yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	W.	Tews	August 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 7, 1869	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Photographer 84		Madison Co., Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Tews	unknown	Ernestine Seafield	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		James W. Tews	Dietrich, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

59 2X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic Nephritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/1/ 1952, *to* 8/23/ 1953 *that I last saw the deceased alive on* 8/10/ 1953, *and that death occurred at* 5:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V. Ellis Knight. M.D.	Kimberly, Idaho	8/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/25/53	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-27-53	Phyllis Bubler	REYNOLDS FUNERAL HOME	TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D.B. Patterson

Certificate of Death

STATE OF IDAHO

State File No. 3249
Local Reg. No. 13
Reg. Dist. No. 3/3

BIRTH NO.

REC'D AUG 12 1953 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): P.O. Box 1014 McCall Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mirta	Mae	Henderson	August 4 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 26 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (Ret'd)	Own Home	Lacona, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William McFarland	Ireland	Sarah Ruble	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mae Henderson	McCall

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca of breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. *, 19*53*, to* aug 4 *, 19*53*, that I last saw the deceased alive on* aug 3 *, 19*53*, and that death occurred at* 12:30Am. *, from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.B. Patterson	3/3 M.D.	Cascade, Idaho	8/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-7-53	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 8-1953	Myrtle M. Lindner	A. L. Jones	Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3250
Local Reg. No. 16
Reg. Dist. No. 3 13

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Co. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3 NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Lee; c. (Last) Buck

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 4, 1873
9. AGE (In years last birthday): 79; IF UNDER 1 YEAR Months: 9 Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: building
11. BIRTHPLACE (State or foreign country): Millvin, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Buck — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Catherine Moist — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-5879
17. INFORMANT'S OWN SIGNATURE: Jack Bailey ADDRESS: Cascade Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1953 *to* _____, 19___, *that I last saw the deceased alive on* Aug 6, 1953 *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. B. Patterson (Degree or title) M.D. — 23b. ADDRESS: Cascade — 23c. DATE SIGNED: 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Council
24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG. Aug 17 1953
REGISTRAR'S SIGNATURE: Myrtle M. Andrus

25 FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3251
Local Reg. No.
Reg. Dist. No. 3 13

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Lionel c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 21, 1901
9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months 3 Days 15 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic
10b. KIND OF BUSINESS OR INDUSTRY auto
11. BIRTHPLACE (State or foreign country) Meadville, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herbert Smith BIRTHPLACE Meadville, Penn
14. MOTHER'S MAIDEN NAME Pearl Sybrant BIRTHPLACE Meadville, Penn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 191 18 6160
17. INFORMANT'S OWN SIGNATURE X Mrs. Mary Breer Smith ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE O.B. Patterson (Degree or title) MD
23b. ADDRESS Cascade
23c. DATE SIGNED 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Aug. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. Aug 12 53
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. FUNERAL DIRECTOR Glenn W Beatty ADDRESS The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3252
Local Reg. No. 7
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jacobs Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midvale
d. STREET ADDRESS (If rural, give location) R.F.D. Near Midvale

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) M. c. (Last) JOHNS

4. DATE OF DEATH (Month) (Day) (Year) 8-10-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 4 1858

9. AGE (In years last birthday) 95
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming

11. BIRTHPLACE (State or foreign country) Iriquois County, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elijah Johns
BIRTHPLACE U.S.A.

14. MOTHER'S MAIDEN NAME
BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXXXXXX

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Leonard Johns
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 45 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 19 53, to 10 Aug, 19 53, that I last saw the deceased alive on 16 July, 19 53, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Coats (Degree or title)
23b. ADDRESS Weiser, Idaho.
23c. DATE SIGNED 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-12-53
24c. NAME OF CEMETERY OR CREMATORY Keithley Creek Cem.
24d. LOCATION (City, town, or county) (State) Near Midvale, Idaho

DATE REC'D BY LOCAL REG. 8-11-53
REGISTRAR'S SIGNATURE Maria Hawthorne
25. FUNERAL DIRECTOR P. Lee Thomason
ADDRESS Weiser, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
SEP 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3253
Local Reg. No. 9
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None. Residence.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser, Idaho
d. STREET ADDRESS (If rural, give location) 307 West Idaho St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	M.	DEINES	August 18 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 24 1883	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Gen'l Farming	Russia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adam Deines	Norka, Russia	Elizabeth Weitzel	Norka, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	George Deines	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 12th 19 53 *to* Aug 18th 19 53, *that I last saw the deceased alive on* Aug 18th 19 53, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. McGeath MD	Weiser, Idaho	8/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/21/53	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8/18/53	Marie Hutchison	C. S. Jones	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD of Death

STATE OF IDAHO

State File No. 3254
Local Reg. No. 10
Reg. Dist. No. 320

BIRTH NO.

SEP 3 - 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 455 W. Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 455 W. Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT		KRAUSE	8- 29-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-5-1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	own farm	Corydon, Ind.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Krause		Anna Barrow	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX 330 X	519-30-0725	Mrs. Lonel . Krause	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Parkinsons Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 24th, 19 53, *to* August 29, 19 53, *that I last saw the deceased alive on* August 28, 19 53, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Lot MD	Weiser, Idaho	8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-1-53	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-29-53	Marie Hawthorn	F. Dan Thompson	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3255
Local Reg. No. 359
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1907 N. 12th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FRED
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 8, 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotts Bluff, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Alson Nelson — BIRTHPLACE: Morrill, Nebr.
14. MOTHER'S MAIDEN NAME: Rebecca May Durnin — BIRTHPLACE: Grand Island, Nebr.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Robert G. Nelson — ADDRESS: 1907 N. 12th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

15 DX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma in liver from colon. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) adenocarcinoma of colon - resected. — 2 1/2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1949, *to* Aug 27, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 27 John A. Mather MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Powell, Wyoming
24d. LOCATION (City, town, or county) (State): Powell, Wyoming

DATE REC'D BY LOCAL REG.: 10-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3256
Local Reg. No. 318
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 912 E. State Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) THOMAS c. (Last) RAMSEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 3, 1869

9. AGE (In years last birthday): 83-8-28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone cutter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Ramsey
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Sarah Lewellyn
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edward D. Ramsey
ADDRESS: 912 E State, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease
INTERVAL BETWEEN ONSET AND DEATH: many years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-22, 1952, *to* 9-1, 1953, *that I last saw the deceased alive on* 9-1, 1953, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 120 SW Forney MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 9/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/3/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers, SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3257
Local Reg. No. 168
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. DEATH OF (in this place): 72 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3016 Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3016 Madison

3. NAME OF DECEASED (Type or Print)
a. (First): Maria
b. (Middle):
c. (Last): Marsh

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 17, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Moss — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Maria Allan — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Claude D Marsh — ADDRESS: 3016 Madison, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW [illegible] INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/12, 1953, *to* 9/4, 1953, *that I last saw the deceased alive on* 8/[illegible], 1953 *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. F. Lesser M.D. (Degree or title) 226
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3258
Local Reg. No. 323
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1519½ Main Street

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) BERNICE c. (Last) LUSE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 24, 1874

9. AGE (In years last birthday): 79-1-12
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezra Taylor BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mabel N Summers ADDRESS: 1519½ Main Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 5, 1953, *to* Sept 6, 1953, *that I last saw the deceased alive on* Sept. 6, 1953 *and that death occurred at* 6:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rutledge M.D.

23b. ADDRESS: 401 Idaho St. Boise Ida

23c. DATE SIGNED: 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/9/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 16 1953

3-42 81

Certificate of Death

STATE OF IDAHO

State File No. 3259
Local Reg. No. 31
Reg. Dist. No. 3rd

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 4

3. NAME OF DECEASED (Type or Print): a. (First) Catherine b. (Middle) E. c. (Last) Wilson

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1915

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Glen Ullen, North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Julius Weinberger
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Catherine Mosbrucker
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lee Wilson
ADDRESS: Rt. 4 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyloric Obstruction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute dilatation of Stomach

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1953 *to* same day, 19__, *that I last saw the deceased alive on* Sept 8, 1953, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Dwyer (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: Sept. 9, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED DIV. OF VITAL STATISTICS STATE OF IDAHO

State File No. 3260
Local Reg. No. 325
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada — SEP 16 1953
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 19 East Idaho Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) L c. (Last) Garrett

4. DATE OF DEATH: (Month) Sep (Day) 8 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 14, 1875	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wayne Co. Ohio	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Soloman Lee	Wayne Co. Ohio	SarahMiley	Wayne Co. Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Bertie Garrett	Meridian, Idho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocardial Coronary Disease — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 31, 1953, *to* Sept 8, 1953, *that I last saw the deceased alive on* Sept 7, 1953, *and that death occurred at* 5:58 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian	9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/11/53	Morris Hill	Boise, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-8-53	Myrtle Palmer	Bill Robinson	Meridian, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3261
Local Reg. No. 326
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 36
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hos pital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1109 No. 15th. St

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): M.
c. (Last): Ireton

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug. 3. 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muscotah Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peary V. Lucky — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary A. Talley — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard H Ireton — ADDRESS: Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonitis, right upper lobe; — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart disease with auricular fibrillation and decompensation — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8/18, 1947, *to* 9/8, 1953, *that I last saw the deceased alive on* 9/8, 1953, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Randolph M.D. 311
23b. ADDRESS: Boise
23c. DATE SIGNED: 9/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise Idaho
Daniel G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3262
Local Reg. No. 320
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1024 -1st Ave. South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	ROBERT	McKINNEY	September 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	January 14, 1875	78	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Blue Mound, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Jane Blackburn	Ireland

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Robert McKinney	Payette, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-7, 19 50 *to* Sept. 9, 19 53, *that I last saw the deceased alive on* Sept. 9, 19 53, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Boise, Idaho	Sept. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 9, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-11-53	Myrtle Palmer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Wahly

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3263
Local Reg. No. 324
Reg. Dist. No. 370

BIRTH NO.

SEP 16 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1912 Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1912 Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Lucille
c. (Last): Hennessy

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 19 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Filmore, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Kinley — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Jennie Savage — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Pearl H. Shaw — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage and Myocardial Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension Senility and Chronic Heart Disease
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no injury m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no injury

22. *I hereby certify that I attended the deceased from* Jan, 1949 *to* Dec, 1949, *that I last saw the deceased* dead *on* arrival 19__, *and that death occurred at* 5:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. H. Wahle MD
23b. ADDRESS: 515 Eastman Bldg. Boise Idaho
23c. DATE SIGNED: Sept 12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill (St. John's)
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson - Boise
David G. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3264
Local Reg. No. 175
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1607 Pomander Road

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) BELLE c. (Last) GEDNEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16, 1876

9. AGE (In years last birthday): 77-2-24 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Collins, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas T. Harris — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Elizabeth Wemple — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ralph Gedney — ADDRESS: 618 Ruth Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952 *to* 16 Sept, 1953 *that I last saw the deceased alive on* 7 Sept, 1953, *and that death occurred at* 6:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C R Blackburn (Degree or title): M D
23b. ADDRESS: 1320 Vista, Boise Ida
23c. DATE SIGNED: 15 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3265
Local Reg. No. 328
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): P. O. Box 621

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE b. (Middle) A. c. (Last) FITZWATER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1896

9. AGE (In years last birthday): 56-11-28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakley, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry James — BIRTHPLACE: Des Moines, Iowa

14. MOTHER'S MAIDEN NAME: Nettie Provo — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elwin D. Fitzwater — ADDRESS: P.O. 621 - McCall, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-cricoid Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-8-53

19b. MAJOR FINDINGS OF OPERATION: Post-cricoid carcinoma (Cervical esophagus)

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1953, to 9-11, 1953 that I last saw the deceased alive on 9-10, 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Albert Lowry 463 — (Degree or title): M.D. — 23b. ADDRESS: Boise, Idaho — 23c. DATE SIGNED: 9-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 9/15/53 — 24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery — 24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3266
Local Reg. No. 329
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3308 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print): a. (First) LULU b. (Middle) EYEMAN c. (Last) SPRINGER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 21, 1871
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.: 0 | 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warsaw, Hancock Co. Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. D. Springer ADDRESS: 920 Houston Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 9 53
19b. MAJOR FINDINGS OF OPERATION: Obstruction of sigmoid
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* Sept 12, 1953, *that I last saw the deceased alive on* Sept 12, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Sprecher (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9/14/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde B. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3267
Local Reg. No. 327
Reg. Dist. No. 370

BIRTH NO.

SEP 26 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1506 No. 17th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1506 No. 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) G. c. (Last) Thompson

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 20, 1859

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lynn County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Johnson
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Nancy Sorrels
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Arthur L. Shelton
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene Foot Bilat.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1953, *to* 9-14, 1953, *that I last saw the deceased alive on* 9-13, 1953 *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/53
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 9-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

C.C. Johnson
BIRTH NO.

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3268
Local Reg. No. 176
Reg. Dist. No. 371

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4109 Garnet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4109 Garnet

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Oliver
c. (Last): Kennett

4. DATE OF DEATH: (Month) Sept. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 2, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Janitor-

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James W. Kennett
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Emma L. Carman
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-1761A

17. INFORMANT'S OWN SIGNATURE: Helen Dungan
ADDRESS: 4109 Garnet, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* Sept, 1953, *that I last saw the deceased alive on* Sept. 3, 1953, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Johnson, M.D. (Degree or title)
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Septl 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3269
Local Reg. No. 330
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SANDRA b. (Middle) MARIE c. (Last) HUNT

4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 14, 1946
9. AGE (In years last birthday) 6-10-0
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 03
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Merlin J. Hunt-American Falls, Idaho
14. MOTHER'S MAIDEN NAME BIRTHPLACE Ophelia Naomi Hansen-Aberdeen, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Merlin J. Hunt ADDRESS American Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Astrocytoma, cerebellar vermis
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Respiratory failure due to medullary thrombosis

19a. DATE OF OPERATION 9/8/53
19b. MAJOR FINDINGS OF OPERATION Astrocytoma, vermis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/26, 1953, *to* 9/14, 1953, *that I last saw the deceased alive on* 9/13, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert A Rule (Degree or title) M.D.
23b. ADDRESS 521 Eastman Bldg.
23c. DATE SIGNED 9/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/14/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG. 9-22-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3270
Local Reg. No. 337
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ethel	Roberta	Mayes	Sept. 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 17th. 1900	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Oklahoma City, Okla.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marion Parker	Tenn.	— —	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Wm Mayes	Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 1 year
DUE TO (c) Rheumatic Heart Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

416X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 29, 1953, *to* Sept 15, 1953 *that I last saw the deceased alive on* Sept 14, 1953, *and that death occurred at* 8:20 A. M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. J. Swindell 373	M. D.	Boise Idaho	9-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/53	Meridian	Meridian, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-22-53	Myrtle Palmer	Bill Robinson	Meridian. Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

SEP 29 1953

STATE OF IDAHO

State File No. 3271
Local Reg. No. 337
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): d.o.a.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	DUANE	TREFREN	Sept. 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Dec. 3, 1943	9-9-12				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Raymond F. Trefren	Cheyenne, Wyo.	Gladys S. Williams	Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Raymond F. Trefren	RR3-Boise

8240

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) fall from moving vehicle

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	street	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9	15	53	3:45 p.m.		fell from moving pickup truck

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell C. Nelson Coroner	318 N. Latah Boise, Idaho	9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-28-53	Myrtle Palmer	Clyde B. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

C C Johnson

BIRTH NO.

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3272
Local Reg. No. 332
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1518 N. 14th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1518 N. 14th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Hezzie b. (Middle) Marion c. (Last) George

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ira S. George
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Christina Ellen Long
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clifton I. George
ADDRESS: 1518 N. 14th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. , 1952, *to* Sept , 1953 *that I last saw the deceased alive on* Sept. 4 , 1953, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C Johnson (Degree or title): M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: September 18, 1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53

REGISTRAR'S SIGNATURE: Myrtle Elmer

25 FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Mimas

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3273
Local Reg. No. 173
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nursing Home. (DeRoss)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 513 Eagleson Road

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Ferguson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 16. 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Feb. 4th 1872
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dunfirmlin Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Taylor BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Mary Dick BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Margaret McDonald ADDRESS Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis gen. — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, chronic, sev. — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1953, to Sept. 16, 1953, *that I last saw the deceased alive on* Sept. 16, 1953, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank A. Mimas M.D. (Degree or title)
23b. ADDRESS 214 Eastman Bldg.
23d. DATE SIGNED Sept 18 53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 21. 1953.
24c. NAME OF CEMETERY OR CREMATORY Glenns Ferry
24d. LOCATION (City, town, or county) Glenns Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 9-21-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho
Schreiber-McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3274
Local Reg. No. 338
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1116 Arthur

3. NAME OF DECEASED (Type or Print): a. (First) Hiram b. (Middle) Arthur c. (Last) Reed

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 12, 1888

9. AGE (In years last birthday): 65-3-4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Mam 51

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olex, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Edward Reed
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lucy Orpha Wilder
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 544-22-4001

17. INFORMANT'S OWN SIGNATURE: Lela May Reed
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pituitary adenoma
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral edema, post-operative

19a. DATE OF OPERATION: 9-14-53
19b. MAJOR FINDINGS OF OPERATION: Pituitary tumor
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 21, 1953 *to* Sept 16, 1953 *that I last saw the deceased alive on* Sept. 16, 1953, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A Kuhn M. D. (Degree or title)
23b. ADDRESS: 521 Eastman Bldg.
23c. DATE SIGNED: 9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Lucy M. Flahiff - Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 3275
Local Reg. No. 360
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2605 Warm Springs Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) c. (Last) Powers

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 26, 1910

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Church Hill, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joe Larkin
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Ruth Burke
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastases
DUE TO (c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 13, 1953, *to* Sept 17, 1953, *that I last saw the deceased alive on* Sept 16, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell C. Relyea
ADDRESS: 318 N. Latah
Relyea Mortuary Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3276
Local Reg. No. 334
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4267 Catalpa St.

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Allen
c. (Last): Burroughs

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug. 19. 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma City. Okla:
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Norman T. Burroughs — BIRTHPLACE: Seymour, Missouri
14. MOTHER'S MAIDEN NAME: Donna Dowling — BIRTHPLACE: Helena, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Norman T. Burroughs — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anemia — INTERVAL BETWEEN ONSET AND DEATH: Full

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Leukemia Bone Marrow Hypoplasia — 3 mo.
DUE TO (c): Leukemia Rob. Lymphoid — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. See autopsy findings

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1953, *to* 9-19, 1953, *that I last saw the deceased alive on* 9-18, 1953, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 19.53.
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3277
Local Reg. No. 348
Reg Dist. No. 370

RECEIVED OCT 7 1953 VISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3-1/4yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): IdanHa Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): EDITH
c. (Last): DIRKS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1953

5. SEX: FeMale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1877
9. AGE (In years last birthday): 76-1-10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montezuma, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lindley H. Cox — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Emma T. Ballard — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl H. Dirks — ADDRESS: Boise IdanHa Hotel

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 7yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rt hemiplegia — 4yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 9-19-53, 19__, *that I last saw the deceased alive on* 9-18-53 19__, *and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Springer MD (Degree or title) 341
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3378
Local Reg. No. 339
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1504 Juanita Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): T.
c. (Last): BARNARD

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1878
9. AGE (In years last birthday): 75-5-3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Park attendant-Yellowstone Nt'l. Park
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Franklin Co., Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas E. Barnard — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Corine Bell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 540-01-1467
17. INFORMANT'S OWN SIGNATURE: Mrs. Fern B. Barnard — ADDRESS: 1607 No. 14 Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1953, *to* Sept. 20, 1953, *that I last saw the deceased alive on* See explanation *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinholder, M.D.
23b. ADDRESS: 401 Idaho St., Boise, Ida.
23c. DATE SIGNED: 9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3279
Local Reg. No. 340
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1515 W. State Street

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): LE ROCK
c. (Last): PERKINS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 28, 1892
9. AGE (In years last birthday): 60-9-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Appliance
11. BIRTHPLACE (State or foreign country): Waltham, Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Amos Perkins-Roxbury, Mass. — BIRTHPLACE: 35
14. MOTHER'S MAIDEN NAME: Eleanor Starr — BIRTHPLACE: Cambridge, Mass.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mariam A. Perkins — ADDRESS: 1515 W State

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Small Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma
DUE TO (c): Carcinomatosis Peritoneum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Infected Drain Sinus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 305 (Degree or title)
23b. ADDRESS: 207 N. third Street
23c. DATE SIGNED: 9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/23/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3280
Local Reg. No. 341
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garden Trailer Court Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 S. Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): EWALD
c. (Last): BRITTIN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 21, 1904
9. AGE (In years last birthday): 49-7-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic-Morrison-Knudsen Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fall Creek, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Brittin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown Widmin — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-7965
17. INFORMANT'S OWN SIGNATURE: Nellie Mae Britten — ADDRESS: 403 S. Walnut Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): natural causes (DOA) Of M.D.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
probably DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/21/53 8:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: natural causes

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Kelyea 470 Coroner 4
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3281
Local Reg. No. 335
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2324 W. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Leoti b. (Middle) B. c. (Last) Auer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21 1953

5. SEX: FEMale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 13 1867
9. AGE (In years last birthday): 86 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cedar Grove, Ind.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T. P. Backus — BIRTHPLACE: Cedar Grove, Ind.
14. MOTHER'S MAIDEN NAME: Lousia Segnar — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs. Ray Brown — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 9/19/53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hyperchromic anemia — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

I90.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/16, 1953, *to* 9/21, 1953, *that I last saw the deceased alive on* 9/21/53, 19__, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 9-25-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3282
Local Reg. No. 342
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2630 Kootenai

3. NAME OF DECEASED (Type or Print): a. (First) Claud b. (Middle) c. (Last) Bell
4. DATE OF DEATH (Month) (Day) (Year): Sept 22nd 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 7. 1890
9. AGE (In years last birthday): 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman. Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.
11. BIRTHPLACE (State or foreign country): Fredericktown Missouri
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Charles Bell. BIRTHPLACE: Connersville Ind.
14. MOTHER'S MAIDEN NAME: Ida Riggs. BIRTHPLACE: Connersville Indiana
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-1910
17. INFORMANT'S OWN SIGNATURE: Irene M. Bell ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Recto-Sigmoid with General Peritonitis. — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Probable granulomatous lesion with abstipation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/21/53
19b. MAJOR FINDINGS OF OPERATION: Ruptured recto - Sigmoid -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/21, 1953, *to* 9/22, 1953, *that I last saw the deceased alive on* 9/22, 1953, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Emmett Jones (Degree or title): MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/24/53

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. DATE: Sept. 25 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho
J W McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-54-10871

BIRTH NO.

RECEIVED OCT 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3283
Local Reg. No. 346
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (or location): 4220 State St

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Dean
c. (Last): Marsh

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 23, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1D; IF UNDER 24 HRS. Hours / Min.: 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William F. Marsh. BIRTHPLACE: New Brunswick N.J.
14. MOTHER'S MAIDEN NAME: Joy Howard BIRTHPLACE: Chicago Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William F. Marsh ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day, 3 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 23, 1953, *to* Sept 24, 1953, *that I last saw the deceased alive on* Sept 24, 1953, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank L Fletcher
23b. ADDRESS: 200 E Bannock St Boise
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3284
Local Reg. No. 336
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1315 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Monsor
c. (Last) Sawaya

4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 31, 1895
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY Swift Packing Co
11. BIRTHPLACE (State or foreign country) Pueblo, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John M. Sawaya — BIRTHPLACE Syria
14. MOTHER'S MAIDEN NAME Anna Ablum — BIRTHPLACE Syria

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 518-07-6252
17. INFORMANT'S OWN SIGNATURE Nellie M Sawaya — ADDRESS 1315 Shoshone Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative pneumonia and atelectasis. — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the esophagus, resected. — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of the esophagus,
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 18, 1953, *to* Sep 24, 1953, *that I last saw the deceased alive on* 23 Sept, 1953, *and that death occurred at* 12.45A *m., from the causes and on the date stated above.*

23a. SIGNATURE C R Blackburn (Degree or title) M.D.
23b. ADDRESS 1320 Vista, Boise, Ida
23c. DATE SIGNED 25 Sep 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 9-25-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden — ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC[illegible]D OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3285
Local Reg. No. 350
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 3232 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROY	GARDNER	JOHNSTON	Sept. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 11, 1879	74-2-14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Galesburg, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mayor Johnson	3232 Crescent Rim Dr. Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma

DUE TO (c) Cerebral metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, *19* 52, *to* Sept 25, *19* 53, *that I last saw the deceased alive on* Sept 25, *19* 53 *and that death occurred at* 7 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. E. Copland D.O. M.D.	311-Idaho-Boise Ida	9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/28/53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3286
Local Reg. No. 349
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1415 Broadway Avenue

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WHYTE c. (Last) CATES
4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 11, 1888
9. AGE (In years last birthday) 65-0-14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain Fire Dept.
10b. KIND OF BUSINESS OR INDUSTRY Boise City
11. BIRTHPLACE (State or foreign country) Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John W. Cates
BIRTHPLACE Mississippi
14. MOTHER'S MAIDEN NAME Mary Rabey
BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-28-7891
17. INFORMANT'S OWN SIGNATURE Mrs Victoria Cates ADDRESS Boise, Idaho 1415 Broadway

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1953, to Sept 25, 1953, that I last saw the deceased alive on Sept. 24 1953, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maurice M. Dubilier M.D.
23b. ADDRESS 401 Idaho St. Boise, Idaho
23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/29/53
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 10-6-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Cliff E. Summers
ADDRESS Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3287
Local Reg. No. 343
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 North 27th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 415 North 27th Street

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) Hansen; c. (Last) Dawson

4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 23 August 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kokomo, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oros Dawson — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Nellie B. Cooper — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 443X
17. INFORMANT'S OWN SIGNATURE: X Blanche Dawson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) probably Hypertensive cardio vascular disease *

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemolytic anemia *

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: * Taken from V.A. Hospital records
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY: (Month) 9 (Day) 25 (Year) 53 (Hour) 10:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell J. Kelly (Degree or title) Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 9/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell J. Kelly
ADDRESS: 318 N. Latah Relyea Mortuary Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3288
Local Reg. No. 355
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO. 111-53-[illegible]

OCT 9 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1585 Yellowstone Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): GAIL
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -----
8. DATE OF BIRTH: Sept. 17, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 9; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marion Thompson — BIRTHPLACE: Guthrie Center, Iowa
14. MOTHER'S MAIDEN NAME: Margaret Wade — BIRTHPLACE: Wrens, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Marion Thompson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tracheo-Esophageal Fistula — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congenital malformation
~~DUE TO (c)~~ Postoperative primary anastomosis — 2 days.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9-24-53
19b. MAJOR FINDINGS OF OPERATION: Tracheo-Esophageal Fistula c̄ RWLobe Pneumonia
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 9-22, 1953, *to* 9-26, 1953, *that I last saw the deceased alive on* 9-25, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jann T. Stoyd, M.D.
23b. ADDRESS: 500 Eastman Bldg, Boise, Ida.
23c. DATE SIGNED: 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell C. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3289
Local Reg. No. 185
Reg. Dist. No. 371

BIRTH NO. OCT 6 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Allumbaugh Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Allumbaugh Lane

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) HENRY c. (Last) HAYES

4. DATE OF DEATH (Month) (Day) (Year): September 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6 April 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 25

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Riley, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hayes
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: [illegible] Smith
ADDRESS: 322 Eiden Drive

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with metastases to liver.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 24 July '53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach with metastases.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* 26 Sept, 1953, *that I last saw the deceased alive on* 25 Sept, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Bladeburn (Degree or title) M. D.

23b. ADDRESS: 1320 Viola, Boise, Ida.

23c. DATE SIGNED: 29 Sept/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/29/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
Relyea Mortuary Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 6 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3290
Local Reg. No. 345
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juntura
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Conly
b. (Middle): Lee
c. (Last): Marshall

4. DATE OF DEATH (Month) (Day) (Year): 9-26-53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-28-52
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Grants Pass, Ore
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Conly Marshall — BIRTHPLACE: Burns, Ore
14. MOTHER'S MAIDEN NAME: Joanne Smith — BIRTHPLACE: Grants Pass, Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Conly L. Marshall — ADDRESS: Juntura, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 195X Malignant thymoma - c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonitis - bilateral — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/16, 1953, *to* 9/26, 1953, *that I last saw the deceased alive on* 9/26, 1953, *and that death occurred at* 11A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert S. McKean M.D. 249
23b. ADDRESS: 200 E. Bannock Boise, Ida
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 9-29-53
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Ontario, Ore

DATE REC'D BY LOCAL REG.: 10-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Geo. C. Beechlen Ontario + Vale, Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3291
Local Reg. No. 344
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1800 Harrison Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) James c (Last) Connor

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 27 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 10 1912	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hugh Connor — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Elise — BIRTHPLACE: Switzerland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI 2
16. SOCIAL SECURITY NO.: 519-01-0991
17. INFORMANT'S OWN SIGNATURE: X Mrs Wm Connor — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial dysfunction. Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertensive Cardio — Vascular Renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* Sept 27, 1953, *that I last saw the deceased alive on* Sept 27, 1953, *and that death occurred at* 1:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jan E Clifford md
23b. ADDRESS: 311-W Idaho Bldg Boise Ida
23c. DATE SIGNED: 9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 1 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise
Daniel A. Gibson OCT 1 1953

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3292
Local Reg. No. 337
Reg. Dist. No. 370

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1717 Brumback Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLIE	E.	HOLCOMBE	Sept. 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 12, 1885	68	-2-	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Modesto, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Ervin	Queenstown, Ireland	Elka Mc Cabe	Marysville, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Melvin C. Copp	1717 Brumback Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1953, *to* Sept, 1953, *that I last saw the deceased alive on* Sept. 8, 1953 *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Munson	M D	Boise Ida	9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/30/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-53	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3293
Local Reg. No. 352
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): IdanHa Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle):
c. (Last): MC MILLAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1865
9. AGE (In years last birthday): 88-7-4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel owner 74
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony McMillan — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Agnes McFadzen — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Roxie McMillan — ADDRESS: IdanHa Hotel-Boise

18. CAUSE OF DEATH 290.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pernicious anemia — 20 years.
DUE TO (c) Carcinoma of prostate — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1953, *to* Sept 28, 1953, *that I last saw the deceased alive on* Sept 28, 1953, *and that death occurred at* 1:06a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 210 (Degree or title) MD.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/1/53 05
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum, Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
24. FUNERAL DIRECTOR: Clyde E Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3294
Local Reg. No. 170
Reg. Dist. No. 371

Certificate of Death

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. # 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Alfred
c. (Last): Ayre

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 26, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick mason 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cronogo, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Chas. Ayre — BIRTHPLACE: South Moulton, England
14. MOTHER'S MAIDEN NAME: Jennie Ellis, — BIRTHPLACE: Neosho, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bessie Elfring — ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive & arteriosclerotic cardiovascular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease c̄ Coronary or cerebrovascular
DUE TO (c) Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Seml yrs c̄ sudden death while sleeping

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* only 1 yr only *19___, to _____, 19___, that I last saw the deceased alive on* alt July *, 1953, and that death occurred at* about 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Brunn MD
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 9-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3295
Local Reg. No. 167
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia, Idaho
d. STREET ADDRESS (If rural, give location): Kooskia, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle) none; c. (Last) MOORE

4. DATE OF DEATH: (Month) Sept. (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 14, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR — Months: 8 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Booneville, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Boyer
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Matilda Parker
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S OWN SIGNATURE: Records, V. A. Hospital
ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lip with metastases to neck and jaw — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 2, 1953, *to* Sept. 9, 1953, *that I last saw the deceased alive on* Sept. 9, 1953, *and that death occurred at* 6:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Stevenson 434
(Degree or title)
C. P. STEVENSON, M.D., Chief, Medical Svc.
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kooskey
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: Sept 9, 1953
REGISTRAR'S SIGNATURE: Clyde E Dunmers
25. FUNERAL DIRECTOR: Dunmer Funeral Home
ADDRESS: Boise Idaho
Clyde E Dunmers.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3296
Local Reg. No. 174
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 51 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Box 255 Payette, Idaho
d. STREET ADDRESS (If rural, give location): Box 255

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) R. c. (Last) Vann

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-18-23
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 2, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Watts, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Vann — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Liza Crittenden — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningo-vascular syphilis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, *19*53, *to* Sept. 9, *19*53, *that I last saw the deceased alive on* Sept. 9, *19*53, *and that death occurred at* 4:25 *pm., from the causes and on the date stated above.*

23a. SIGNATURE: Chester C. Stevenson — (Degree or title): C.P. STEVENSON, M.D., Chief Medical Svc.
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: Sept. 10, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/10/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 3297
Local Reg. No. 332
Reg. Dist. No. 370

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 53yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Ida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Amos b. (Middle) c. (Last) Whiteley

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 29, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Whiteley
BIRTHPLACE: Albany, Mo.

14. MOTHER'S MAIDEN NAME: Mary Pool
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-12-7989

17. INFORMANT'S OWN SIGNATURE: Meeda W Whiteley
ADDRESS: Meridian Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept 15, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 3:46 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Carl D Lusty (Degree or title) MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/19/53

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-22-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B A Robinson
ADDRESS: Meridian, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3298
Local Reg. No. 177
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospita l

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho
d. STREET ADDRESS (If rural, give location): 311½ Adams St.

3. NAME OF DECEASED (Type or Print): a. (First) Martin; b. (Middle) L.; c. (Last) Kasbohm

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 15, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 9 Days 0
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Kasbohm
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Addie
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Records, V.A. Hospital, Boise, Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Congestive heart failure — undet.

DUE TO (c) Syphilitic heart disease with aneurysm of aorta — undet.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 27, 1953, *to* Sept. 15, 1953, *that I last saw the deceased alive on* Sept. 15, 1953, *and that death occurred at* 3:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): C. P. Stevenson
C.P. STEVENSON, M.D., Chief Medical Svc.

23b. ADDRESS: V.A. Hospital, Boise, Idaho

23c. DATE SIGNED: Sept. 17, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/18/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3299
Local Reg. No. 172
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Penitentiary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minnidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roberto	Compos	Samaniego	9	15	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Divorced	11/7/22	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fabens, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlos Samaniego — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Luz Morlez — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: T. C. Clapp. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia due to inhalation of blood — INTERVAL BETWEEN ONSET AND DEATH: 30'(?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Stab wound of neck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	State Penitentiary	

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
9	15	53	11:30 a.m.		Stab Wound in Neck

22. *I hereby certify that I attended the deceased from* Autopsy only, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Beeman MD	Boise	16 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/19/53	Prison Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-18-53	Myrtle Palmer	Russell I. Kelly Relyea Mortuary	618 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3300
Local Reg. No. 180
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) PAUL c. (Last) BALCH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4, 1881

9. AGE (In years last birthday): 72-3-12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lerna, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME / BIRTHPLACE: Thomas Craig Balch-Lerna, Illinois

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Nora Horton-Neoga, Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Margaret Balch ADDRESS: R.D. #1-Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 179X Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 12, 1953, *to* Sept 16, 1953, *that I last saw the deceased alive on* Sept 12, 1953, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title) MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/53
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT.
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3301
Local Reg. No. 171
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whatcom
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellingham, Washington
d. STREET ADDRESS (If rural, give location): 1011 16th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	C	Allison	Sept. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-11-91	61	11	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Van Buren, Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Allison	Van Buren, Mo.	Mae	Van Buren, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	Unkn.	Records, V.A. Hospital	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized and cerebral — INTERVAL BETWEEN ONSET AND DEATH: Unkn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 27, 1953, *to* Sept. 16, 1953, *that I last saw the deceased alive on* Sept. 16, 1953, *and that death occurred at* 11:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.P. Stevenson, M.D., Chief Medical Svc.	V. A. Hospital, Boise, Idaho	Sept. 17, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/18/53		Bellingham, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-22-53	Myrtle Palmer	Clyde B. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3302
Local Reg. No. 178
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rt.2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Blythe c. (Last) Madden

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 16th. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 15, 1862
9. AGE (In years last birthday): 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scott Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Black BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Caroline Roadman BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nina Egbert ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease incident to senility
DUE TO (c) acute hepatic failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Twice during last 4 yrs, 19___, *that I last saw the deceased alive on* 9-12-53, *and that death occurred at* 12:30 P M *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 9-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer By R Robinson
25. FUNERAL DIRECTOR ADDRESS: Meridian, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Hanley

RECEIVED
SEP 29 1953
BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3303
Local Reg. No. 181
Reg. Dist. No. 371

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise. Rt. 1.
c. LENGTH OF STAY (in this place): 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clear Creek. Boise County
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Clifford
b. (Middle):
c. (Last): Gardner

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17th. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22nd 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Eau Claire Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Clinton Gardner — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Mary Smith — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. M. Gardner — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Perforation of cecum c̄ intra-abdominal abcess — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Stomach - resection Nov '52

19a. DATE OF OPERATION: 7-8-53
19b. MAJOR FINDINGS OF OPERATION: Perforated cecum -
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1953 *to* Sept 17, 1953, *that I last saw the deceased alive on* Sept 15, 1953, *and that death occurred at* 130 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H Hanley M 666
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Sept. 19. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek
24d. LOCATION (City, town, or county) (State): Clear Creek Boise Co. Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J T McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 3304
Local Reg. No. 179
Reg. Dist. No. 371

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So Cloverdale Road
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Edith
c. (Last): Grigg

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 25, 1929

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Longdale Okla.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Richard Doan Mulhall, Okla.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Blanche Cravens
BIRTHPLACE: Riley, Kansas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Richard Doan
ADDRESS: Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crushed Chest
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 17 53 7:30 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Elyea
(Degree or title): Coroner
23b. ADDRESS: 318 No. Latah Boise Ida
23c. DATE SIGNED: 9/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian, I
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bell Robinson
ADDRESS: Meridian. Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

SEP 29 1953

DIVISION OF VITAL STATISTICS

State File No. 3305
Local Reg. No. 182
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY in this place 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nyssa, Oregon
d. STREET ADDRESS (If rural, give location) 213 South 4th. St.

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) L. c. (Last) Jamison

4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 10-10-91

9. AGE (In years last birthday) 61
IF UNDER 1 YEAR: Months 11 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Belmond, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William L. Jamison
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Mary Elizabeth Brooks
BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Records, V.A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

4/16/X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis and insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4yrs. plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic heart disease — 4yrs. plus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 24 *, 1953, to* Sept. 21 *, 1953, that I last saw the deceased alive on* Sept. 21 *, 1953, and that death occurred at* 8:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) C. P. STEVENSON, M.D., Chief Medical Svc.

23b. ADDRESS V. A. Hospital, Boise, Idaho

23c. DATE SIGNED 9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9/23/53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Nyssa, Oregon

DATE REC'D BY LOCAL REG. 9-28-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3306
Local Reg. No. 183
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding, Idaho
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Le Roy; b. (Middle); c. (Last) Mc Coy

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 22 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-30-86

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 9 | Days 22
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ketchum, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Mc Coy
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Jane Bailey
BIRTHPLACE: Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute, posterior — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis of coronary arteries — Indef.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 20, 1953, *to* Sept. 22, 1953, *that I last saw the deceased alive on* Sept. 22, 1953, *and that death occurred at* 10:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stevenson M.D. Chief Medical Svc.
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde B. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3307
Local Reg. No. 184
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 88 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanley, Idaho
d. STREET ADDRESS (If rural, give location): Stanley, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Emiel b. (Middle) E. c. (Last) Besing

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 5-20-91

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 4 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Shelby Co., Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Besing
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Emma Donavan
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S (OWN) SIGNATURE AND ADDRESS: Records, V.A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis with paralytic ileus — INTERVAL BETWEEN ONSET AND DEATH: 10 daysplus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peritoneal abscess — 10 daysplus

DUE TO (c) Carcinoma of head of pancreas — 1 yr. plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1953, *to* Sept. 24, 1953, *that I last saw the deceased alive on* Sept. 24, 1953, *and that death occurred at* 4:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M.D., Pathologist
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

State File No. 3308
Local Reg. No. 188
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 Main St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	W.	Anderson	Sept. 26th. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Unknown	Mar. 20. 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining 07		Cumberland England	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	No Record	Unknown	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Ward Troxel	Records of The Ada County Hospital (Nation)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 20, 1952 *to* Sept 26, 1953 *that I last saw the deceased alive on* Sept 25 1953 *and that death occurred at* 11:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty	MD	Meridian	10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 3rd	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. P. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3309
Local Reg. No. 186
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Arapahoe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Littleton, Colorado
d. STREET ADDRESS (If rural, give location): 4995 Santa Fe St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	P.	Hawley	9	26	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11-8-93	59	10	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Alamos, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Erwin Hawley — BIRTHPLACE: Mich.
14. MOTHER'S MAIDEN NAME: Jane Everal — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unkn.
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days plus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) left ventricular failure — 3 days plus

DUE TO (c) Rheumatic mitral insufficiency — 10 yrs.plus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Embolism, left iliac artery

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Sept. 23 *, 19* 53*, to* Sept. 26 *, 19* 53*, that I last saw the deceased alive on* Sept. 26 *, 19* 53*, and that death occurred at* 3:30 p.m.*, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
JOSEPH BRAEMAN, M.D. Pathologist	V.A. Hospital, Boise, Idaho	9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/30/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3310
Local Reg. No. 17
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mesa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BEMIS		EVANS	9-11-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	11-6-1888	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepherder 06	Sheep Industry.	Midvale, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dudley Evans	Mo.	Martha Towell	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.#1		Libby Evans	Tamarack Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____ *19*__ *to* ____ *19*__, *that I last saw the deceased alive on* ____, *19*__, *and that death occurred at* sometime during night in sleep *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.B. Fitz 470 Coroner	New Meadows, Idaho	9/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9/12/53	Midvale	Midvale, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/12/53		F. Lee Thomason	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

5 - 1/2

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3311
Local Reg. No. 258
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 454 North Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): GIRL
c. (Last): COATES

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: January 6, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. few

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas J. Coates — BIRTHPLACE: Caruthersville, Mo.
14. MOTHER'S MAIDEN NAME: Melonee Williams — BIRTHPLACE: Waco, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: T J Coates — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature — INTERVAL BETWEEN ONSET AND DEATH: 6-12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Blow to Abdomen
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blow to Abdomen

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 6, 1953, *to* Jan. 6, 1953, *that I last saw the deceased alive on* Jan. 6, 1953, *and that death occurred at* 2:02 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] +57
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3312
Local Reg. No. 251
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY in this place: 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 325 East Gould Street

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL; b. (Middle) ****; c. (Last) McCLENDON

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 9, 1869

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer ?

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific RR.

11. BIRTHPLACE (State or foreign country): New Albany, Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no data
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 711-09-2692

17. INFORMANT'S OWN SIGNATURE: Florence M. McClendon
ADDRESS: Pocatello, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1953, to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. W. Leighton M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jas Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
OCT 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3313
Local Reg. No. 268
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): R. F. D. West

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) J.; c. (Last) WHITE

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 5, 1874

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): County Tyrone, Ireland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Abraham White
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Eliza Reed
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs H J White
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Decompensation — 6 years
DUE TO (c): Hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug. 8, 19 53, *that I last saw the deceased alive on* Aug. 8, 1953, *and that death occurred at* 12:21 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth C. Nicholas M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Aug. 10, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jas Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-9447

Certificate of Death

STATE OF IDAHO

State File No. 3314
Local Reg. No. 261
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
OCT 16 1953
DIVIS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): Hospital
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): R. F. D. #3

3. NAME OF DECEASED (Type or Print): a. (First) GARY; b. (Middle) LYNN; c. (Last) BRAY

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 29, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours 16 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ****** 02

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Clarence J. Bray
BIRTHPLACE: Idaho Falls, Idaho

14. MOTHER'S MAIDEN NAME: Virginia Strunk
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Clarence J. Bray
ADDRESS: Blackfoot, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis
INTERVAL BETWEEN ONSET AND DEATH: Since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* August 30, 1953, *that I last saw the deceased alive on* August 30, 19 53, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ARCH T. WIGLE, M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Aug. 31, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 1, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3315
Local Reg. No. 571
Reg. Dist. No. 250

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): ½ hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 3 (Gibson)

3. NAME OF DECEASED (Type or Print): a. (First) MERTHON b. (Middle) c. (Last) SNIPE Jr.

4. DATE OF DEATH: (Month) August (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 14, 1936

9. AGE (In years last birthday): 17 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ft. Hall, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Merthon Snipe
BIRTHPLACE: Ft. Hall, Idaho

14. MOTHER'S MAIDEN NAME: Josephine Pocatello,
BIRTHPLACE: Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Snipe
ADDRESS: Rt. 3 Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Knife wound in chest — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cafe
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft. Hall, Bingham, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 30, 1953 about 1:3am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Stabbed following fight

22. *I hereby certify that I attended the deceased ~~from~~ ____ on ____, 19____, to* August 30 *1953, that I last saw the deceased* Dead ~~Alive~~ *on* August 30, *1953, and that death occurred at* 1:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-53
24c. NAME OF CEMETERY OR CREMATORY: Gibson- Mission
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: 9-25-53
REGISTRAR'S SIGNATURE: Eva M. Walling
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

OCT 2 1953

Certificate of Death

STATE OF IDAHO

State File No. 3316
Local Reg. No. 252
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1320 No. Harrison Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): C.
c. (Last): MEYERS

4. DATE OF DEATH (Month) (Day) (Year): August 31 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 17, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Luxenburg Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Meyers — BIRTHPLACE: Alsace-Lorraine, France
14. MOTHER'S MAIDEN NAME: Catherine Andre — BIRTHPLACE: Alsace-Lorraine, Franc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-07-1781
17. INFORMANT'S OWN SIGNATURE: Louise Burns — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-renal — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): None
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 27, 1953 *to* Aug. 31, 1953, *that I last saw the deceased alive on* Aug. 31, 1953, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H H Hughart (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 1, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3317
Local Reg. No. 233
Reg. Dist. No. 511

BIRTH NO. SEP 19 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 13 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Chubbuck Rt. # 2 North
d. STREET ADDRESS (If rural, give location) North of Chubbuck

3. NAME OF DECEASED (Type or Print) a. (First) FERN b. (Middle) RUBY STUART c. (Last) HENRY
4. DATE OF DEATH (Month) (Day) (Year) September 1, 1953
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 24, 1917
9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME James Henry Stuart BIRTHPLACE American Fork, Utah
14. MOTHER'S MAIDEN NAME Ruby Rowley BIRTHPLACE Fillmore, Utah
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Russell L Henry ADDRESS Rt. 2 No.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 14 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral embolus — 14 hrs
DUE TO (c) Thrombus from aortic valve, rheumatic heart disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1953, to 1 Sept, 1953, that I last saw the deceased alive on 1 Sept, 1953, and that death occurred at 3:20 P m., from the causes and on the date stated above.

23a. SIGNATURE M. R. Kearns (Degree or title) M.D.
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 2 Sept 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE SEPT. 4 1953
24c. NAME OF CEMETERY OR CREMATORY Mountain View.
24d. LOCATION (City, town, or county) (State) Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG. SEP 19 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Allen J. Munns ADDRESS 510 So 12th Pocatello, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3318
Local Reg. No. 234
Reg. Dist. No. 511

RECEIVED SEP 19 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Aprox. I Mile No. Rt. # 2 No. on Hawthrone Road.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): JOSEPH
c. (Last): CENDROSKI

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 2, 1910
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shale-operator
10b. KIND OF BUSINESS OR INDUSTRY: West-vaco Chemical
11. BIRTHPLACE (State or foreign country): Pittsburg, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: No record available
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: No record available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-09-7853
17. INFORMANT'S OWN SIGNATURE: Edyth Stewart Cendroski — ADDRESS: Route #2 W.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 4 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Wide spread metastasis to abdominal lymph nodes. — 4 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* 9-3-, 1953, *that I last saw the deceased alive on* 9-3, 1953, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D. 276
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: SEP 18 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: 510 North 12th. Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 16 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3319
Local Reg. No. 231
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
LENGTH OF STAY (in this place): 3hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek
d. STREET ADDRESS (If rural, give location): Fort Hall Indian Reservation

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) c. (Last) McGILL

4. DATE OF DEATH: (Month) (Day) (Year) September 3, 1953

5. SEX: Male

6. COLOR OR RACE: Am. Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: November 26, 1930

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Bannock Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jim McGill
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha LeClair
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **
(If yes, give war or dates of service): * **

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Jim McGill ADDRESS: Bannock Creek, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: 3hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage — 3 hours
DUE TO (c) Gun shot wounds — 3 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bannock Creek
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Power Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 2 1953 10p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot apparently by brother

22. *I hereby certify that I attended the deceased from* Sept 3, 1953, *to* Sept 3, 1953, *that I last saw the deceased alive on* Sept 3, 1953, *and that death occurred at* 3:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-53
24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek
24d. LOCATION (City, town, or county) (State): Fort Hall Indian Reservation Ida/

DATE REC'D BY LOCAL REG.: SEP 14 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant
ADDRESS: Hall Grant Mortuary Poc. Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

State File No. 3320
Local Reg. No. 229
Reg. Dist. No. 5/1

BIRTH NO.

SEP 16 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Harmon	Adkins	9	4	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 12, 1883	70	3	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Sandy Hook, Kentucky	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MacFarland Adkins	Kentucky	Elizabeth Fultz	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-05-9130	Mrs Fred E. Sawyer	Am. Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation and ventricular block.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial damage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 2, 1953	Large Prostate and Diverticulum of the bladder	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Sept. 4, 19 53 *that I last saw the deceased alive on* Sept. 4, 19 53, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Groom, M. D.	Pocatello Idaho	Sept. 10

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-8-53	Neeley	Neeley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 14 1953	Eva M. Wallin	[illegible]	Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3221
Local Reg. No. 241
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 428 West Young Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 428 West Young Street

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA MARY ANN b. (Middle) ARBON c. (Last) BAKER

4. DATE OF DEATH (Month) (Day) (Year): September 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: December 23, 1876

9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR Months: 10 | Days: 12 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel operator

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Snowville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Arbon — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Nicholas — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** | (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: **********

17. INFORMANT'S OWN SIGNATURE: Charles E Johnston Pocatello Rt #2 No.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic condition
DUE TO (c) Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Sept. 5, 19 53, *and that death occurred at* ---- *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jus Henderson Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 9, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 23 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR ADDRESS: Conway Grant/ Hall Grant Mortuary Poc.
Conway Grant

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3322
Local Reg. No. 235
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO. 41-53-13741

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If not in hospital or institution, give street address or location): 9 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 127 Melrose

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle):
c. (Last): STRAH

4. DATE OF DEATH (Month) (Day) (Year): September 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): New Born Infant
8. DATE OF BIRTH: Sept. 4, 1953
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months -, Days -
IF UNDER 24 HRS.: Hours 9, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***** 03
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Albert Strah
BIRTHPLACE: Kitzmiller, MD.
14. MOTHER'S MAIDEN NAME: Helen Dehamare
BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ****
(If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: *****
17. INFORMANT'S OWN SIGNATURE: Thomas A. Strah
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity
INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4, 1953 *to* 9-5, 1953, *that I last saw the deceased alive on* 9-5, 1953, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.J. Sharp M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 9-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 1 2 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant
ADDRESS: Conway Grant Hall Grant Mortuary Poc.,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS SEP 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 3323
Local Reg. No. 836
Reg. Dist. No. 510

BIRTH NO. 111-52-1073

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): 1/2 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 127 Melrose

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle); c. (Last) STRAH

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept. 4, 1953

9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 1, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *** 02

10b. KIND OF BUSINESS OR INDUSTRY: ***

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Thomas Albert Strah Kitzmiller, Md.

14. MOTHER'S MAIDEN NAME: Helen Dehamare

BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: ***

17. INFORMANT'S OWN SIGNATURE: Thomas A. Strah

ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4, 1953 *to* 9-5, 1953 *that I last saw the deceased alive on* 9-5, 1953 *and that death occurred at* 12:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. J. Sharp (Degree or title): M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 9-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-5-53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant

ADDRESS: Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3324
Local Reg. No. 237
Reg. Dist. No. 310

111-5[illegible]-10[illegible] RECEIVED SEP 19 1953 DIVISION OF VITAL STATISTICS
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 315 North Fourth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) ELIA; c. (Last) TADEMY

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1953

5. SEX: female

6. COLOR OR RACE: colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: September 4, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 1
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *****

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Wilbert B. Tademy
BIRTHPLACE: Oakdale, Louisiana

14. MOTHER'S MAIDEN NAME: Luella Johnson
BIRTHPLACE: Athens, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Wilbert B. Tademy
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis, Pneumococcus? 348.2
INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒ XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 4, 1953, *to* Sept. 5, 1953, *that I last saw the deceased alive on* Sept. 5, 1953, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis E. Bush (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Sept. 8, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 18 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 238
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 19 1953 VIS. STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 416 W. Lewis-Gordon Apts.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Estella	M.	Ziebarth	Sept., 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Nov., 24, 1895	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Apt. manager 74	Retired	Ottawa, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Ziebarth	Illinois	Katherine Schmitz	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Jessie K. Ziebarth	Pocatello Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastasis of Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 9-6, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 9:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Worrell 254	M.D.	Pocatello Idaho	9-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-10-53	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 14 1953	Eva M. Wallin	Byron B. Dowrard	Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 3326
Local Reg. No. 225
Reg. Dist. No. 510

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1611 S.Fourth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1611 S.Fourth Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Marcus b. (Middle) LaMar c. (Last) Jorgensen

4. DATE OF DEATH (Month) (Day) (Year) Sept.,6,1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May,12,1900

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR Months Days
IF UNDER 1 DAY Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) Filskove Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Jorgensen
BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Elsie Dorman
BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Norman P. Smith
ADDRESS Pocatello

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — Instant
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1953, *to* 9-6, 1953, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS Pocatello
23c. DATE SIGNED 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-9-1953
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) Pocatello Idaho (State)

DATE REC'D BY LOCAL REG. SEP 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Byron B. Howard
ADDRESS Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953

Certificate of Death

STATE OF IDAHO

State File No. 2227
Local Reg. No. 253
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt. 1 North

3. NAME OF DECEASED (Type or Print): a. (First) MILTON b. (Middle) CHARLES c. (Last) QUINN

4. DATE OF DEATH (Month) (Day) (Year): September 8, 1953

5. SEX: Male

6. COLOR OR RACE: White & Ind.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1879

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Quinn — BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): *** (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: X Mrs Cassie P Quinn Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis - Ca of rectum — 18 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cured Ca of Stomach Surgical 3 yrs

19a. DATE OF OPERATION: 29 Apr 53

19b. MAJOR FINDINGS OF OPERATION: Extensive Ca of Rectum, Extension to Local glands

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1948, *to* Sept 8, 1953, *that I last saw the deceased alive on* Sept, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-12-53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colvin H. Edwards — ADDRESS: Colvin Mortuary Poc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3328
Local Reg. No. 242
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Pocatello
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 714 Myrtle Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	OLIVER	JOHNSON, Jr.	Sept.	9	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	November 9, 1912	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assistant Manager 74	Pacific Fruit Express	Los Angeles, California	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard O. Johnson Sr.	Virginia	Alice Dobson	Yuma, Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	****	700-09-1258	[signature]	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* Sept. 9, *1953*, *that I last saw the deceased alive on* Sept. 9, *1953*, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Pocatello, Idaho	Sept. 10, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 23 1953	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3329
Local Reg. No. 244
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 131 Foothill Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 131 Foothill Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) MAUDE b. (Middle) ELLEN c. (Last) SLINGERLAND

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 18, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Dayton, Nevada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lucius Guild — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Maria Wheatley — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Ray Hunter — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

560.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diaphragmatic Hernia — Inability to test and digest food. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on death call, 19__, *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 10, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Ray M.D. (Degree or title)
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 9/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14, '53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 23 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3330
Local Reg. No. 243
Reg. Dist. No. 510

BIRTH NO.

SEP 24 1953

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 16 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 258 Willard Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 258 Willard Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): AGNES

b. (Middle): ELIZABETH

c. (Last): LORE

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 5, 1930

9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: Idaho State College

11. BIRTHPLACE (State or foreign country): Los Angeles California

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Clarence Lore

BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Della Williamson

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 518-26-2008

17. INFORMANT'S OWN SIGNATURE: Della Lore

ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 10 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Strangulation by hanging

22. *I hereby certify that I attended the deceased from* ****, *19*____, *to* *****, *19*____, *that I last saw the deceased alive on* Sept. 11, *19* 53, *and that death occurred at* *** *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson — (Degree or title): Bannock County Coroner, Pocatello, Idaho

23b. ADDRESS

23c. DATE SIGNED: Sept. 11, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 23 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3321
Local Reg. No. 239
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 222 N. Grant Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 222 N. Grant Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	H	BROWN	Sept. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 2, 1880	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Build. & Bridge Dlv. 10	Retired-UPRR	Deseret, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac Brown	Utah	Ellen Wood	UTAH

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Emil W. Pew	Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ****, 19____, *to* *****, 19____, *that I last saw the deceased alive on* Sept. 10, 19 53, *and that death occurred at* **** m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Henderson	Bannock County Coroner	Pocatello, Idaho	Sept. 14,

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, '53	Mountainview	Pocatello Idaho 53

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 18 1953	Eva M. Wallin	Byron B. Howard	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3322
Local Reg. No. 243
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route One South

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) LEWIS; c. (Last) SMITH

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 23, 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Finance

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Garrison, Montana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas B. Smith — BIRTHPLACE: Mineral Ridge, Ohio

14. MOTHER'S MAIDEN NAME: Elizabeth King — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: 519-09-9571

17. INFORMANT'S OWN SIGNATURE: Mrs. Geo L. Smith — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 years
and
~~DUE TO (c)~~ pulmonary infarct, — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, *19*53, *to* Sept. 13, *1953*, *that I last saw the deceased alive on* Sept. 13, *19*53, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McMahon M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 15, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 23 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3333
Local Reg. No. 254
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Jefferson & Alameda Sts.

3. NAME OF DECEASED (Type or Print): a. (First) SILAS b. (Middle) c. (Last) HALL

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 14 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 15, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Floyd Cty., Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wils Hall
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Sally Sturnbo
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Glenn Hall
ADDRESS: Pocatello Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Sept, 1953, *to* 14 Sept, 1953, *that I last saw the deceased alive on* 14 Sept, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 804 E Center

23c. DATE SIGNED: 22 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-18-53

24c. NAME OF CEMETERY OR CREMATORY: Sublette

24d. LOCATION (City, town, or county) (State): Sublette Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953

REGISTRAR'S SIGNATURE: Eva M. Wallis

25. FUNERAL DIRECTOR: Byron B. Daward
ADDRESS: Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3324
Local Reg. No. 246
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 344 N. Grant

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Batiste c. (Last) Erreca

4. DATE OF DEATH (Month) (Day) (Year) Sept., 14, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Feb., 1, 1894

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days
IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Raising Sheep 61

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Urapel, France

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Erreca BIRTHPLACE France

14. MOTHER'S MAIDEN NAME Marie Bidondo BIRTHPLACE France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Dominique Erreca ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured duodenal ulcer — 3 days

DUE TO (c) 541.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/11, 1953, *to* 9/14, 1953, *that I last saw the deceased alive on* 9/14, 1953, *and that death occurred at* 9:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John R. McMahon M.D.

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept., 16, '53

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Los Angeles Cal.

DATE REC'D BY LOCAL REG. SEP 23 1953

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR Byron B. Barnard ADDRESS Pocatello Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 19 1953
STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 240
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): ****

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 848 So. 1st Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): Carlyle Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	****	ATKINSON	September 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	January 19, 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Meat Packing Plant	Bolingame, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Atkinson	Berry, England	Alice Entwistle	Burge, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes World War I	519-09-9829	Joseph T. Atkinson	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ****** *, 19____, to* ***** *, 19____, that I last saw the deceased alive on* Sept. 14 *, 1953, and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Kendrick Bannock County Coroner	Pocatello, Idaho	Sept. 15, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 19 1953	Eva M. Wallin	Jack Kendrick	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3336
Local Reg. No. 247
Reg. Dist. No. 511

BIRTH NO.

SEP 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Banno ck Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Utah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Grove
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELEANOR
b. (Middle): SLAUGH
c. (Last): TOMLINSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Henry Slaugh — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Eleanor B ackhouse — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: ***
17. INFORMANT'S OWN SIGNATURE: John Tomlinson — ADDRESS: Aberdeen, Idaho
John Tomlinson

18. CAUSE OF DEATH 433.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Complete Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1953, *to* Sept 15, 1953, *that I last saw the deceased alive on* Sept 15, 1953, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lloyd S. Call (Degree or title): Lloyd S. Call M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): Pleasant Grove, Utah

DATE REC'D BY LOCAL REG.: SEP 23 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edward / Hall Grant Hart — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3337
Local Reg. No. 255
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 375 Park Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): LENA
c. (Last): FISHER

4. DATE OF DEATH (Month) (Day) (Year): September 18 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 6, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Chamois, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lee Hewitt — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Charlotte Hartman — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John A. Fisher — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary compression syndrome; chest deformity — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Sept. 18, 1953, *that I last saw the deceased alive on* Sept. 18, 1953, *and that death occurred at* 12:47a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): RP Howard M.D. 169
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 18, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

SEP 26 1953 STATE OF IDAHO

State File No. 3338
Local Reg. No. 248
Reg. Dist. No. 511

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Davis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bountiful,
d. STREET ADDRESS (If rural, give location): 215 E. 12th So. Street

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): ROY
c. (Last): GRANT

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 9, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trainman
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Woods Cross, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis M. Grant — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: + Elnora Noble — BIRTHPLACE: Woods Cross, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ****no! (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E. Roy Grant — ADDRESS: Denver, Colorado

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic failure - Ca Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer liver & gall bladder pancreas
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cholecystectomy - Ca Liver, Pancreas & Gallbladder
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1953, *to* Sept 18, 1953, *that I last saw the deceased alive on* Sept 18, 1953, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O.F. Call — (Degree or title): O.F. Call, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-20-53
24c. NAME OF CEMETERY OR CREMATORY: Union Mortuary
24d. LOCATION (City, town, or county) (State): Bountiful, Utah

DATE REC'D BY LOCAL REG.: SEP 24 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant — ADDRESS: Conway Grant Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3339
Local Reg. No. 249
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 740 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): ISAAC
b. (Middle): E.
c. (Last): TROUP

4. DATE OF DEATH (Month) (Day) (Year): September 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 14, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper - Retired
11. BIRTHPLACE (State or foreign country): Boone Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Isaac E. Troup — BIRTHPLACE: no data
14. MOTHER'S MAIDEN NAME: Sarah (no data) — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Louise M Troup — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.0 Acute myocardial failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fall and fracture pelvis ??
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile factor

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 5 - 53 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 9 - 3, 1953, *to* Sept. 20, 1953, *that I last saw the deceased alive on* Sept. 20, 1953, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 21,53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cutler Funeral Home
24d. LOCATION (City, town, or county) (State): Council Bluffs Iowa

DATE REC'D BY LOCAL REG.: SEP 24 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3340
Local Reg. No. 256
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 710 N. 5th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): BLOOMQUIST

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 20, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pleasant View, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jens Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Arthur Rolfe — ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Calcific Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 52, *to* Sept 22, 19 53, *that I last saw the deceased alive on* Sept 22, 19 53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R P Howard M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 24, '53
24c. NAME OF CEMETERY OR CREMATORY: Rigby
24d. LOCATION (City, town, or county) (State): Rigby Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3341
Local Reg. No. 257
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 856 N. Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): E
c. (Last): RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 20, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Charlott, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Richardson — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Angeline (unknown) — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Mrs Maude Richardson — ADDRESS: Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca of liver + Stomach
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: About 3 week not above about 1 yr (history)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1953, *to* Sept 24, 1953, *that I last saw the deceased alive on* Sept 24, 1953, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Call M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 9/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 26, '53
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Downard by D.K.
ADDRESS: Pocatello Id.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3342
Local Reg. No. 262
Reg. Dist. No. 511

BIRTH NO. 111-53-11[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock — OCT 16 1953

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — DIV. OF VITAL STATISTICS

c. LENGTH OF STAY (in this place): [illegible]

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Dolbeer Tract Rt. 1 So.

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph — b. (Middle) Thomas — c. (Last) Fry

4. DATE OF DEATH: (Month) (Day) (Year): September 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept. 26, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** 07

10b. KIND OF BUSINESS OR INDUSTRY: **********

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George G. Fry Jr. — BIRTHPLACE: Kansas City, Mo.

14. MOTHER'S MAIDEN NAME: Patricia Creamer — BIRTHPLACE: Laramie, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ********** — (If yes, give war or dates of service): **********

16. SOCIAL SECURITY NO.: **********

17. INFORMANT'S OWN SIGNATURE: X George G. Fry Jr. — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity 30 wks — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hemorrhage from — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO (c): Placenta Previa — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 26, 1953, *to* Sept. 26, 1953, *that I last saw the deceased alive on* Sept. 26, 1953, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph B. Westfall M.D. — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: 10.10.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9-29-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Mr. View — **24d. LOCATION** (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin — **25. FUNERAL DIRECTOR ADDRESS**: Conway Grant Hall Grant Mortuary Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3343
Local Reg. No. 930
Reg. Dist. No. 511

BIRTH NO.

SEP 16 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL): North of Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ballard Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Wyoming

b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Washakie

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	***	WASHAKIE	Sept.	9	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Widowed	July 4, 1878	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & stockman	Self Employed	Fort Washakie, Wyoming	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chief Washakie	Wyoming	(no data)	(no data)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	*****	none	Miss Bertha L. Norman	Lander, Wyo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Dismemberment of body due to automobile — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): train collision

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Ballard Road	Nine miles North Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 9 '53 1:35 a.m.		Automobile - train collision

22. *I hereby certify that I attended the deceased from* *******, 19____, *to* ******, 19____, *that I saw the deceased alive on* Sept. 9, 1953, *and that death occurred at* 1:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Henderson		Bannock County Coroner, Pocatello, Idaho	Sept. 10 '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 10, 1953	Payne Funeral Home	Lander Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 12 1953	Eva M. Wallis	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 23 1953

STATE OF IDAHO

State File No. 3344
Local Reg. No. 34
Reg. Dist. No. 130

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet Rural
c. LENGTH OF STAY (in this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet Rural
d. STREET ADDRESS (If rural, give location): 2 Miles South of DeSmet Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): Le Roy
c. (Last): Sheppard

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 20, 19[illegible]
9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 03
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tekoa, Washington
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Carl Sheppard
BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Virginia Stone
BIRTHPLACE: Colville, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl A. Sheppard
ADDRESS: DeSmet Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

925.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) trapped in Empty deep freeze
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): assumed
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm - home
21c. (CITY, TOWN, OR TOWNSHIP): 2 Miles So. DeSmet
(COUNTY): Benewah
(STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-8-53 3P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: unknown

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3:20 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Verne E Cressey 596 MD
23b. ADDRESS: Tekoa Wash
23c. DATE SIGNED: 9-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 53
24c. NAME OF CEMETERY OR CREMATORY: Goldenrod
24d. LOCATION (City, town, or county) (State): Tekoa, Washington

DATE REC'D BY LOCAL REG.: 9-18-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Jack E. Kramer
ADDRESS: Tekoa Wn.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 35
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet Rural
c. LENGTH OF STAY (in this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet Rural
d. STREET ADDRESS (If rural, give location): 2 Miles South of DeSmet, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Wayne c. (Last) Sheppard

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 19, 1949
9. AGE (In years last birthday): 4 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tekoa, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Sheppard — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Virginia Stone — BIRTHPLACE: Colville Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl A. Sheppard — ADDRESS: DeSmet Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) trapped in Empty deep freeze
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 Min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): assumed
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm - home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 2 miles South DeSmet, Benewah, Idaho
21d. TIME OF INJURY: (Month) 9 (Day) 8 (Year) 53 (Hour) 3 pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? unknown

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Cressey (Degree or title): M.D.
23b. ADDRESS: Tekoa Wash
23c. DATE SIGNED: 9-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 11 '53
24c. NAME OF CEMETERY OR CREMATORY: Goldenrod
24d. LOCATION (City, town, or county) (State): Tekoa, Washington

DATE REC'D BY LOCAL REG.: 9-18-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Jack E. Kramer — ADDRESS: Tekoa Wn.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3346
Local Reg. No. 36
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 9 miles north St. Maries
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Round Lake - North of St. Maries

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Round Lake Resort.

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Earl c. (Last) McManamon

4. DATE OF DEATH (Month) (Day) (Year): September 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 22, 1895

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resort Owner 14

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Pampa, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas E. McManamon
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Belle Bowman
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 519-10-4277

17. INFORMANT'S OWN SIGNATURE: Mrs Beatrice McManamon
ADDRESS: St. Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Submersion in water — 3 hrs.

331X

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ------
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ----
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ---
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ------
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ------ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ------

22. *I hereby certify that I attended the deceased from* ____, 19**47**, *to* Sept 1, 1953, *that I last saw the deceased alive on* Sept 1, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 346 Bergen A. Rapp Coroner M.D.
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho.

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: Gerald E. Browning St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3347
Local Reg. No. 38
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Warner c. (Last) Sempel

4. DATE OF DEATH (Month) (Day) (Year) 9 22 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 2-7-1867
9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logging
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Allegan, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Warner Cass Sempel - Holland BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Information BIRTHPLACE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE J. G. Sempel ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* 9-22, 1953, *that I last saw the deceased alive on* 9-19, 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bergen A. Rapp M.D
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-24-53
24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) St. Maries Idaho

DATE REC'D BY LOCAL REG. 10-2-53
REGISTRAR'S SIGNATURE Aileen G. Scott
25. FUNERAL DIRECTOR Fred E. Browning ADDRESS St. Maries Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3348
Local Reg. No. 148
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): ~~XX~~ 7 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): South Broadway - Kesler Motel

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle):
c. (Last): Kesler

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 18, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Beaver, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Henry White — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Annie Riley — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Clark L. Kesler — ADDRESS: Box 392 Blackfoot Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed chest & kidneys
DUE TO (c): automobile wreck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Bingham, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 28, 1953 - 7:00am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car swerved to pass another & hit oncoming car.

22. *I hereby certify that I attended the deceased from* 8-28, 1953, *to* 9-4, 1953, *that I last saw the deceased alive on* 9-3, 1953, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Dean Packer 323 M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 9-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 7, 1953 01 3
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Sept 6 - 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 19 1953 DIVISION OF VITAL STATISTICS

State File No. 3369
Local Reg. No. 197
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 288 N. University Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 288 N. University Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): FRENA
c. (Last): MERRICK

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 17, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Henderson, BIRTHPLACE: Belview Co, Missouri

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Wheeler, BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Leonard Mecham, ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 4, *19* 53, *to* Sept. 14, *19* 53, *that I last saw the deceased alive on* Sept 14, *19* 53, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. D. Hamblin (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs Cemetery
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 19, 1953
REGISTRAR'S SIGNATURE: Mrs. Evalin E. Farnsworth
25. FUNERAL DIRECTOR: John C. Sandberg, ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3350
Local Reg. No. 155
Reg. Dist. No. 600

RECEIVED OCT 6 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-5 -11105

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Cross
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): England
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GERALDENE
b. (Middle):
c. (Last): CLINGAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 30, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 7 Min. 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Clingan
BIRTHPLACE: Lake Village, Ark.
14. MOTHER'S MAIDEN NAME: Geniva Burtram
BIRTHPLACE: Dewitt, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thomas Clingan
ADDRESS: England, Arkansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature b. m. c.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Lived 7 1/2 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30-, 1953, *to* 9-30-, 1953, *that I last saw the deceased alive on* 9-30-, 1953, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct 1-1953.
REGISTRAR'S SIGNATURE: Myra Walter E. Patterson
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3351
Local Reg. No. 1269
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 19 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Bonneville.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 354 N.E.

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle):
c. (Last): Nord

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 28, 1869
9. AGE (In years last birthday): 84 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Anders Anderson — BIRTHPLACE: Sweden.
14. MOTHER'S MAIDEN NAME: Inga Hawkins — BIRTHPLACE: Sweden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: T. Young — ADDRESS: Records State Hospital South-Blackfoot, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured Hip — 3 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 20, 1953, *to* Sept. 8, 1953, *that I last saw the deceased alive on* Sept. 8, 1953, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H. Spragner
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 9.9.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-9-53 01
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls - Bonneville - Idaho

DATE REC'D BY LOCAL REG.: Sept 9-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatrie
25. FUNERAL DIRECTOR: Leland Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3352
Local Reg. No. 158
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF PLACE (in this place): 1Y.5M.26D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINA
b. (Middle): MARIE
c. (Last): ROSS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 12, 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 26, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 9, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HYRUM CITY, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: RASSMUS HANSON — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: ANNA NELSON — BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Hamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIAC DISESE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tonsillitis, right, Acute

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 16, 1952, *to* SEPT. 12, 1953, *that I last saw the deceased alive on* SEPT. 11, 1953, *and that death occurred at* 5:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cecil G. Baker M.D. 714
23b. ADDRESS: State Hospital (South) Blackfoot, Idaho
23c. DATE SIGNED: Sept. 14 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-14-53 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nampa. Idaho.

DATE REC'D BY LOCAL REG.: Sept. 14-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3353
Local Reg. No. 3353
Reg. Dist. No. 601

Certificate of Death

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (In this place): 15 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHELLEY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILLIAM
c. (Last): WAITE

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 14 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 21, 1875
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 5, Days 24
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LEVI WAITE
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Maria PHOENIX
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-30-6943
17. INFORMANT'S OWN SIGNATURE: Afton Young
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUGUST 30, 1953, *to* SEPT. 14, 1953, *that I last saw the deceased alive on* SEPT. 14, 1953, *and that death occurred at* 11:25pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cecil G. Baker M.D.
23b. ADDRESS: Idaho State Hospital (South)
23c. DATE SIGNED: Sept. 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-53
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: 9-18-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Nalder
ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3354
Local Reg. No. 132
Reg. Dist. No. 607

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #3
LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3 Blackfoot, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #3
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) Ellen c. (Last) Cazier

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 18, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 23, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months: 9 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Bishop
BIRTHPLACE: Oxford, England

14. MOTHER'S MAIDEN NAME: Ann Williams
BIRTHPLACE: Oxford, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John B. Cazier
ADDRESS: Rt 3 Blackfoot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1953 *to* Sept 17, 1953 *that I last saw the deceased alive on* Sep 17, 1953, *and that death occurred at* Noon m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph E. Coates MD

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem/burial

24b. DATE: Sept. 22, 53

24c. NAME OF CEMETERY OR CREMATORY: Ogden Cemetery

24d. LOCATION (City, town, or county) (State): Ogden Weber Utah

DATE REC'D BY LOCAL REG.: Sept. 21-1953

REGISTRAR'S SIGNATURE: Mrs Walter E. Talmage

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

SEP 29 1953

DIVISION OF VITAL STATISTICS

State File No. 3355
Local Reg. No. 13-3
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN: Rural - Highway 91-191
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 10 mi. So. Blackfoot, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Montana
b. COUNTY: ~~Bingham~~
c. CITY OR TOWN: Havre
d. STREET ADDRESS (If rural, give location): 627 First Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alice	Hall	Clack	Sept. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married	April 18, 1891	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Woodbine, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Hall	England	Ottellie Lipphardt	New Richmond, Ohio

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Herman Louis Clack	Havre Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed head and chest and fractures of rt. wrist, left shoulder, lft. femur

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto wreck

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Hiway 91-191	Blackfoot, Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-25-53 6 p.m. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car struck soft shoulder, overturned

22. *I hereby certify that I attended the deceased from* Did not attend deceased, 19___, *that I last saw the deceased alive on* ___, 19___ *and that death occurred at* 6:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Blackfoot, Idaho	9-26-53

24a. DISPOSITION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Rem. 9-27-53		Havre, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
9-26-53	Mrs Evalin E Patrick	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3356
Local Reg. No. 371
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Smith almt 3 mi. from Carey.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Eugene c. (Last) Seward

4. DATE OF DEATH (Month) (Day) (Year) Sept - 12 - 1953

5. SEX male
6. COLOR OR RACE w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) student
8. DATE OF BIRTH July-21-1936
9. AGE (In years last birthday) 17
If UNDER 1 YEAR: Months 1, Days 22
If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 77
10b. KIND OF BUSINESS OR INDUSTRY High school
11. BIRTHPLACE (State or foreign country) Mammoth Spring Ark
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joe B. Seward
BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Dorothy Alice Wirth
BIRTHPLACE Mammoth Spg Ark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Dorothy Seward
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally Killed in auto-mobile accident - Instantly Killed -
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Crushed Skull

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway Cafeteria
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93 - 2 miles south of Carey - Blaine, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12 1953, 7 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? automobile turned over on a curve.

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
23b. ADDRESS
23c. DATE SIGNED Sept 13 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 15 53
24c. NAME OF CEMETERY OR CREMATORY Rockfield Cem
24d. LOCATION (City, town, or county) (State) Rockfield Idaho

DATE REC'D BY LOCAL REG. Oct. 1 - 1953
REGISTRAR'S SIGNATURE Robert H. Wright - per
25. FUNERAL DIRECTOR Myrtle C. Burdett
ADDRESS Shoshone Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3357
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Arrowrock
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On a Public Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 302 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle) M; c. (Last) McGrath

4. DATE OF DEATH: (Month) Sept. (Day) 7th. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 21st 1896

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 34

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Internal Rev.

11. BIRTHPLACE (State or foreign country): Wallace Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Daniel McGrath — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 566-16-2356

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho City Boise Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): September 8. 53 4:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Sharp Curve. Skid off the road. 4 ft Water over Car top

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald Sofus Nielsen Coroner

23b. ADDRESS: Idaho City. Boise County

23c. DATE SIGNED: Sept. 10. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 10. 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 9-11-53

REGISTRAR'S SIGNATURE: Mrs. E. S. Robson

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

J. J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Original

Certificate of Death

STATE OF IDAHO

State File No. 3358
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shaeffer Butte Creek area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1122 Hays Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PATRICK		COX	September 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	21 January 1924	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookeeper	Norco Welding Co.	Meridian, Idaho	U.S.A.

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Alpha Burton Bernard Cox Boise, Idaho	Julia Isadore McDermott -Laverne, Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / 1942-1950	519-14-7990	Rebecca Jolene Cox	1122 Hays

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1767

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Bogus Basin	Idaho City Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Septem. 26. 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self-inflicted gun wound in right temple.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reginald John Mellor	Coroner	Idaho City. Boise Co. Idaho	Oct. 10. 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 Oct. 1953	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Mrs E. S. Robison	Russell Relyea RELYEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3359
Local Reg. No. #83
Reg. Dist. No. 110

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 1003 W. 25th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAMONA	BERDINA	SCHEID	Sept.	4,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 29, 1923	29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child case worker	Welfare Dept.	Browning, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Conway	Fort Benton, Mont	Laura Stephenson	Browning, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	unknown	Paul E. Scheid	Spokane, Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gastro enteritis, type unknown — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Auricular paroxysmal tachycardia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/3/53, 19___, *to* 9/4/53 19___, *that I last saw the deceased alive on* 11 a.m. 9/4/53, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Michael J. Hamilton MD	North Idaho Clinic Sandpoint	9/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	11	unknown	Browning, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
9-5-53	Grace Ralph	Moon Funeral Home Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form UPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 21 1953 DIVISION OF VITAL STATISTICS

State File No. 3360
Local Reg. No. 84
Reg. Dist. No. 11-0
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 417 Washington

3. NAME OF DECEASED (Type or Print): a. (First) CLYDE b. (Middle) EARNEST c. (Last) SAMMONS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July ? 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): Crawford County, Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Sammons — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ed Sammons — ADDRESS: Sandpoint

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Sept 6, 1953 that I last saw the deceased alive on Sept 6, 1953 and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Sept 8, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 9-9-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: [illegible] Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

RECEIVED SEP 21 1953 STATE OF IDAHO DIVISION OF VITAL STATISTICS

State File No. 3361
Local Reg. No. # 85
Reg. Dist. No. 110

BIRTH NO. 11 [illegible]

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN: Sandpoint
c. LENGTH OF STAY (in this place): [illegible] days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN: Sagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
STEVEN	MICHAEL	SANDS	Sept.	7	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Never married	Sept. 3, 1953	-0-	-0- / 4	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infancy	Sandpoint, Idaho	U.S.A.

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orville C. Sands	Green Forest Ark.	Anita Van Boris	Whchita, Kansas

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	O.C. Sands	Sagle, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asphyxia — 4 days

DUE TO (c) Tetanic uterine contractions — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/3/53	Caesarian Section. P.O.P. presentation	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. 3, 1953 *to* Sept 7, 1953, *that I last saw the deceased alive on* Sept 7, 1953, *and that death occurred at* 4.40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilbur C Hayden M.D.	Sandpoint	9/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/9/53	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-14-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3302
Local Reg. No. 8
Reg. Dist. No. 11-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 903 North 5th

3. NAME OF DECEASED (Type or Print): a. (First) EMILE b. (Middle) AUGUST c. (Last) MESSMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Bldg & Const.

11. BIRTHPLACE (State or foreign country): Pottawattamie County, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Messman
BIRTHPLACE: Talge, Germany

14. MOTHER'S MAIDEN NAME: Julia Jane Plummer
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-03-8998

17. INFORMANT'S OWN SIGNATURE: Sidney R. Messman
ADDRESS: Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1953 *to* Sept 16, 1953, *that I last saw the deceased alive on* Sept 16, 1953, *and that death occurred at* 7:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W Smith (Degree or title) MD

23b. ADDRESS: 109½ N. First East, Sandpoint, Idaho

23c. DATE SIGNED: 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/21/53

24c. NAME OF CEMETERY OR CREMATORY: Lakeview

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 9-21-53

REGISTRAR'S SIGNATURE: Grace Lesh

25. FUNERAL DIRECTOR: Moon Funeral Home

ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3363
Local Reg. No. # 28
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 405 Lake Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): PETERSON
c. (Last): ROE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 17, 1876
9. AGE (In years last birthday): -76- IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bldg. Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. & Const.
11. BIRTHPLACE (State or foreign country): Hallingdal, Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Roe — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: ~~Dalares~~ unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Dalares E. Roe — ADDRESS: Hot Springs Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Fall — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Puncture of lung
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Sandpoint — (COUNTY): Bonner — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 18 1953 8 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from Scaffold.

22. *I hereby certify that I attended the deceased from _____, 19__, to Sept 18, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.*

23a. SIGNATURE: G G Rindle — (Degree or title): MD
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: 9/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/53
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3304
Local Reg. No. 89
Reg. Dist. No. 11

BIRTH NO.

OCT 5 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE: Montana
b. COUNTY: Sanders
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thompson Falls
d. STREET ADDRESS (If rural, give location): Box 319

3. NAME OF DECEASED (Type or Print): a. (First) (Infant) b. (Middle) c. (Last) COX
4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 29, 1953
9. AGE (In years last birthday): -0- IF UNDER 1 YEAR Months: -0 Days: 0 IF UNDER 24 HRS. Hours: 3 Min.: 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infancy
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben G. Cox BIRTHPLACE: Trout Creek, Mont.
14. MOTHER'S MAIDEN NAME: Viola Oliver BIRTHPLACE: Colburn, Idaho

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs John W Oliver ADDRESS: Colburn, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 4-4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Torsion of Umbilical Cord — 5 hrs
DUE TO (c) Excessively long umb. Cord

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1953, to Sept 29, 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 6:50 A m, from the causes and on the date stated above.

23a. SIGNATURE: William C Hayden M.D. (Degree or title)
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: 9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/29/53
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Thompson Falls, Mont.

DATE REC'D BY LOCAL REG.: 9-29-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3365
Local Reg. No. 95
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle):
c. (Last): McKinley

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 7, 1860
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired policeman
10b. KIND OF BUSINESS OR INDUSTRY: City Police
11. BIRTHPLACE (State or foreign country): Prince Edward Island Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Allen McKinley 62
BIRTHPLACE: Not known
14. MOTHER'S MAIDEN NAME: ---------- Cox
BIRTHPLACE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ray McKinley
ADDRESS: Newport, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Cause — INTERVAL BETWEEN ONSET AND DEATH: Found dead

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Cerebral Hemorrhage
DUE TO (c) Exposure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 470 [signature] 4 Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Oct 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-53 02
24c. NAME OF CEMETERY OR CREMATORY: Newport Cemetery
24d. LOCATION (City, town, or county) (State): Newport, Wash.

DATE REC'D BY LOCAL REG.: 10-9-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: C. E. Sherman
ADDRESS: Newport, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3366
Local Reg. No. 6
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Lakeview
c. LENGTH OF STAY (in this place): 6 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle):
c. (Last): Graney

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-14-1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mine
11. BIRTHPLACE (State or foreign country): Coeur D'Alene
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Graney — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Deleda E. Quire — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few second

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Coronary disease — several mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 9-6, 1953 *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. C. Mowry Coroner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 9/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg Ida

DATE REC'D BY LOCAL REG.: 9/17/53
REGISTRAR'S SIGNATURE: Jol Irvine
25. FUNERAL DIRECTOR — ADDRESS: Grant McGlade, Kellogg, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3367
Local Reg. No. #87
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no street address-at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): GORDON
c. (Last): O'DONNELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Michael O'Donnell — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Elizabeth Cairnes — BIRTHPLACE: St. John New Bru

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-03-7262
17. INFORMANT'S OWN SIGNATURE: Thomas O'Donnell — ADDRESS: Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dover Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/21/53, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 9/21/53, 19__, *and that death occurred at* 3:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Michael J. Hamilton (Degree or title): MD
23b. ADDRESS: North Idaho Clinic Sandpoint
23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/23/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 9-24-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: F. G. Moon — ADDRESS: Sandpoint, Idaho
Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3368
Local Reg. No. #170
Reg. Dist. No. 11 0

RECEIVED
OCT 10 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Priest River
LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kings Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Kings Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PATRICK	J.	PIERCE	Sept. 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	unknown	Feb. 18, 1900	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Webster County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Pierce	Arkansas	Julia Benabig	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: unknwown
17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum 154X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in hotel Room
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	Sandpoint, Idaho.	Oct 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/6/53	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 5, 1953	[signature]	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3369
Local Reg. No. 113
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 390 G St.

3. NAME OF DECEASED (Type or Print): a. (First) Melba; b. (Middle) Coombs; c. (Last) Edwards

4. DATE OF DEATH: (Month) (Day) (Year): June 17, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 27, 1900

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eph. Coombs — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Emma Potter — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mell Edwards — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1953, *to* —, 19—, *that I last saw the deceased alive on* June 17, 1953, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: June 19 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal&Bur

24b. DATE: 6/20/53

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: June 19-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC Certificate of Death

STATE OF IDAHO

State File No. 3370
Local Reg. No. 190
Reg. Dist. No. 610

BIRTH NO. OCT 12 1953

1. PLACE OF DEATH
a. COUNTY Bonneville DIVISION VITAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
S. LENGTH OF STAY (In this place) 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snake River, John's Hole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Freemont Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	HENRY	KELLEY	August	1	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 28, 1903	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Automobile	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kelley	Unk.	Florence Harper	Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II	519-34-0044	Penny L Brockmann	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Snake River	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 1 1953 8:00 PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	While Swimming

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo A. Thiriaus MD	Coroner	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 5-1953	Rena Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

53-9-12

Certificate of Death

STATE OF IDAHO

State File No. 3371
Local Reg. No. 178
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1308 Fremont Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): PEREZ

4. DATE OF DEATH (Month) (Day) (Year): August 18 1953

5. SEX: Female
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: August 17, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cecil Perez
BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Rosa Padilla
BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jennie von Perez
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Malformation Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature delivery — 8th Mo

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 17, 1953, *to* Aug 18, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N E Hugett M.D. M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 17-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-92/3

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3372
Local Reg. No. 196
Reg. Dist. No. 616

BIRTH NO.

OCT 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 444 Gladstone

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Robin James Atamanczyk

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 14, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 7; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Atamanczyk — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Lois Bringhurst — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter Atamanczyk — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of newborn — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES Yes NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Davis M.D.
23b. ADDRESS: Idaho Falls Idaho.
23c. DATE SIGNED: 8/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood — ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

State File No. 3373
Local Reg. No. 165 (S)
Reg. Dist. No. 610

BIRTH NO.

STATE OF IDAHO
SEP 28 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Bonneville b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital	2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arizona b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Phoenix Scottsdale d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Blythe	Kenneth	Packer	Aug 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 23-1892					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Livestock Producer	Cattle & Sheep	San Bernardino Cal.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Packer	?	Mary Shropshire	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Grace Packer	5036 Scottsdale Ariz

MEDICAL CERTIFICATION

16. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch M.D.	Idaho Falls Idaho	Aug. 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Cremation	Aug 25-1953	Salt Lake Crematory	Salt Lake City - Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 30-1953	Leona Bridges	Geo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3374
Local Reg. No. 169
Reg. Dist. No. 610

REC Certificate of Death

STATE OF IDAHO

BIRTH NO. SEP 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 447 Broadway

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) GOTTLIEB c. (Last) MILLER

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH October 15, 1882

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gottlieb Miller BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Annie BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-28-7575

17. INFORMANT'S OWN SIGNATURE Edward M Stark ADDRESS Tremonton Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion 12 days

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. D.

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug. 29, 1953

24c. NAME OF CEMETERY OR CREMATORY Willard

24d. LOCATION (City, town, or county) Box Elder County (State) Utah

DATE REC'D BY LOCAL REG. Aug. 28-1953

REGISTRAR'S SIGNATURE Irene Bridges

25. FUNERAL DIRECTOR Orland C. Buck ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3275
Local Reg. No. 182
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location) Route # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HANNAH	MATILDA	BECKMAN	September 4 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	December 1, 1871	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johan Samuelson	Sweden	Kathrina Unk.	Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John A Beckman	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/11, 1953, *to* 9/4, 1953, *that I last saw the deceased alive on* 9/4, 1953, *and that death occurred at* 10:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. P. Bontrager M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1953	New Sweden Cemetery	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 11 '53	Anna Rudges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3376
Local Reg. No. 175
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 494 Shoupe Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 494 Shoupe Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	LITTLEWOOD	MURRAY	September 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 17, 1885	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Murray	Scotland	Emma Littlewood	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-9732	Emma M. C. Arthur	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo A. Williams Coroner	Idaho Falls, Idaho	9/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 11, 1953	Wellsville	Wellsville Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 11-53	Anna Bidgen	Orland C. Beck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC Certificate of Death

STATE OF IDAHO

State File No. 3377
Local Reg. No. 191
Reg. Dist. No. 610

BIRTH NO.

OCT 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 247 Broadway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANCIS	GLENN	KINGSFORD	September 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	March 30, 1904	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Francis Kingsford	Idaho	Ethel Dowdle	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Ethel Knigsford	Yakima, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 59 3X Glomerular Nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-9 *, 1953, to* 9-9 *, 1953, that I last saw the deceased alive on* 9-9 *, 1953, and that death occurred at* 5:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hatch	M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 15, 1953	Grove City	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 5-1953	Dena Bridges	Orland E. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3378
Local Reg. No. 183
Reg. Dist. No. 610

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Poplar
d. STREET ADDRESS (If rural, give location): Poplar

3. NAME OF DECEASED (Type or Print): a. (First) MARGUERITE b. (Middle) BRENNETTA c. (Last) BYINGTON

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F. M.	White	Married	July 3, 1889	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Nephi, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Perry Smith.	Coalville, Utah	Loulia Brennetta Allen.	West Jordan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	X	X	Farley Byington	Ririe, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertensive Heart Disease	30 years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 19 49, *to* 10 Sept, 19 53, *that I last saw the deceased alive on* 10 Sept, 19 53, *and that death occurred at* 2:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. K. Frantzmo.	Idaho Falls, Idaho	9/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-14-53	Little Butte	Annis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 23-53	Anna Rudges	A. B. Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3379
Local Reg. No. 177
Reg. Dist. No. 610

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall's nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 333 So. Holmes Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lena		Bauman	September 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 29, 1859	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		St. Louis, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Storm	Germany	Lena Wagner	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Lena Matheson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Sept 15, 1953 *that I last saw the deceased alive on* July, 1953 *and that death occurred at* Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Guyett MD	Idaho Falls, Ida	9/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/17/53	Pontiac Cemetery	Pontiac, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 17-1953	Anna Bridges	Jack A. Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3580
Local Reg. No. 184
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 5 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 1115 25th Street

3. NAME OF DECEASED (Type or Print): a. (First) EARL; b. (Middle) J.; c. (Last) LEWIS

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 6, 1886

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Sophia Ask.
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Allen J. Lewis
ADDRESS: Lewisville, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Carcinomatosis — 3 months

DUE TO (c) Carcinoma of Stomach — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1517

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: July 1953 Lap artomy disclosed Generalized Carcinomatosis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 9, 1953, *to* Sept 15, 1953, *that I last saw the deceased alive on* Sept 14, 1953 *and that death occurred at* 6:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen Hall M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9--17--1953

24c. NAME OF CEMETERY OR CREMATORY: Ucon

24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: Sept. 23-1953

REGISTRAR'S SIGNATURE: Emma Bridges

25 FUNERAL DIRECTOR: A. Beckstead
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 3381
Local Reg. No. 192
Reg. Dist. No. 610

BIRTH NO.

STATE OF IDAHO

OCT 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808 Cleveland Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 808 Cleveland Street

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY
b. (Middle): JANE
c. (Last): RITCHIE

4. DATE OF DEATH (Month) (Day) (Year): September 16 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: December 8, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sylvester Hart — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah Catherine Gamble — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Catherine Gimpel — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/5, 1950, *to* 9/16, 1953, *that I last saw the deceased alive on* 9/14, 1953, *and that death occurred at* 3:30P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Woolley — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 5-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Bruce — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

State File No. 3382
Local Reg. No. 185
Reg. Dist. No. 610

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (in this place): App. 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 East 14th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 123 East 14th Street

3. NAME OF DECEASED (Type or Print)
a. (First): EMALINE
b. (Middle): MALISSA DAY
c. (Last): KENT

4. DATE OF DEATH (Month) (Day) (Year): Sept., 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 11, 1864
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman Day — BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Martha Ann Henderson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jeffrey Brawley — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive heart disease — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* 17 Sept, 1953, *that I last saw the deceased alive on* 4 Sept, 1953, *and that death occurred at* 3:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 21 [signature]
23b. ADDRESS: Ashton - Ida.
23c. DATE SIGNED: 19 Sept. 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 Sept 53
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: Sept 23 53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Joe H. Dee

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

State File No. 3383
Local Reg. No. 186
Reg. Dist. No. 610

BIRTH NO. 111-53-11264

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 870-9th

3. NAME OF DECEASED (Type or Print)
a. (First) Norma
b. (Middle) Depha
c. (Last) Beck

4. DATE OF DEATH (Month) (Day) (Year) Sept-17-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Sept-17-1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lyle Vernon Beck
BIRTHPLACE Rexburg Idaho
14. MOTHER'S MAIDEN NAME Delpha Martha Weeks
BIRTHPLACE [illegible] Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lyle Beck
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crematurity 6½ mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Sept, 1953, *to* 17 Sept, 1953 *that I last saw the deceased alive on* 17 Sept, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Natelo (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 22 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/19/53
24c. NAME OF CEMETERY OR CREMATORY Archer-Lyman Cemetery
24d. LOCATION (City, town, or county) (State) Thornton Ida. R-1

DATE REC'D BY LOCAL REG. Sept 29-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams
ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3384
Local Reg. No. 188
Reg. Dist. No. 610

BIRTH NO. 111-5[illegible]-11263

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 A 19 ICC
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 870 - 9th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norman	Lelen	Beck	Sept 17-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Sept-17-1953			6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Idaho Falls Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lyle Vernon Beck	Rexburg Idaho	Delpha Martha Weeks	Archer Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Lyle Beck	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 17 Sept, 1953, *to* 17 Sept, 1953 *that I last saw the deceased alive on* 17 Sept, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph M Wells MD	Idaho Falls, Idaho	22 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal to Utah	9/19/53	Archer-Lyman Cemetery	Thornton, Idaho R-1

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 29-53	Anna Bridges	Geo A. Simmons	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death
STATE OF IDAHO

State File No. 3385
Local Reg. No. 189
Reg. Dist. No. 6/D

BIRTH NO.

REC'D OCT 5 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Beaverhead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lima
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Norman		Lockyer	Sept.	20	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct. 18, 28	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Firth, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lyal Clifford Lockyer	Idaho	Edna Egbert	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War II
16. SOCIAL SECURITY NO.: 519-32-1394
17. INFORMANT'S OWN SIGNATURE: L. C. Lockyer — ADDRESS: Lima Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Automobile Accident.
INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): He suffered Head injuries,
DUE TO (c): chest injuries, fracture of clavicle +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: rib. Did not regain consciousness

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Sept 20, 1953, *and that death occurred at* 6:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch	M.D.	Idaho Falls Idaho	Sept. 23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9-24-53	Firth	Bingham	Idaho

DATE REC'D BY LOCAL REG.: Sept. 28-53
REGISTRAR'S SIGNATURE: Irma Bridges
25. FUNERAL DIRECTOR: Lloyd M Holden — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3286
Local Reg. No. 187
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 12 1953 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) West Broadway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Janet		Paulsen	Sept-22-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White		Dec-5-1952		9	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Ida Shelley Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LaVere Ephraim Paulsen	Woodville Idaho	Nelda Rue Hodges	Preston Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		LaVere Paulsen	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mongolian tendency — 12 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-15, 1952 *to* 9-22, 1953, *that I last saw the deceased alive on* 9-22, 1953 *and that death occurred at* 9:3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale [illegible] Paulsen M.D.	Shelley Ida	9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 24, 1953	Rosehill Cemetery	Idaho Falls Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-29-53	Anna Bridges	Geo A. Williams	Idaho Falls Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3387
Local Reg. No. 193
Reg. Dist. No. 6-b

BIRTH NO.

REC'D OCT 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Firth
d. STREET ADDRESS (If rural, give location): Route # 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	HILDUR	ADOLPHSON	September 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	October 8, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franz Franzen	Sweden	Helena Svenson	Sweden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-10-1486-B	Jacob Severin Adolphson	Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	2 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* 9-8, 1953, *to* 9-22, 1953, *that I last saw the deceased alive on* 9-22, 1953, *and that death occurred at* 9:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. T. Emerson	M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Sept. 25, 1953	New Sweden	Bonneville County	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 5-53	Leona Bridges	Orland C. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

State File No. 3388
Local Reg. No. 198
Reg. Dist. No. 610

BIRTH NO. 111-53-1[illegible] OCT 19 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Pennsylvania
b. COUNTY: Centre
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): State College
d. STREET ADDRESS (If rural, give location): 508 Linden Road

3. NAME OF DECEASED (Type or Print): a. (First) INFANT b. (Middle) c. (Last) NERTNEY

4. DATE OF DEATH (Month) (Day) (Year): September 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: September 24, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 2, Min. 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert James Nertney — BIRTHPLACE: Montana

14. MOTHER'S MAIDEN NAME: Ann Olivia Godtland — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Robert J. Nertney — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature Infant — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____ *19*___, *to* ____, *19*___, *that I last saw the deceased alive on* ____, *19*___, *and that death occurred at* 1:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Davis — (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: October 7, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

24b. DATE: Oct. 9, 53

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah

24d. LOCATION (City, town, or county) (State): Butte, Montana

DATE REC'D BY LOCAL REG.: Oct. 9-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Erma Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3389
Local Reg. No. 194
Reg. Dist. No. 610

BIRTH NO.

OCT 12 1953

1. PLACE OF DEATH
a. COUNTY: Bonneville DIVIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 59 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): Axel
b. (Middle): Bengt
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1953

5. SEX: Male
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 18, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bengt Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. H. C. Peterson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153 X Carcinoma Sigmoid, Rectum & Colon — INTERVAL BETWEEN ONSET AND DEATH: Chronic 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1953, *to* Sept 25, 1953, *that I last saw the deceased alive on* Sept 25, 1953, *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 28-53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Oct. 5-53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3390
Local Reg. No. 205
Reg. Dist. No. 610

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 965 Canyon

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Mooney

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 21, 1890

9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months 4 Days 6 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pueblo, Colorado

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Mooney BIRTHPLACE unk

14. MOTHER'S MAIDEN NAME Esther — BIRTHPLACE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Von J. Fawkes ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) lower nephron nephrosis 10 days

DUE TO (c) Acute Cholecystitis & cholangitis 11 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-53, 19___, *to* 27 Sept, 19 53, *that I last saw the deceased alive on* 25 Sept, 19 53, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE L. K. Krantz MD (Degree or title)

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Oct. 15-1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Leo A. Sullivan ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3391
Local Reg. No. 145
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 471 5th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Herman
c. (Last): Gellings

4. DATE OF DEATH (Month) (Day) (Year): September 28 1953

5. SEX: Male
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 18 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Gellings — BIRTHPLACE: Luxenberg
14. MOTHER'S MAIDEN NAME: Anna Bushman — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-30-4659
17. INFORMANT'S OWN SIGNATURE: J F Gellings — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — Few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nervous exhaustion — 2 Mon

DUE TO (c) Superficial gunshot wound — 8 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

3318

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 18, 1953, *to* Sept 18, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C M Clay (Degree or title): M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 3-53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 5-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3292
Local Reg. No. 994
Reg. Dist. No. 610

BIRTH NO. 111-53-1 OCT 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 108 East Chapel

3. NAME OF DECEASED (Type or Print): a. (First) Susan b. (Middle) Lee c. (Last) Neel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 27, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edgar Allen Neel — BIRTHPLACE: N.Carolina

14. MOTHER'S MAIDEN NAME: Sidney Woolf — BIRTHPLACE: Idaho Falls, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edgar Allen Neel — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 27 Sept, 1953, *to* 29 Sept, 1953, *that I last saw the deceased alive on* 28 Sept, 1953, *and that death occurred at* 9:a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Veatch M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Oct. 1 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/30/53

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25 FUNERAL DIRECTOR — ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3393
Local Reg. No. 181
Reg. Dist. No. 611

BIRTH NO.

RECEIVED
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles west of Idaho Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROSS	ELLSWORTH	DIXON	September 1 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 2, 1915	37		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self employed	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Dixon	Illinois	Helena Goettsche	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. Ross Dixon	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) .22 Cal Gun shot wound in

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) head - (forehead)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	in Country	Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept. 1 1953 about Noon m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted Gun shot Wound

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. A. Williams	Coroner	Idaho Falls, Idaho	9/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 4, 1953	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 17 1953	Irma Bridges	Orland C. Beer	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECORD OF Death

STATE OF IDAHO

State File No. 3394
Local Reg. No. 201
Reg. Dist. No. 611

BIRTH NO.

OCT 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN Idaho Falls
d. STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Price

4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept 18, 1869

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Henry Price Sr. BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Rhoda Stone BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Gilbert Price ADDRESS Idaho Falls - Rt. 1

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Leo A. Williams (Degree or title) Co. Coroner

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 9/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 28, 1953

24c. NAME OF CEMETERY OR CREMATORY Ucon Cemetery

24d. LOCATION (City, town, or county) Idaho Falls, (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 12-'53

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Leo A. Williams ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3395
Local Reg. No. 27-53
Reg. Dist. No. 105

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paradise Valley
c. LENGTH OF STAY (in this place) one year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chas. Atkins Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paradise Valley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Allen c. (Last) Swanson

4. DATE OF DEATH (Month) (Day) (Year) September 2, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH September 3, 43
9. AGE (In years last birthday) 10 years
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Inglewood California
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Lyle E. Swanson BIRTHPLACE St. Frances Minn.
14. MOTHER'S MAIDEN NAME Edith BIRTHPLACE Java So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John C. Swanson ADDRESS Paradise Valley Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound through thorax — INTERVAL BETWEEN ONSET AND DEATH: three minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) rupturing inferior Vena Cava.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Paradise Valley Boundary Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 2 1953 10am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Boy unloading gun and it went off.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. H. Whitney Coroner
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED Sept. 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 5, 1953
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 9/15/53
REGISTRAR'S SIGNATURE C. M. Bonnell
25. FUNERAL DIRECTOR E. H. Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3396
Local Reg. No. 28-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 12 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Home Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) Grace
c. (Last) O Connell

4. DATE OF DEATH (Month) (Day) (Year) September 7, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH January 15, 1861
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Toronto Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME J.C. Hodgson — BIRTHPLACE Toronto Canada
14. MOTHER'S MAIDEN NAME Sophia Wiggins — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Alice L. Kruegel — ADDRESS Bonners Ferry, Idaho Box 163

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis (general)
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* 9/5, 1953, *that I last saw the deceased alive on* 9/5, 1953, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G.W. Durrie (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 9/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE September 11, 1953
24c. NAME OF CEMETERY OR CREMATORY Hazen & Yaeger F.H.
24d. LOCATION (City, town, or county) (State) Spokane Washington

DATE REC'D BY LOCAL REG. 9/11/53
REGISTRAR'S SIGNATURE Ruth Bowell
25. FUNERAL DIRECTOR E H Whitney — ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3397
Local Reg. No. 29-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Cathyrn	M	Cooper	September 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	March 16, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at Home	Clinton Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Broderick	U.S.A.	unknown	U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Alonzo B Cooper	Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)	senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	fractured left hip.	6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* apr. 53, *to* 9/13 53, *that I last saw the deceased alive on* 9/12 53, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred W. Bunce M.D.	Bonners Ferry Idaho	9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or county) (State)
burial	9/16/53	Grandview Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/26/53	R M Bonnell	E. N. Whitney	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3308
Local Reg. No. 32-53
Reg. Dist. No. 105

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
d. STREET ADDRESS (If rural, give location): North end of town on highway 95

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Jess c. (Last) McEvers

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 3, 1929

9. AGE (In years last birthday): 24 years
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill

11. BIRTHPLACE (State or foreign country): Ahsahaka Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jess McEvers BIRTHPLACE: Harrison Iowa

14. MOTHER'S MAIDEN NAME: Nora M. Dykes BIRTHPLACE: NezPerce County Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-28-1792

17. INFORMANT'S OWN SIGNATURE: Jess C McEvers ADDRESS: Naples Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) trauma + hemorrhage

DUE TO (c) car-train collision — 2 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: fracture left femur & multiple contusions + abrasions

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): railway crossing

21c. (CITY, TOWN, OR TOWNSHIP) Naples (COUNTY) Boundary (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Train - Car collision

22. *I hereby certify that I attended the deceased from* Sept 19, 1953 *to* Sept 19, 1953 *that I last saw the deceased alive on* Sept 19 1953 *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Durham (Degree or title) M.D.

23b. ADDRESS: Bonners Ferry

23c. DATE SIGNED: 9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/27/53

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 9/26/53

REGISTRAR'S SIGNATURE: R. M. Dowell

25. FUNERAL DIRECTOR: E. H. Whitney ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3399
Local Reg. No. 31-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Naples
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Naples on Hwy. 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Naples
d. STREET ADDRESS (If rural, give location) North end of town on Highway.

3. NAME OF DECEASED (Type or Print) a. (First) Geneva b. (Middle) Lee c. (Last) Bailey

4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH October 6, 1949

9. AGE (In years last birthday) 3 years
IF UNDER 1 YEAR Months II Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bonners Ferry Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Norman G. Bailey BIRTHPLACE Tulso Oklahoma

14. MOTHER'S MAIDEN NAME Anna McEvers BIRTHPLACE Ahsahaka Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Jess C McEvers ADDRESS Naples Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH: at once.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Naples Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 19 1953 2pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile in which she was riding collided with a train.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p m., from the causes and on the date stated above.*

23a. SIGNATURE E H Whitney (Degree or title) Coroner

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 9/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 9/21/53

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 9/26/53

REGISTRAR'S SIGNATURE R. M. Bowell

25. FUNERAL DIRECTOR E H Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3400
Local Reg. No. 30-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Naples Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Naples
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Irene	Bailey	Sept. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	June 21, 1932	21 years		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife	At Home	Ahsahaka Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jess C. Mc.Evers	Harrison Iowa	Nora May Dykes	Nez Pierce County Ida

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Jessie Evers	Naples Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

810X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: At Once

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Highway Railroad crossing	Bonners Ferry Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 19, 1953 2 p.m.		Automobile she was riding in, was struck by a train.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. H. Whitney	Coroner	Bonners Ferry Idaho	9/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/21/53	Grandview Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/26/53	R. M. Bonner	E. H. Whitney	Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3404
Local Reg. No.
Reg. Dist. No.

BIRTH NO. OCT 5 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY DIVISION OF VITAL STATISTICS Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moore
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leslie
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Bowden

4. DATE OF DEATH (Month) (Day) (Year) Sept. 10-1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Aug 31-1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 10 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant DZ

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Blackfoot - Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. a

13. FATHER'S NAME Spence Bowden BIRTHPLACE Lewiston Ida

14. MOTHER'S MAIDEN NAME Jean Perks BIRTHPLACE Moreland - Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S OWN SIGNATURE Spence Bowden ADDRESS Leslie

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause unknown Baby — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) found dead in bed by
DUE TO (c) parents at feeding time.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Natural but undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Moore (COUNTY) Butte (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS Arco Idaho
23c. DATE SIGNED Sept 10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Sept. 12-53
24c. NAME OF CEMETERY OR CREMATORY Moreland
24d. LOCATION (City, town, or county) Moreland. (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 30-1953
REGISTRAR'S SIGNATURE Betty J. Marvel
25. FUNERAL DIRECTOR Betty J. Marvel ADDRESS Arco
F.D. # 19

Federal Security Agency
United States Public Health Service
Form DPH-48021 # 670

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3402
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	P.	VANDIVER	Sept. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 14, 1876	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knox County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jasper Vandiver — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Fleckner Smith — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Julia Vandiver — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemmhauge — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1953, *to* Sept, 1953, *that I last saw the deceased alive on* 13 Sept, 1953 *and that death occurred at* 9:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion J Kerr	M.D.	Fairfield, Ida	17 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/16/53	Manard Cemetery	Fairfield, Camas Idaho

DATE REC'D BY LOCAL REG.: 9/19/53
REGISTRAR'S SIGNATURE: Edna Edwards
25. FUNERAL DIRECTOR: Geo. Jerrad Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3403
Local Reg. No. #6
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 45 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	I.	Pearson	September 5-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	August 13, 1877	76	0	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Tippicanoe, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac Pearson	Ohio	Elizabeth Long	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		No	Mrs Lemuel Parkin	Mountain Home Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic gangrene, rt leg — 450.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis obliterans
DUE TO (c) generalized arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 6, 1953 *to* Sept 5, 1953, *that I last saw the deceased alive on* Sept 1, 1953 *and that death occurred at* 4 P' m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John H Fletcher MD	220 E Logan Caldwell	9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	September 9-1953	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/12/53	Agnes M Denman	C. F. Peckham-Dakan Chapel	Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3404
Local Reg. No. 45
Reg. Dist. No. 360

BIRTH NO.

SEP 15 1953

CIVIL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
LENGTH OF STAY (in this place): 40yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 124 Dearborn

3. NAME OF DECEASED (Type or Print): a. (First) ROSE b. (Middle) ANN c. (Last) HASTIE

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9 / 18/1875

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 11, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Centrallia, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Issic Foster — BIRTHPLACE: Gailsburg, Ill

14. MOTHER'S MAIDEN NAME: Sarah Shaw — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x A. E. Hastie — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 422.1

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio vascular Disease — 90 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF ~~INJURY~~ (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 1 day, *19*53, *to* 9-8-53, *19*53, *that I last saw the deceased alive on* about 1 day, *19*53, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Simpson (Degree or title) M.D. — 372

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 10-12-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/10/1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/12/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — ADDRESS: Flahiff Funeral Chapel, Lucy M. Flahiff, Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 22 1953
BUREAU OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3405
Local Reg. No. 47
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 29
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 905 Chicago

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) B. c. (Last) Bushfield

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4 / 21 / 1858

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR Months: 4 Days: 19
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 21

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): West Alexander, Penn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jos. P. Chambers
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Mary Porter
BIRTHPLACE: West Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): None
(If yes, give dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: + Mary B. Grandjean
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 40 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Sept, 1953, *that I last saw the deceased alive on* Sept 6, 1953, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Peter J. Clark (Degree or title)
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 9/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/11/1953
24c. NAME OF CEMETERY OR CREMATORY: West Alexander
24d. LOCATION (City, town, or county) (State): West Alexander, Penn.

DATE REC'D BY LOCAL REG.: 9/11/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Lucy M. Flahiff Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3406
Local Reg. No. 48
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 619 So. 14th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): M.
c. (Last): McCluskey

4. DATE OF DEATH (Month) (Day) (Year): September 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 16, 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 76
10b. KIND OF BUSINESS OR INDUSTRY: Home Dairies
11. BIRTHPLACE (State or foreign country): Grand Falls, New Brunswick, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Patrick McCluskey, BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Hannah Byram, BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-3715
17. INFORMANT'S OWN SIGNATURE: Madeleine M. McCluskey, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterio Sclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arterio Sclerosis
DUE TO (c) Essential hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1953, *to* Sept 11, 1953, *that I last saw the deceased alive on* Sept 11, 1953, *and that death occurred at* 9.45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John F. Stecher (Degree or title) MD
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3407
Local Reg. No. 37
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1120 Albany

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Edward c. (Last) Wangsgard

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5 / 27 /1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR Months: 3 Days: 20 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboror
10b. KIND OF BUSINESS OR INDUSTRY: City of Caldwell
11. BIRTHPLACE (State or foreign country): Afton Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: John E. Wangsgard — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Annie McLatchie — BIRTHPLACE: Konash, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-0673
17. INFORMANT'S OWN SIGNATURE: Mrs Vesna Wangsgard — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Stomach — 1 year

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None —

19a. DATE OF OPERATION: 18 June 53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach & liver Metastasis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* 17 Sept, 1953, *that I last saw the deceased alive on* 20 Aug, 1953, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Simpson (Degree or title) M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 21 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Near Boise, Idaho

DATE REC'D BY LOCAL REG.: 9/25/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flahiff Funeral Chapel — ADDRESS:
Lucy M. Flahiff

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3408
Local Reg. No. 5-2
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) Alice c. (Last) Lamb

4. DATE OF DEATH (Month) (Day) (Year): September 18, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 14, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months -, Days 4
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel Fork, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Nester, Virginia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Moses B. Lamb
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio vascular disease — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1945, *to* 18 Sept, 1953, *that I last saw the deceased alive on* 18 Sept, 1953, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. D. Simpson M. D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 22 Sept 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 22-1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9/25/53
REGISTRAR'S SIGNATURE: Agnes McLennan

25. FUNERAL DIRECTOR: Peckham-Dalvan Chapels
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3409
Local Reg. No. 3-9
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) C. c. (Last) Beguhl

4. DATE OF DEATH: (Month) (Day) (Year) September 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 2, 1892
9. AGE (In years last birthday): 61 IF UNDER 1 YEAR Months: 8 Days: 25 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ditch Rider--Reclamation Service
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bloomfield, Wisconsim
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Beguhl 37 BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Amelia Baumgart, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edith Beguhl ADDRESS: Caldwell, Rt. 4

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary insufficiency — about a year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1953, *to* 9-27, 1953, *that I last saw the deceased alive on* 9-27, 1953 *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Montgomery MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 1-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/7/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

OCT 19 1953

STATE OF IDAHO

State File No. 3410
Local Reg. No. 3-4
Reg. Dist. No. 360

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 722 South 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Harry
c. (Last): Bloomfield

4. DATE OF DEATH (Month) (Day) (Year): September 30-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 5-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 11, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Waldorf Cigar
10b. KIND OF BUSINESS OR INDUSTRY: Store, Caldwell
11. BIRTHPLACE (State or foreign country): Queens County, Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bloomfield — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Ellen Sawyer — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes World — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Isabelle Bloomfield — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Lymphocytic Leukemia — 1 + yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23, 1953, *to* Sept 30, 1953 *that I last saw the deceased alive on* Sept 26, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Hubler MD (Degree or title)
23b. ADDRESS: 221 S. Logan St, Caldwell, Ida
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 3-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/10/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: G. V. Peckham — ADDRESS: Peckham-Lakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3411
Local Reg. No. 57
Reg. Dist. No. 360

BIRTH NO.

OCT 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1202 Blaine St.

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle); c. (Last) Weeks

4. DATE OF DEATH: (Month) (Day) (Year) September 30-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: October 21, 1865

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR Months: 11 Days: 9 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Xenia, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Oglesby — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Maria Tate, — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Clair Weeks — ADDRESS: Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: ½ hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 20 years
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Sept 30, 1953, *that I last saw the deceased alive on* Sept 30, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Shupe, M.D. — **23b. ADDRESS**: Caldwell — **23c. DATE SIGNED**: 10/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 10/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — **ADDRESS**: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3412
Local Reg. No. 202
Reg. Dist. No. 3-2

BIRTH NO.

RECEIVED SEP 14 1953 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 512 Garland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VERN	CLARK	WILSON	Sept. 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 29, 1889	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: First Nat. Bank
11. BIRTHPLACE (State or foreign country): Winterset, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clark Wilson — BIRTHPLACE: Knox Co., Ohio
14. MOTHER'S MAIDEN NAME: Ida Mae Hall — BIRTHPLACE: North English, Ia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 03 2068
17. INFORMANT'S OWN SIGNATURE: Mrs Bertha M. Wilson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 4 3 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Kt. Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Auricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28, 1953, *to* 9-3, 1953, *that I last saw the deceased alive on* 9-3, 1953, *and that death occurred at* 1201p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.R. Mangum MD	Nampa, Idaho	9-5-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1953	Cloverdale Cem.	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 10, 1953	Mrs. Jane Stuck	John F. Alsip Jr Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3513
Local Reg. No. 201
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): TAL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reynolds Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704 Dewey

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): LOUISE
c. (Last): RODGERS

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 1, 1865

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waveland, Mississippi

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip Hallaran
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Isabelle Weiss
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Joseph Rodgers
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cystitis Calculosis — 4 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-22, 1947, *to* 9-3-, 1953, *that I last saw the deceased alive on* 9-2, 1953 *and that death occurred at* 6:32 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Krecke MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 4, 53

24c. NAME OF CEMETERY OR CREMATORY: Challis Cem.

24d. LOCATION (City, town, or county) (State): Challis, Idaho

DATE REC'D BY LOCAL REG.: Sept. 10, 1953

REGISTRAR'S SIGNATURE: Mrs Jane Steck

25. FUNERAL DIRECTOR: John F Alsip Jr.

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 29 1953

Certificate of Death

STATE OF IDAHO

State File No. 3414
Local Reg. No. 208
Reg. Dist. No. 362

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 16th Ave. & 3rd St. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 308 17th Ave No.

3. NAME OF DECEASED (Type or Print): a. (First) LAURENCE b. (Middle) c. (Last) BOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 9, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: Aug. 16, 1948

9. AGE (In years last birthday): 5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden. Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Homer B. Bowman
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Betty Reeves
BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Betty L. Bowman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/9/53 5:55 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* about 5:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Alsip Jr Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohler Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25 FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Nampa, Idaho.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3415
Local Reg. No. 209
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - ~~Rural~~
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Sugar Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): VERDON
b. (Middle): J.
c. (Last): JACOBS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Falls City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orville Jacobs — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Mary Largent — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 12-5292
17. INFORMANT'S OWN SIGNATURE: Mrs. Verdon Jacobs — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Hemorrhage

DUE TO (c) Brain Paralysis respiration.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-7, 1953, *to* 9-11, 1953, *that I last saw the deceased alive on* 9-11, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 P. Belknap
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Ryberg — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3116
Local Reg. No. 218
Reg. Dist. No. 362

BIRTH NO.

RECEIVED SEP 29 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 715 9th St. South

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) c. (Last) KEENAN

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Apr. 16, 1911	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Fireman 32
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Erickson, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Keenan — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Annie Murphy — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508 09 9942
17. INFORMANT'S OWN SIGNATURE: Laura J. Keenan — ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart — 14 days
DUE TO (c) Antero-septal infarction — 27 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Aug, 1953, *to* 13 Sept, 1953, *that I last saw the deceased alive on* 12 Sept, 1953, *and that death occurred at* 8:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph B. Marcuse MD	1111 6th ST Nampa Ida	18 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 17, 53	Kohler Town Cemetery	Nampa, Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 24, 1953	Mrs. Jane Stack	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953

Certificate of Death

STATE OF IDAHO

State File No. 3417
Local Reg. No. 205
Reg. Dist. No. 363

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) Josephine Ethel b. (Middle) Allene c. (Last) Gigous

4. DATE OF DEATH (Month) (Day) (Year): September 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 14, 1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months: 10 Days:
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland Co., Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE: P.A. Brewer, Cumberland Co., Tennsessee

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Nancy E. Lloyd, Cumberland Co., Tennessee

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Loyd L. Milliken Box 852 Quincy, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1952, *to* Sept 14, 1953, *that I last saw the deceased alive on* 9-12, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1953

REGISTRAR'S SIGNATURE: Mrs Jane L. Stuck

25. FUNERAL DIRECTOR ADDRESS: Peckham-Pakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3418
Local Reg. No. 207
Reg. Dist. No. 363

BIRTH NO 111-53-11405

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1318 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL; b. (Middle) CLINTON; c. (Last) PEWITT

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 18, 53

9. AGE (In years last birthday): IF UNDER 1 YEAR Months; Days 1; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carroll C. Pewitt — BIRTHPLACE: Headrick, Okla.

14. MOTHER'S MAIDEN NAME: Florence Stathopulos — BIRTHPLACE: Basin, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Carroll C. Pewitt — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Inter-ventricular Septal Defect — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-19, 1953, *to* 9-19, 1953, *that I last saw the deceased alive on* 9-19, 1953, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Parker M.D. 130

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 22, 53

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1953

REGISTRAR'S SIGNATURE: Mrs Jane Stuck

25. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3419
Local Reg. No. 211
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 107 Nectrine

3. NAME OF DECEASED (Type or [illegible]t)
a. (First): JOHN
b. (Middle): LEO
c. (Last): FAULSTICH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Febr. 4, 1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lotts Creek, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter F. Faulstich — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Gertrude Jaskulke — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. War #2
16. SOCIAL SECURITY NO.: 518-22-0219
17. INFORMANT'S OWN SIGNATURE: X Mrs John Faulstich — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Shock from Combine Accident.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of Stomach & Generalized Peritonitis
~~DUE TO~~ and (c) Fracture of L. Ribs #5 thru 10.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-19-53
19b. MAJOR FINDINGS OF OPERATION: Traumatic Rupture of Stomach c̄ Generalized Peritonitis
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Injury working on combine
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Garage - Star, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Star Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 18 53 1:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Injury while working on a Combine.

22. *I hereby certify that I attended the deceased from* 9-18, 1953, *to* 9-20, 1953, *that I last saw the deceased alive on* 9-20, 1953, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/53
24c. NAME OF CEMETERY OR CREMATORY: East Lawn Memorial
24d. LOCATION (City, town, or county) (State): Algona, Iowa

DATE REC'D BY LOCAL REG.: Sept. 30, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

State File No. 3420
Local Reg. No. 212
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 224 Holly Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BILL (WILLIE)		JONES	Sept. 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	Aug. 27, 1912	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner 35	Oil Burner Ser.	St. Joseph, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Everett Jones	Iowa	Hazel Foster	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	499-05-4829	x Mrs. Eleanor Jones	Nampa, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Malignant Nephrosclerosis 443X — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. O. Gaither M.D.	Nampa	9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/24/53	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 30 1953	Mrs Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 213
Reg. Dist. No. 363

BIRTH NO.

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California
b. COUNTY Sacramento
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sacramento
d. STREET ADDRESS (If rural, give location) 5424 Q. Street

3. NAME OF DECEASED (Type or Print) a. (First) ADAM b. (Middle) LORENZ c. (Last) ROSS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 4, 1888

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber- Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Colony Norka, Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lorenz Ross
BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Christina Heinrich
BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 567 10 4959

17. INFORMANT'S OWN SIGNATURE Helen Ross
ADDRESS Sacramento, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis & left hemiplegia
INTERVAL BETWEEN ONSET AND DEATH 40 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis & Myocardial infarction 1952.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1953, to 9/24, 1953, that I last saw the deceased alive on 9/24, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. L. Ross (Degree or title) M.D.

23b. ADDRESS Nampa Idaho.

23c. DATE SIGNED 9/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9/26/1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Sacramento, California (State)

DATE REC'D BY LOCAL REG. Sept. 30, 1953

REGISTRAR'S SIGNATURE Mrs. Jane Steck

25. FUNERAL DIRECTOR John F. Alsip Jr.

ADDRESS Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3422
Local Reg. No. 215
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. OCT 13 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 611 Sherman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 611 Sherman

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY CLAY
b. (Middle)
c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 20, 1882
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sanitary Dept. Official
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dover, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Guy W. Jackson
BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 38 1172a
17. INFORMANT'S OWN SIGNATURE Clifford L. Jackson
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (sudden)

ANTECEDENT CAUSES — Myocardial infarction

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Coronary Sclerosis

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* _____ *19*__, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jos Saltzer MD
23b. ADDRESS 9/28/53 Nampa
23c. DATE SIGNED Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 28, 53
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cem.
24d. LOCATION (City, town, or county) Boise Ada (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 8, 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR Paul S. Chapman
ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3423
Local Reg. No. 214
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 13th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1023 13th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): RHODA
c. (Last): SQUIERS MORF

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Saguache, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Squiers — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Elizabeth Damon — BIRTHPLACE: Henderson, N.Y

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Morf — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis generalized. — 10 yrs.
DUE TO (c) Carcinoma, Pancreas & obstructive Jaundice — 6 week

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: Dec 1952.
19b. MAJOR FINDINGS OF OPERATION: Ca. of Head Pancreas c̄ Biliary Obstruction
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1946, to 9/26, 1953, that I last saw the deceased alive on 9/26, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Ross (Degree or title): Mrs.
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 9/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 29, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cem.
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: Sept. 30, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 8 - 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3124
Local Reg. No. 42
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 38yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route 6 Caldwell

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) MAUDE c. (Last) RAYMOND

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/19/1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Greeley, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clark V. Williams — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Elizabeth Hodgins — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary R. Stone — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 153X Carcinoma of thyroid Colon — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Sept 1, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 870 Lester Funk

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 9/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/3/1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/4/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR — **ADDRESS**: Flahiff Funeral Chapel

Huey M. Flahiff Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 49 3425
Local Reg. No. 49
Reg. Dist. No. 861

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) LeRoy c. (Last) Mattox

4. DATE OF DEATH (Month) (Day) (Year): September 11-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 13, 1917

9. AGE (In years last birthday): 35
IF UNDER 1 YEAR Months: 8 Days: 28
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sargent, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddie Mattox
BIRTHPLACE: Sargent, Nebraska

14. MOTHER'S MAIDEN NAME: Alice Brush
BIRTHPLACE: Tama County, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-22-5351

17. INFORMANT'S OWN SIGNATURE: x Mrs Donald Mattox
ADDRESS: Parma, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Valve Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sudden death
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Rheumatic Fever

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1953 to 9-11, 1953 that I last saw the deceased alive on 9-4 53, 19___, and that death occurred at 4:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H. M. Mitchell M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 9-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3426
Local Reg. No. 206
Reg. Dist. No. 362

BIRTH NO.

SEP 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell-Rural
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa-Rural
d. STREET ADDRESS (If rural, give location) Route 5

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) Gene c. (Last) Agustin

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1953

5. SEX Male
6. COLOR OR RACE Phillipine
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 4, 1946
9. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Valerino Agustin BIRTHPLACE Phillipine Islands
14. MOTHER'S MAIDEN NAME Lola Mae Jones BIRTHPLACE Murray, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE V. Agustin ADDRESS Rt. 5 Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

830.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cranial Fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) And Crushed Chest — Instant

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Nampa (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/18/53 9 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Run over by truck in field

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE John F Alsip (Degree or title) Coroner
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/21/53
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
24d. LOCATION (City, town, or county) Nampa, Idaho (State)

DATE REC'D BY LOCAL REG. Sept 24 1953
REGISTRAR'S SIGNATURE Maynard Peck
25. FUNERAL DIRECTOR John F Alsip
ADDRESS Nampa

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3427
Local Reg. No. 11
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wayan Idaho
c. LENGTH OF STAY (in this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 0

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wayan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Edison
c. (Last) Dray

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 16 1863
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 5 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranchier 04
10b. KIND OF BUSINESS OR INDUSTRY Stock raising
11. BIRTHPLACE (State or foreign country) Farmington Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Dray — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Maria Yearian — BIRTHPLACE Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Rex Layland — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative H.T. Disease — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* Sept, 1953, *that I last saw the deceased alive on* Jan, 1953 *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 427 Allen H. Tigert, M.D. (Degree or title)
23b. ADDRESS Soda Springs, Ida
23c. DATE SIGNED 16 Sept 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Sept. 15 1953 -01
24c. NAME OF CEMETERY OR CREMATORY Smoot cemetary
24d. LOCATION (City, town, or county) Smoot, Lincoln Co. (State) Wyo.

DATE REC'D BY LOCAL REG. 9-14-53
REGISTRAR'S SIGNATURE Betty Mae Burton
25. FUNERAL DIRECTOR E D Whitman — ADDRESS Soda Springs Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 3428
Local Reg. No. 10
Reg. Dist. No. 520-521

BIRTH NO. SEP 24 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Timothy
b. (Middle):
c. (Last): Bowen

4. DATE OF DEATH (Month) (Day) (Year): September 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brown county Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles M Bowen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Elizabeth E. Lawson — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 347-18-6057
17. INFORMANT'S OWN SIGNATURE: x Mrs Timothy Bowen — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — Probably from liver

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): accident.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Leo Banks Ranch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Irvins Caribou Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 11 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from Hay stack

22. *I hereby certify that I attended the deceased from* July 31, 1948, *to* Sept 12, 1953, *that I last saw the deceased alive on* Sept 12, 1953, *and that death occurred at* 9:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles C Johnson, M.D
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: Sept 12, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hershman
24d. LOCATION (City, town, or county) (State): Hershman Illinois

DATE REC'D BY LOCAL REG.: 9-19-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3429
Local Reg. No. 12
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad city
d. STREET ADDRESS (If rural, give location): 40 Jones Sheep Co

3. NAME OF DECEASED (Type or Print)
a. (First): Anastacio
b. (Middle):
c. (Last): Miangalorra

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May-11-1912
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 4, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculturist 51
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): Ereño, Viscaya, Spain
12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Augustin Maingalorra — BIRTHPLACE: Ereño Spain
14. MOTHER'S MAIDEN NAME: Visitacion Sabala — BIRTHPLACE: Ereño Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-9259
17. INFORMANT'S OWN SIGNATURE: Marie Bidegain — ADDRESS: Soda Springs Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: instant death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Co. Road By Ray Christenson Ranch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caribou Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept.-15-53-5:30 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck upset Crushed his Head

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* Dead *alive on* Sept 15, 1953 *and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigert M.D.
23b. ADDRESS: Soda Springs, Ida
23c. DATE SIGNED: 9/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetary
24d. LOCATION (City, town, or county) (State): Soda Springs Ida.

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: O D Whitman — ADDRESS: Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3430
Local Reg. No. 13
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret.
b. (Middle): —
c. (Last): Childs.

4. DATE OF DEATH (Month) (Day) (Year): Sept 26 1953

5. SEX: Female
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: Sept 30, 1887
9. AGE (In years last birthday): 65. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. 21
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alma, Wyoming.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jesse Bradshaw, BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: ~~Margaret~~ Sarah Fendershire, BIRTHPLACE: Eng.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Margaret Jenkins, ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1953, *to* Sept 26, 1953 *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles A. Johnson, M.D. 192
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Theodore S. Allen, ADDRESS: Soda Springs, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3431
Local Reg. No. 15
Reg. Dist. No. 520-521

BIRTH NO.

OCT 6 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laura	Pricilla	Toolson	Sept.	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 16 1870	83	0	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Housekeeping	Smithfield Utah	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alonzo Raymond	Vermont	Sylphica Noble	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	L. A. Toolson	Bancroft Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — years

DUE TO (c) Hypertensive vascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1953, *to* 29 Sept, 1953, *that I last saw the deceased alive on* 29 Sept, 1953, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean Benedict	M.D.	Bancroft, Idaho	1 Oct 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct-3-53	Bancroft Cem.	Bancroft Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-1-53	Betty Mae Sexton	O. D. Whitman	Soda Springs Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 520-521

BIRTH NO.

OCT 5 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Sheridan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheridan
d. STREET ADDRESS (If rural, give location): 819 Emerson

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Geneva
c. (Last): McPherren

4. DATE OF DEATH (Month) (Day) (Year): Sept 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Author
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: — Miller — BIRTHPLACE: St Louis, Mo.
14. MOTHER'S MAIDEN NAME: — Winiger — BIRTHPLACE: St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elizabeth Ingenbahn — ADDRESS: Grace, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 9 July, 1953 *to* 30 Sept, 1953, *that I last saw the deceased alive on* 29 Sept, 1953, *and that death occurred at* 10:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Emmett E. Herron — (Degree or title): MD
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 30 Sept

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: Oct 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sheridan Cemetery
24d. LOCATION (City, town, or county) (State): Sheridan, Wyoming

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: Theodore L. Allen — ADDRESS: Soda Spgs, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3423
Local Reg. No. 192
Reg. Dist. No. 470

RECEIVED SEP 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Davis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Layton
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Wilford c. (Last) Whitesides

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/1/1873

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agricutture

11. BIRTHPLACE (State or foreign country): Layton, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Whitesides — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Susan Perkins — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 528-16-0214

17. INFORMANT'S OWN SIGNATURE: W. L. Whitesides — ADDRESS: Logan Utah

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 29, 1953 *to* Aug 30, 1953 *that I last saw the deceased alive on* Aug 30, 1953 *and that death occurred at* 7.45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Kelly M.D. — **23b. ADDRESS**: Burley Idaho. — **23c. DATE SIGNED**: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 8/31/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Layton Cemetery — **24d. LOCATION** (City, town, or county) (State): Layton, Utah

DATE REC'D BY LOCAL REG.: Sept 5 1953 — **REGISTRAR'S SIGNATURE**: R. T. Wilson

25. FUNERAL DIRECTOR — **ADDRESS**: J. Smith Wayne Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3424
Local Reg. No. 191
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL): Burley
LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Ema b. (Middle) Renelalia c. (Last) Green

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1889

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Elba, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Brigham Barker — BIRTHPLACE: Platt River, Neb.

14. MOTHER'S MAIDEN NAME: Elizabeth Holland — BIRTHPLACE: Salt Lake, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ernest Green — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1953, *to* Sept 2, 1953 *that I last saw the deceased alive on* Sept 2, 1953 *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A Bricker M.D. — **23b. ADDRESS**: Burley, Idaho — **23c. DATE SIGNED**: 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/5/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: Sept 15, 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3435
Local Reg. No. 193
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jose
b. (Middle): Lemona
c. (Last): Bustinza

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 3, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep herder
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & cattle
11. BIRTHPLACE (State or foreign country): Viscaya, Spain
12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Pascao Bustinza, --- BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Euesbia Undagaitia --- BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: A. Taylor — ADDRESS: Burley-Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Pancreas — 8 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Duodenal Ulcer — 5 ep.

157X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1947, to Sept. 11, 1953, that I last saw the deceased alive on Sept. 11, 1953, and that death occurred at 2:45P m., from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Dean (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1953.
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3426
Local Reg. No. 190
Reg. Dist. No. 47 0

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Ned b. (Middle) Gerald c. (Last) Marchant

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: Feb 16 1945

9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR: Months 7, Days 4 | IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 03

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Burley Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gerald Stanley Marchant | BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mona Ellis | BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): 919.8 | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Gerald S. Marchant | ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wounds neck and chest.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): East of Basin

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 12 - 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Accidental discharge of shotgun.

22. I hereby certify that I attended the deceased from never attended, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 11:00 a m., from the causes and on the date stated above.

23a. SIGNATURE: James A Pricker (Degree or title): M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 16

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Sept 15 1953

REGISTRAR'S SIGNATURE: B. T. Nelson

25. FUNERAL DIRECTOR: Retta S. Payne | ADDRESS: Burley Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3427
Local Reg. No. 194
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1334 Malta Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1334 Malta Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) c. (Last) Singer
4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 53

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 18, 1869
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Islay, Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Archibald Currie BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Martha McNabb BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Frances Wikel ADDRESS 1334 Malta ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2- 1948, *to* 9-19- 1953, *that I last saw the deceased alive on* 12 Sept 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 14 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery
24d. LOCATION (City, town, or county) Three Rivers, (State) Michigan

DATE REC'D BY LOCAL REG. Sept. 23, 1953
REGISTRAR'S SIGNATURE B. A. Wilson
25. FUNERAL DIRECTOR Vern B. McCullach
ADDRESS Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3438
Local Reg. No. 196
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 22 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1651 Albion, Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley, Idaho
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Victoria b. (Middle) Moore c. (Last) Weldon Lowe

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 5, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Florida, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Barclay Moore
BIRTHPLACE: Cincinatti, Ohio

14. MOTHER'S MAIDEN NAME: Rhoda Meade
BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Oscar E Weldon
ADDRESS:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Ascending Colon.
INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-16-53
19b. MAJOR FINDINGS OF OPERATION: Large Mass Ascending Colon.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. ____, 1951, *to* Sept 23, 1953, *that I last saw the deceased alive on* Sept 14, 1953, *and that death occurred at* 10 30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A Bricher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 25 1953
REGISTRAR'S SIGNATURE: B A Wilson
25. FUNERAL DIRECTOR: J. Davith Payne
ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

OCT 1 1953

STATE OF IDAHO

State File No. 3429
Local Reg. No. 193
Reg. Dist. No. 470

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo rural
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East of Declo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo rural
d. STREET ADDRESS (If rural, give location): East of Declo

3. NAME OF DECEASED (Type or Print): a. (First) Carla; b. (Middle); c. (Last) Ingram

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 11, 1952

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months 1, Days 9
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Bert Ingram
BIRTHPLACE: Lincoln, Idaho

14. MOTHER'S MAIDEN NAME: Pearl Frost
BIRTHPLACE: Marion, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Bert Ingram
ADDRESS: Declo Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injuries to skull.
INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident - run over by auto.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8-30-14

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Declo (rural) Cassia Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 – 20 – 53 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidently run over by automobile.

22. *I hereby certify that I attended the deceased from* never seen, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James R. Bricker (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Sept. 25 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Vern B. McCullach
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3440
Local Reg. No.
Reg. Dist. No.

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Small
c. LENGTH OF STAY (in this place): 38yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Small
d. STREET ADDRESS (If rural, give location): Star Rt, Small Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): Bradford
c. (Last): Gauchay

4. DATE OF DEATH (Month) (Day) (Year): September 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 25, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Philipe Gauchay — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Abagale Gardner — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: E

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-31, 1953, *to* 9-25, 1953, *that I last saw the deceased alive on* 9-25, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S Hatch — MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: Oct, 1,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1953
REGISTRAR'S SIGNATURE: Madge McLeek
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

SEP 18 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3441
Local Reg. No. 19
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3415 6th st.

3. NAME OF DECEASED (Type or Print): a. (First) Alden b. (Middle) B. c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): 9-5-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-28-1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pole contractor
10b. KIND OF BUSINESS OR INDUSTRY: Logging.
11. BIRTHPLACE (State or foreign country): Franklin, Ill.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Thomas C. Brown — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Laura Burnett — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Luella Brown — ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — Interval between onset and death: Short

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gas gangrene infection — 12 hours

DUE TO (c) Compound fracture left leg — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/5/53
19b. MAJOR FINDINGS OF OPERATION: Gangrenous (Gas) left leg
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Orofino Clearwater Co Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 1 1953 11:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* 9/1, 19 53, *to* 9/5, 1953, *that I last saw the deceased alive on* 9/5, 19 53, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Hopkins M.D. (Degree or title)
23b. ADDRESS: Orofino Idaho.
23c. DATE SIGNED: 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 9-10-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3442
Local Reg. No. 20
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) G.; c. (Last) Olander

4. DATE OF DEATH: (Month) (Day) (Year): 9-19-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 5-8-1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518014096

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Parkinson's disease
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

350X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19__, to 9-19-, 1953, that I last saw the deceased alive on 8-27, 1953, and that death occurred at 3:45p m., from the causes and on the date stated above.

304

23a. SIGNATURE: W B Appenbrugen (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Vernon E. Darby
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953

Certificate of Death

STATE OF IDAHO

State File No. 3443
Local Reg. No. 21
Reg. Dist. No. 210

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nila b. (Middle) Cline c. (Last) Harold

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	never married	2-20-1927	26	7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Grant Co. Wash	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Wilson Harold	Mo	Enola M Hutchings	Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		—	W. E. Gilbert	Orofino Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Passive Cordiac Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Nasopharyngeal Inf.

INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 14, 1953, *to* Sept 21, 1953, *that I last saw the deceased alive on* Sept 21, 1953, *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. L. Espe M.D.	Orofino	9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/23/53	Evergreen	Priest River, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-23-53	Vernon E. Dailey	W. E. Gilbert	Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

OCT 1 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3444
Local Reg. No. 22
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 221½ W. Riverside

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) L.; c. (Last) Wirick

4. DATE OF DEATH: (Month) (Day) (Year): 9-23-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-2-1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Logging.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W W 1

16. SOCIAL SECURITY NO.: 545222800

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH 916.5
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4th degree burns.
INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-23-53 2:00a. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Sleeping in car when it ignited.

22. *I hereby certify that I attended the deceased from* ---------- *19--, to* ---------- *19--, that I last saw the deceased alive on* ---------- *19--, and that death occurred at* 2:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree of title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-26-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 9-26-53
REGISTRAR'S SIGNATURE: Delmar E Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3445
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis-Clark Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alvin; b. (Middle) F.; c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year): 9-24-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 4-10-1931

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section worker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Kamiah, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Ira Phillips — BIRTHPLACE: W. Va.

14. MOTHER'S MAIDEN NAME: Ruth Smith — BIRTHPLACE: W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Multiple head and chest injuries. — INTERVAL BETWEEN ONSET AND DEATH: Few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Orofino, Clearwater, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-24-53 1:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car rolled in highway.

22. *I hereby certify that I attended the deceased from* ----------, *19*--, *to* ----------, *19*--, *that I last saw the deceased alive on* ----------, *19*--, *and that death occurred at* 1:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Gilbert, Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Robertson Fun. Home
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 9-24-1953
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — **ADDRESS**: Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3116
Local Reg. No. 24
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital-North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Francis	Claude	Thomas	Sept 28 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	July 1 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
County Auditor		Clinton Co Mo	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Caube Thomas	Ky	Sarah A. Allen	Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unk		unk	E. L. Burney	md Orofino Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic cardio-renal disease — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-17-, 1953, *to* 9-28, 1953, *that I last saw the deceased alive on* 9-28, 1953 *and that death occurred at* 1.50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Burney md	Orofino Ida	9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-29-53	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-29-53	Vernon E. Dooley	Gilbert Yates	Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3447
Local Reg. No. 22
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ambulance-Orofino bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Chase flats.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	W.	Carlson	9-28-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	8-15-1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker &	Logging	Sweden	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518012006	W. E. Gilbert	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Use of alcohol passed week.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ---------, 19--; *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Gilbert 473 Coroner	Orofino, Idaho	10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-2-1953	Hill Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-1-53	Velma E. Dudley	W. E. Gilbert	Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 2418
Local Reg. No. 4-79
Reg. Dist. No. 680

BIRTH NO.

RECEIVED
OCT 8 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 1953
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
STREET ADDRESS (If rural, give location): ✓

3 NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Willis	Cummins	Aug. 31 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	April 25 - 1886	67	4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store keeper	store	Eureka - Nevada	U. S. a

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
35		Mary Marvine	Stockton-Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	✓			

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Emphysema	2 mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary Abscess	1 mo.
DUE TO (c)	134.3 Mycobacteriosis of Rt. Lung	3 mo
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic Heart Disease	1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 10, 19 53, *to* Aug 31, 19 53, *that I last saw the deceased alive on* Aug 31, 19 53, *and that death occurred at* 4:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. F. Barker M.D.	Challis, Ida	9-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 3-1953	Challis	Challis Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 3 1953	Edna M. Kenney	Betty J. Marvel F.D. #19	Arco Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3449
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 3 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Custer Davis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
c. LENGTH OF STAY (in this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Challis, Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	W	Stephens	Sept. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Dec. 9, 1873	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman retired		Placerville, Calif.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Stephens	Wales	Elizabeth Williams	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Elmer Stephens	Challis, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Involutional Melancholia — 2 mo.
Depressed state
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 10, 1953, *to* Sept 17, 1953, *that I last saw the deceased alive on* Sept 16, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J. Baxter MD	Challis, Ida	9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-21-53	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 20 1953	Edna m Kenney	Delbert C Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3450
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

OCT 17 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay
LENGTH OF STAY (in this place) ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) a. (First) Bryan b. (Middle) George c. (Last) Hurst

4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1953

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 26-1897

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) business manager

10b. KIND OF BUSINESS OR INDUSTRY business manager

11. BIRTHPLACE (State or foreign country) Bay Horse - Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Conrad Hurst BIRTHPLACE Giessen Germany

14. MOTHER'S MAIDEN NAME Amelia Valentine BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X Fern Hurst ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Sept. 21, 1953, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert T. Barksdale County Health Off.

23b. ADDRESS Challis Ida

23c. DATE SIGNED 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 28-19 53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-9-53

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-10075

RECEIVED
SEP 11 1953

Certificate of Death

STATE OF IDAHO

State File No. 3451
Local Reg. No. 32
Reg. Dist. No. 380

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AIR FORCE BASE
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT HOME AFB, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): OREGON TRAIL TRAILER COURT

3. NAME OF DECEASED (Type or Print): a. (First) VICKY b. (Middle) ELLEN c. (Last) HAYS

4. DATE OF DEATH: (Month) SEPT (Day) 6 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 30 AUGUST 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 7; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 03
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): IDAHO, MT. HOME AFB
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DONALD R. HAYS BIRTHPLACE: TILLAMOOK, OREGON
14. MOTHER'S MAIDEN NAME: GLORIA M. SEIBERT BIRTHPLACE: EVERETT, WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Donald R Hays ADDRESS: MT. HOME, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

561.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) OMPHALOCELE, RUPTURED WITH EXTRAVASATION OF INTESTINES THROUGH OMPHALOCELE — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CONGENITAL ATRESIA OF LARGE BOWEL — 7 DAYS
DUE TO (c) GANGRENE OF EXTRAVASATED INTESTINE PERITONITIS — 7 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 30 AUG 53
19b. MAJOR FINDINGS OF OPERATION: AS OUTLINED ABOVE (ITEM 18)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL CAUSE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) MOUNTAIN HOME AFB (COUNTY) ELMORE (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? SEE ITEM 18 ABOVE

22. *I hereby certify that I attended the deceased from* 30 AUG, 1953, *to* 6 SEPT, 1953, *that I last saw the deceased alive on* 6 SEPT, 1953, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R N Hammerstrom M.D. (Degree or title)
23b. ADDRESS: MT. HOME AFB, IDAHO
23c. DATE SIGNED: 7 SEPT 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 8-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Sept 8 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary ADDRESS: Mtn Homes
D A L Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Registrar - Augusta

RECEIVED
SEP 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3452
Local Reg. No. 33
Reg. Dist. No. 380

BIRTH NO. 111-55-11512

1. PLACE OF DEATH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MT. HOME AIR FORCE BASE
c. LENGTH OF STAY (in this place) 1 HR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USAF HOSPITAL, MT. HOME AFB

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location) GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print)
a. (First) PAUL
b. (Middle) ERNEST
c. (Last) HOLT

4. DATE OF DEATH (Month) SEP (Day) 11 (Year) 1953

5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH SEP 10, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA
10b. KIND OF BUSINESS OR INDUSTRY NA
11. BIRTHPLACE (State or foreign country) SAME AS ITEM # 1
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME MALCOLM E. HOLT
BIRTHPLACE ANGLETON, TEXAS
14. MOTHER'S MAIDEN NAME GLADYS J. CANTON
BIRTHPLACE NEW ORLEANS, LA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NA
17. INFORMANT'S OWN SIGNATURE
ADDRESS MHAFB, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

770.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ERYTHROBLASTOSIS FETALIS
INTERVAL BETWEEN ONSET AND DEATH 1 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11 SEP 53
19b. MAJOR FINDINGS OF OPERATION ENLARGEMENT OF LIVER AND SPLEEN: HORSESHOE KIDNEY
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NA
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NA
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? NA

22. *I hereby certify that I attended the deceased from* 10 SEP, 19 53, *to* 11 SEP, 19 53, *that I last saw the deceased alive on* 11 SEP, 19 53, *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur C. Dietrich Capt USAF (M.C.) (Degree or title)
23b. ADDRESS MOUNTAIN HOME AIR FORCE BASE
23c. DATE SIGNED 12 SEP 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Opelousas, La.

DATE REC'D BY LOCAL REG. Sept 14, 1953
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3453
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): LaRoe
c. (Last): Callison

4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 25 1946
9. AGE (In years last birthday): 7 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None c3
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): King Hill Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifford G. Callison, BIRTHPLACE: Beatrice, Nebr.
14. MOTHER'S MAIDEN NAME: Martha L. White, BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Alyce Eausquiza, ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hit by side of car — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unavoidable accident
DUE TO (c) Internal Injuries.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): King Hill Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 21 53 4 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hit by Car.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Philo L. Green (Degree or title): Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 24
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.: Sept 24-53
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Bey Mortuary, ADDRESS: Mountain Home, Idaho

D. A. Harrison

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3454
Local Reg. No. 34
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Osborne
c. (Last): Casey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April, 21, 1895
9. AGE (In years last birthday): 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Water Supt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pine, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Casey — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jane Elizabeth Clark — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 519-16-8478
17. INFORMANT'S OWN SIGNATURE: Ellen E Nicholson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23, 1953, *to* 9-23-, 1953, *that I last saw the deceased alive on* 9-23, 1953 *and that death occurred at* 11:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Weber M.D. (Degree or title)
23b. ADDRESS: Mtn Home Idaho
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

D A L Henson

State File No. 3455
Local Reg. No. 8
Reg. Dist. No. 540

Certificate of Death

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 South 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 516 South 1st East

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): DAVID
c. (Last): COLLINS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 12, 1881.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Cheepbeck, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Collins — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Emma Bennett — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Emma P. Collins — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of large bowel — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1953, *to* Death 9-17, 1953, *that I last saw the deceased alive on* Sept 16, 1953, *and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Newell G. Daines Jr. -102 — (Degree or title): MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Effie W. Brower 9-22-1953
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Ida.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3456
Local Reg. No. 46
Reg. Dist. No. 65/

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony (Rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Rural (Wilford)
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) MAGDALENA b. (Middle) MURRI c. (Last) ABEGGLEN

4. DATE OF DEATH (Month) (Day) (Year): September 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1866
9. AGE (In years last birthday): 87 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sherli, Canton Berne, Switzerland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Murri — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Magdalena Balsiger — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Herbert G. Abegglen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1949-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Sept, 1953, *that I last saw the deceased alive on* 9/11, 1953, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Reigh (337) — (Degree or title): MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 Sept 53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 21 Sept 53
REGISTRAR'S SIGNATURE: M. S. Hansen
25. FUNERAL DIRECTOR: M. S. Hansen — ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPHS-40881

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3557
Local Reg. No. 48
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Rural
d. STREET ADDRESS (If rural, give location) Route # 5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROSA	MARY	PEELER	September 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 23, 1883	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Peterson	Denmark	Caroline Jensen	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs. H. Tueber	Ida ho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma pancreas - gall-bladder - liver — 2
DUE TO (c) Primary site-probably pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes - Thyrotoxicosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma Gallbladder - Liver Pancreas	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1953, *to* 9 Sept, 1953, *that I last saw the deceased alive on* 9 Sept, 1953, *and that death occurred at* 3:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. M. Duey	M. D.	Ashton, Idaho	24 Sept 53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 9, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
24 Sept 53	M S Hansen	Orland LeBuck	Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3458
Local Reg. No. 44
Reg. Dist. No. 65

RECEIVED SEP 21 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) West 3rd North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edwin	Worrell	Stacey	Sept. 10 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 21, 1899	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Junk Dealer	Junk	Archer (Madison Co.) Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Worrell Stacey	England	Charlotte Wylie	Brighton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mary Stacey	Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding gastric Ulcer — 2

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

540.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 25, 1953, *to* Sept. 10, 1953, *that I last saw the deceased alive on* Sept. 10, 1953, *and that death occurred at* 2 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]		Ashton - Id.	13 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/14/53	Cedar Buttes	Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
14 Sept 53	[signature]	[signature]	Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS
SEP 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 3459
Local Reg. No. 43
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton. Rural.
d. STREET ADDRESS (If rural, give location) West On Ashton Fishhatchery Road.

3. NAME OF DECEASED (Type or Print) a. (First) Joseph. b. (Middle) Alvah. c. (Last) Lords.

4. DATE OF DEATH (Month) 9. (Day) (Year) 19th1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July. 10th1896

9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.

10b. KIND OF BUSINESS OR INDUSTRY Farming.

11. BIRTHPLACE (State or foreign country) Vernal. Utah

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Joseph. Charles. Lords. BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Agnes. Cook. BIRTHPLACE Utah.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Bertha Lords ADDRESS Ashton Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Sept, 1953, *to* 19 Sept, 1953, *that I last saw the deceased alive on* 19 Sept, 1953, *and that death occurred at* 2 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.

23b. ADDRESS Ashton - Idaho

23c. DATE SIGNED 19 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/22th 53.

24c. NAME OF CEMETERY OR CREMATORY Pineview

24d. LOCATION (City, town, or county) Ashton Idaho (State)

DATE REC'D BY LOCAL REG. 24 Sept 53

REGISTRAR'S SIGNATURE M S Hansen

25. FUNERAL DIRECTOR Lewis Kunz ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 21 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3460
Local Reg. No. 51
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
c. LENGTH OF STAY (in this place): 24 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jackson b. (Middle) Ray. c. (Last) Stanley

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Feb. 1st 1897

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS/INDUSTRY: State Highway Farming &

11. BIRTHPLACE (State or foreign country): Ft Collins Colorado.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jackson. Charles, Ferguson. BIRTHPLACE: Colo.

14. MOTHER'S MAIDEN NAME: Elizabeth. Wolf BIRTHPLACE: N b.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War #1

16. SOCIAL SECURITY NO.: 519-10-2090

17. INFORMANT'S OWN SIGNATURE: Lee Stanley ADDRESS: Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 299X Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hydronephrosis, right — 4 mos.
DUE TO (c): Blood dyscrasia, type unknown — 4 mos?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cirrhosis, Liver — 15 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 27, 1953, *to* Sept 29, 1953 *that I last saw the deceased alive on* Sept. 29, 1953, *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Spencer Parkinson, M.D. — **23b. ADDRESS**: Ashton, Idaho — **23c. DATE SIGNED**: 10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/2th 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Fineview — **24d. LOCATION** (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: Oct 3 1953 — **REGISTRAR'S SIGNATURE**: M L Hansen

25. FUNERAL DIRECTOR — **ADDRESS**: Lewis Risen Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3461
Local Reg. No. 52
Reg. Dist. No. 651

BIRTH NO.

RECEIVED OCT 21 1953

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marysville
c. LENGTH OF STAY (in this place) [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marysville
d. STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) a. (First) Jay b. (Middle) - c. (Last) Calonge.

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26th 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.

8. DATE OF BIRTH Aug. 31st-1889

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Athen. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME John. Fredrick Calonge. BIRTHPLACE Mo

14. MOTHER'S MAIDEN NAME Eva. Wilson. BIRTHPLACE England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-34-0211

17. INFORMANT'S OWN SIGNATURE Mary L. Calonge. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 26, 1953, *to* Sept 26, 1953, *that I last saw the deceased alive on* P.O.A., 19__, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Spencer Parkinson M.D.

23b. ADDRESS Ashton, Idaho

23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/29th1953

24c. NAME OF CEMETERY OR CREMATORY Pineview

24d. LOCATION (City, town, or county) (State) Ashton Idaho

DATE REC'D BY LOCAL REG. 10-1-53

REGISTRAR'S SIGNATURE Mat Hansen

25. FUNERAL DIRECTOR James Kier ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rawlinson

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3462
Local Reg. No. 12
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 128 So. Boise

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Franklin
c. (Last): Swearingen

4. DATE OF DEATH (Month) (Day) (Year): Aug.26,1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug.11,1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): blacksmith 38
10b. KIND OF BUSINESS OR INDUSTRY: smithing
11. BIRTHPLACE (State or foreign country): Stockham, Neb.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob W. Swearingen — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Martha E. Elzy — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 36 4967A
17. INFORMANT'S OWN SIGNATURE: X Phoebe E Swearingen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Accident
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1953, *to* Aug 26, 1953 *that I last saw the deceased alive on* Aug 26, 1953, *and that death occurred at* 11A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson 325
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 8/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug.29,1953
24c. NAME OF CEMETERY OR CREMATORY: TwinFalls
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Aug 9 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Thomas W. Beatty — ADDRESS: The Beatty Chapel, Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Howard

Certificate of Death

STATE OF IDAHO

State File No. 3463
Local Reg. No. 13
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF TIME (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Fredrick c. (Last) Gregory

4. DATE OF DEATH (Month) (Day) (Year) Aug, 30, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown
8. DATE OF BIRTH May 9, 1861
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) larorer 06
10b. KIND OF BUSINESS OR INDUSTRY gemeral
11. BIRTHPLACE (State or foreign country) Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Glenn W. Beatty ADDRESS Public Ass. Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — one year

784.5

19a. DATE OF OPERATION none
19b MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1952, *to* August, 1953, *that I last saw the deceased alive on* Aug 18, 1953, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Quentin E Howard 582 (Degree or title) MD
23b. ADDRESS Emmett Idaho
23c. DATE SIGNED Sept 8, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Sept 8, 1953
REGISTRAR'S SIGNATURE Jean A. Beatty
25 FUNERAL DIRECTOR Glenn W. Beatty ADDRESS The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3454
Local Reg. No. 14
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
OCT 9 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Howard		Vancil	Aug. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	May 17, 1880	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming 54	farm	Jackson Co. Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Vancil	Jackson Co. Ill.	Sarah Farley	White Co. Tenn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	James Mitchell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: two days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiogenic Carcinoma — 4 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug 30, 1953, *that I last saw the deceased alive on* Aug 14, 1953, *and that death occurred at* 5:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E Howard M D	Emmett Idaho	Sept 8, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 1, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Sept 8 1953	Jean A Beatty	Jean M Beatty	The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rawlinson

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3465
Local Reg. No. 15
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 3rd and Comercial

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Griffith
c. (Last): Knox

4. DATE OF DEATH (Month) (Day) (Year): Sept.1,1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Junel,1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): storekeeper 35
10b. KIND OF BUSINESS OR INDUSTRY: cigar store
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Douglas Knox — BIRTHPLACE: St.Clairville,Ohio
14. MOTHER'S MAIDEN NAME: Margaret G. Williams — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Frank Knox — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aorta c Rupture — INTERVAL BETWEEN ONSET AND DEATH: 2days.

DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1953, *to* Sept 1, 1953, *that I last saw the deceased alive on* Sept 1, 1953 *and that death occurred at* 9 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rondell R. Rawlinson 325
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 9/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept.5,1953 68
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept. 9, 1953
REGISTRAR'S SIGNATURE: Jean A Beatty
25. FUNERAL DIRECTOR: The Beatty Chapel — ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Goodman

Certificate of Death

STATE OF IDAHO

State File No. 3466
Local Reg. No. 16
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED
OCT 9 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 E. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 404 E. 5th

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Franklin
c. (Last): Niswander

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 14, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): So. English, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel Niswander — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sarah Coffman — BIRTHPLACE: Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Arlo H. Niswander — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10-15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I never attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: R A Goodman, M. D. (Degree or title)
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 8 Sept-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Beatty Chapel — ADDRESS: Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3467
Local Reg. No. 17
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 25mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Ann c. (Last) Evans

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 15, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 15 1862

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 61

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bowles
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Walter Inmon
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4917

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recumbency from — 2 years
DUE TO (c) fractured neck of femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1953, *to* Sept 15, 1953, *that I last saw the deceased alive on* Sept 12, 19__, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel P. Lawrence M.D.

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Wallowa

24d. LOCATION (City, town, or county) (State): Wallowa Oregon

DATE REC'D BY LOCAL REG.: Sept 21 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 1618
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding.
c. LENGTH OF STAY (in this place) 41 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding County Mem Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho.
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
d. STREET ADDRESS (If rural, give location) 2414. Woodlawn Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First) NELLIE
b. (Middle) TILLIE
c. (Last) KLINGLER

4. DATE OF DEATH (Month) (Day) (Year) Sept.9.1953.

5. SEX Female.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH April. 26.1879.
9. AGE (In years last birthday) 74-4-13. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kenton, Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willard Flint. BIRTHPLACE Richland County Ohio.
14. MOTHER'S MAIDEN NAME Harriet Vorke, BIRTHPLACE Kenton. Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Marion V. Klingler MD ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident. INTERVAL BETWEEN ONSET AND DEATH 41 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1953, *to* Sept. 9, 1953, *that I last saw the deceased alive on* Sept 9, 1953, *and that death occurred at* 8:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marion V. Klingler MD
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED Sept 10 '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE September. 12.1953.
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery,
24d. LOCATION (City, town, or county) (State) Boise, Idaho.

DATE REC'D BY LOCAL REG. 9-22-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Thompson Chapel. Geo. Jerrell Jr. ADDRESS Gooding.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3469
Local Reg. No. 1677
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1021 Idaho Street

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Gilbert
c. (Last): Wells

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1906
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months 10 Days 27
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Greely, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Curtis Wells, BIRTHPLACE: Kansas Yates Center
14. MOTHER'S MAIDEN NAME: Lena Maude Howard, BIRTHPLACE: Ladaga, Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 519-03-1477
17. INFORMANT'S OWN SIGNATURE: [illegible] Wells
ADDRESS: 1021 Idaho St Gooding Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 12, 1953, *to* Sept 12, 1953, *that I last saw the deceased alive on* Sept 12, 1953, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry Heng, M.D. 512 (Degree or title)
23b. ADDRESS: Hagerman, Idaho
23c. DATE SIGNED: Sept 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-12-53 01
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: J. A. Cromwell
25. FUNERAL DIRECTOR: Wm B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

be answered as completely as possible. State answers as unknown only after a careful investigation. [illegible] typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2170
Local Reg. No. 16 24
Reg. Dist. No. 42-0

BIRTH NO.

RECEIVED OCT 5 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) J c. (Last) HARKINS

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 21, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 8 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert W. Harkins — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Irus Myers — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: + Robert W. Harkins — ADDRESS: Gooding

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 769.4 Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 31 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Pulmonary Hemorrhage (Pneumonia)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 21, 1953 *to* Sept 21, 1953 *that I last saw the deceased alive on* Sept 21, 1953 *and that death occurred at* 7:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. E. Garrett (Degree or title) M.D.

23b. ADDRESS: Gooding, Ida

23c. DATE SIGNED: 9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/23/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Oct 5 53

REGISTRAR'S SIGNATURE: J. H. Cornell

25. FUNERAL DIRECTOR: Geo. Jensen Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign when person has died in Office. Information must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3471
Local Reg. No. 1627
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T.B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Box 65

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) —
c. (Last) Moon

4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-24-1911
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Hard Rock Mines
11. BIRTHPLACE (State or foreign country) Cutler, No. Dakota
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Harry Moon — BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME Sarah — BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE K. A. Tyler M.D. — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

001X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: Mos.?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silico-Tuberculosis — years?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/24, 1951, *to* 9-23, 1953 *that I last saw the deceased alive on* 9-23, 1953 *and that death occurred at* 11:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE K. A. Tyler M.D. (Degree or title)
23b. ADDRESS Idaho State T.B. Hosp. Gooding
23c. DATE SIGNED 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/26/53
24c. NAME OF CEMETERY OR CREMATORY Osburn Cemetery
24d. LOCATION (City, town, or county) (State) Osburn, Idaho

DATE REC'D BY LOCAL REG. 9-28-53
REGISTRAR'S SIGNATURE J H Cunnorell
25. FUNERAL DIRECTOR Geo. Jerread Jr. — ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3472
Local Reg. No. 16-22
Reg. Dist. No. 420

BIRTH NO.

RECEIVED OCT 1 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 525 Oregon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 525 Oregon

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle): L.
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Greenfield, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jacob Jones — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Marshall — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vivian Jordan — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cancer of the colon — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-6, 1952, *to* Sept. 23 1953, *that I last saw the deceased alive on* Sept 23, 1953, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 9-27-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerrell Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OVER handwriting. Must be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT 3473 State File No. 3473

RECE Certificate of Death

STATE OF IDAHO

Local Reg. No. 1620

Reg. Dist. No. 420

BIRTH NO. OCT 1 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN Gooding
c. LENGTH OF STAY (in this place) 68
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 ½ Miles W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nyssa
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) D. b. (Middle) GLENN c. (Last) HAMMON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 18, 1898
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Nelson Const. Co.
11. BIRTHPLACE (State or foreign country) Roy, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Levi B. Hammon BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Martha Jane Belnap BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-05-7392
17. INFORMANT'S OWN SIGNATURE Mrs D. Glenn Hammon ADDRESS Nyssa, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental death — INTERVAL BETWEEN ONSET AND DEATH 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) the way -
21c. (CITY, TOWN, OR TOWNSHIP) Gooding (COUNTY) Gooding (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile wreck

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J A Cromwell (Degree or title) Coroner
23b. ADDRESS Gooding County Idaho
23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/27/53
24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery
24d. LOCATION (City, town, or county) (State) Ogden, Utah

DATE REC'D BY LOCAL REG. 9-28-53
REGISTRAR'S SIGNATURE J A Cromwell
25. FUNERAL DIRECTOR Geo Jensen Jr.
ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3474
Local Reg. No. 68
Reg. Dist. No. 240

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Genera

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ada		Smith	9 - 14 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Jan 21 1871	82	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
05		Colusa Calif	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilson J. Smith		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Helen Burns Smith	Santa Ana Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 14 Sept, 1953, *that I last saw the deceased alive on* 14 Sept, 1953, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Paltman	M. D.	Grangeville, Idaho	14 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9-16-53	Hazen-Jager	Spokane Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Sept. 18, 1953	Irma Cone	Glenn Adler	Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3175
Local Reg. No. 69
Reg. Dist. No. 240

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO. SEP 23 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): E116 North 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): LESLIE
b. (Middle): S.
c. (Last): HUFFMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1953

5. SEX: make
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Apr. 29, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): St. John, Wash,
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: P. N. Huffman, BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Emma Rogers, BIRTHPLACE: MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 1.
16. SOCIAL SECURITY NO.: 518-18-8757
17. INFORMANT'S OWN SIGNATURE: Ronald A. Huffman — ADDRESS: 1109 12th ave Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1953, *to* Sept. 15, 1953, *that I last saw the deceased alive on* Sept. 15, 1953, *and that death occurred at* 2:30P *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Buttermore M.D.
23b. ADDRESS: Grangeville. Idaho
23c. DATE SIGNED: Sept 16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Sept 18, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3476
Local Reg. No. 70
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) ELIZABETH c. (Last) CHAMBERLIN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 31, 1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Clearwater, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John McPherson — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Daisy Lister, — BIRTHPLACE: Ill

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: no
17. INFORMANT'S OWN SIGNATURE: Walter E Chamberlin — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 174 Carcinoma of Uterus & Metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ONLY SEEN 26th Sept, 19 53, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: William H. Coné — (Degree or title): M. D. — 23b. ADDRESS: Grangeville, Idaho — 23c. DATE SIGNED: 21 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county): Grangeville, (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 22, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Joe Peterson
ADDRESS: Grangeville,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2577
Local Reg. No. 72
Reg. Dist. No. 240

BIRTH NO. 111-53-11656 OCT 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cleo b. (Middle) Delight c. (Last) Pixley

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 21, 1953

9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months 0, Days 1; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Grangeville Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Howard Pixley
BIRTHPLACE: Nez Perce

14. MOTHER'S MAIDEN NAME: Ethel Louise Kress
BIRTHPLACE: Spalding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Howard Pixley
ADDRESS: Stites

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atelectasis
INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21, 1953, *to* 9-22, 1953, *that I last saw the deceased alive on* 9-21, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. H. Collins M.D.
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Tahoe Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Sept. 30, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Clarence T. Murray
ADDRESS: Kooskia, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 2276
Local Reg. No. 73
Reg. Dist. No. 240

BIRTH NO. [illegible]

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT LEE b. (Middle) c. (Last) HUTCHENS

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 28, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept. 28, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 4 | Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Hutchens, BIRTHPLACE: American Falls, Ida

14. MOTHER'S MAIDEN NAME: Mary Morton, BIRTHPLACE: Denver, Colo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Francis C. Hutchens ADDRESS: Grangeville,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Sept, 1953, *to* 28 Sept, 1953 *that I last saw the deceased alive on* 28 Sept, 1953, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: William H. Cone (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 29 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Harpster,
24d. LOCATION (City, town, or county) (State): Harpster, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 30 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jesse Robertson
ADDRESS: Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3479
Local Reg. No. 71
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1424 3rd St. South.

3. NAME OF DECEASED (Type or Print)
a. (First) PHILLIP
b. (Middle) GEORGE
c. (Last) FEICK

4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 13, 1883
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret railroad Forman
10b. KIND OF BUSINESS OR INDUSTRY Roundhouse
11. BIRTHPLACE (State or foreign country) Willard, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Feick 27
BIRTHPLACE Sandusky, Ohio
14. MOTHER'S MAIDEN NAME Katheryn Zeilk
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712 09 5156
17. INFORMANT'S OWN SIGNATURE X Lenore Feick
ADDRESS Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1½ miles North
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pinehurst - Little Salmon - Idaho - Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12 1953 8 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Heart Attack While Fishing in Little Salmon River

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Richard A. Cowell M.T. Coroner (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 17, 53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Sept 24 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR John F. Alsip, Jr.
ADDRESS Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-10213

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3480
Local Reg. No. 130
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Jerome~~ Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Jerome~~ Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Dale
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): Sept 5 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug. 8/1953
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days 7; IF UNDER 24 HRS.: Hours 17 / Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Max Hill — BIRTHPLACE: Labelle Ida
14. MOTHER'S MAIDEN NAME: Charleen Wright — BIRTHPLACE: Idahofalls Idaho

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Max D. Hill — ADDRESS: Richfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~Hepatitis~~ Duodenal Atresia — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hepatitis — 36 hr

19a. DATE OF OPERATION: 8-31-53
19b. MAJOR FINDINGS OF OPERATION: Congenital atresia of 3rd Portion of Duodenum
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28, 1953, *to* 9-5, 1953, *that I last saw the deceased alive on* 9-5, 1953, *and that death occurred at* 2:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 369
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 9-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 1953
24c. NAME OF CEMETERY OR CREMATORY: Idaho Falls
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 7, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Glen Buehler — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON RESIDENT SEP 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3231
Local Reg. No. 131
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Jerome DIVIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

c. LENGTH OF STAY (in this place): 21 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 West 6th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: S.Dakota

b. COUNTY: Gregory

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonesteel

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Charles

b. (Middle): N

c. (Last): Reynolds

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 10 1873

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months: 1 Days: 26 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): White Swan S Dak

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Nate Reynolds — BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Mollie Young — BIRTHPLACE: Minnesotta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Mrs H.D. Bentelman — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): D m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-1- *, 1953, to* 9-6- *, 1953, that I last saw the deceased alive on* 9-1- *, 1953 and that death occurred at* 8:15 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Lauren La Baker, M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept 8. 53

24c. NAME OF CEMETERY OR CREMATORY: Bonesteel

24d. LOCATION (City, town, or county) (State): Bonesteel S. Dakota

DATE REC'D BY LOCAL REG.: Sept 9, 1953

REGISTRAR'S SIGNATURE: Lester M. Cox, D.D.

25. FUNERAL DIRECTOR: J.R. Wiley

ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3552
Local Reg. No. 132
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 824 N Poplar

3. NAME OF DECEASED (Type or Print): a. (First) Frances b. (Middle) J c. (Last) Kinkade

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10. 1915

9. AGE (In years last birthday): 38 | IF UNDER 1 YEAR Months: 2 | Days: 29 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hysham Montana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frank White — BIRTHPLACE: Wauken Iowa

14. MOTHER'S MAIDEN NAME: Mabel Osborn — BIRTHPLACE: Alexander Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY: 538-20-4858

17. INFORMANT'S OWN SIGNATURE: Lucille K. Harris — ADDRESS: Cleveland Ohio

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Malignant Chordoma — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Osteosarcoma pelvis Florida — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 15, 1948, *to* Sept 9, 1953, *that I last saw the deceased alive on* Sept 9, 1953, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Short (Degree or title): M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 9/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 11.53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Sept. 10, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3483
Local Reg. No. 133
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Herman
c. (Last): Heiken

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12-53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 13-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Ottowa-Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Heiken — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Caroline Lietzke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Delbert L. Heiken — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Auricular fibrillation
Bronchopneumonia c̄ hydrothorax 3 days

19a. DATE OF OPERATION: 9/3/53
19b. MAJOR FINDINGS OF OPERATION: Fungating carcinoma of rectum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/30/53, 19___, *to* 9/12/53, 19___, *that I last saw the deceased alive on* 9/12/53, 19___, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Smail 373 (Degree or title): MD
23b. ADDRESS: Jerome
23c. DATE SIGNED: 9/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Sept. 15-53
24c. NAME OF CEMETERY OR CREMATORY: Lnic. Co. Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: Sept. 17, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

State File No. 3484
Local Reg. No. 135
Reg. Dist. No. 440

BIRTH NO. 111-53-11697

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jackie
b. (Middle): Ray
c. (Last): McKeegan

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Newborn Infant

8. DATE OF BIRTH: Sept. 21, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John McKeegan — BIRTHPLACE: Kingfisher, Okla.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth McCaughey — BIRTHPLACE: Brownell, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John McKeegan — ADDRESS: Richfield, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia due to maternal causes — INTERVAL BETWEEN ONSET AND DEATH:
ANTECEDENT CAUSES (b) Maternal causes — Diabetes; Chr. nephritis; pre-eclampsia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/21, 1953 *to* death, 1953, *that I last saw the deceased alive on* 9/21, 1953, *and that death occurred at* 2:34 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Shoshone, Idaho
23c. DATE SIGNED: Sept. 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Richfield
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: Sept 25 1953
REGISTRAR'S SIGNATURE: Sister M. Rose O.S.B.
25. FUNERAL DIRECTOR: Myrtle C. Burdett
ADDRESS: Shoshone, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3485
Local Reg. No. 13
Reg. Dist. No. 440

RECEIVED
OCT 8 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): NIELS
c. (Last): PETERSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1886
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 4 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Rasmus Petersen
BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Maria Jensen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Samuel Petersen
ADDRESS: Richfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subtotal Gastric resection — INTERVAL BETWEEN ONSET AND DEATH: 3½ days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): recurrent Duodenal ulcer hemorrhage. — 3 year.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Rheumatic heart disease. — 30 year.

19a. DATE OF OPERATION: 9-24-53
19b. MAJOR FINDINGS OF OPERATION: chronic Duodenal ulcer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1948, *to* 9-27, 1953, *that I last saw the deceased alive on* 9-27, 1953, *and that death occurred at* 8:40P *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Shoshone Idaho
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/1/53
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: Oct. 2, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: Geo. Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 25 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 2186
Local Reg. No. 134
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome Rt
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) c. (Last) Stelma

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27 1898
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR Months: 2 Days: 21 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Jacob Mohr BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Marie Syble BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Nick L. Stelma ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Second Degree Burns

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cleaning Fluid Explosion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome Rt Jerome Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 18 1953 10:45 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Cleaning Fluid Explosion

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 10:45 A m., from the causes and on the date stated above.

23a. SIGNATURE: J R Wiley (Degree or title): (Coroner)
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: Sept 19 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: Sept 24 1953
REGISTRAR'S SIGNATURE: Sister M. Rose O.S.B.
25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 28 1953

Certificate of Death

STATE OF IDAHO

State File No. 3497
Local Reg. No. 17
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Smith c. (Last) Du Bois

4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 15, 1875

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sr

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Minnesota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James L. Du Bois
BIRTHPLACE Michigan

14. MOTHER'S MAIDEN NAME Harriett Smith
BIRTHPLACE Vermont

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S OWN SIGNATURE Coeur d'Alene Homes
ADDRESS Records

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1953, to 7/13, 1953 that I last saw the deceased alive on 7/13, 1953 and that death occurred at 9:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-14-53
24c. NAME OF CEMETERY OR CREMATORY Hazen & Jaeger
24d. LOCATION (City, town, or county) Spokane, Washington (State)

DATE REC'D BY LOCAL REG. 9-21-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Hazen & Jaeger
ADDRESS Spokane Wn

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2488
Local Reg. No. 164
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle); c. (Last) Johnston

4. DATE OF DEATH: (Month) 9- (Day) 6 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 12, 1859

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rev. W. B. Carns
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

545X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ulcer or neoplasm

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General debility of old age

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Aug, 1953, *to* 10 Sept, 1953, *that I last saw the deceased alive on* 5 Sept, 1953, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. Theron Knight (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10 Sept 1953

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 9-8-53

REGISTRAR'S SIGNATURE: Lorraine L. Brush

25. FUNERAL DIRECTOR: Gilbert Gates

ADDRESS: Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3409
Local Reg. No. 163
Reg. Dist. No. 120

BIRTH NO. 111-53-11724

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF DEATH (in this place): 12 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 909 N. 8th St

3. NAME OF DECEASED (Type or Print): a. (First) Infant b. (Middle) baby Girl c. (Last) Gage

4. DATE OF DEATH: (Month) 9- (Day) 7 (Year) 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nver married
8. DATE OF BIRTH: 9-6-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Coeur d'Alene Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Gage
BIRTHPLACE: S.D.
14. MOTHER'S MAIDEN NAME: Arscil Jones
BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Arscil Gage
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

76215

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congenital atalectasis of lungs
DUE TO (c) prematurity

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1953, *to* 9-7, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 7:14a *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. Theron Knight (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

State File No. 3190
Local Reg. No. 178
Reg. Dist. No. 120

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) A.; c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year): September 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Mar. 26, 1898

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garageman 74

10b. KIND OF BUSINESS OR INDUSTRY: Gargge

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John P. Anderson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Thelma Johnson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War One

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Chris Robolt
ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atrophic arthritis, Generalized, severe — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 9-9-53, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Moseley M.D. (Degree or title)
23b. ADDRESS: Coeur d'alene
23c. DATE SIGNED: 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-11-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3191
Local Reg. No. 166
Reg. Dist. No. 120

BIRTH NO. SEP 23 '53

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt # 1.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	W.	Cattles	9	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Feb 5, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Mason City Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkow — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkow — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertensive cardio-vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9-9-53, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	9-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-12-53	Post Falls	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-12-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3292
Local Reg. No. 174
Reg. Dist. No. 120

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Knights Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lakeview
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ole	H.	Osterud	Sept.	13	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 27, 1869	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Cabinet Maker
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Harvey T. Osterud — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arterio - sclerotic cardio-vascular
DUE TO (c) disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9-13-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene	9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-53	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-21-53	Lorraine K. Bruch	Don English	Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3495
Local Reg. No. 173
Reg. Dist. No. 120

BIRTH NO. SF 28153

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cda Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Christ		Nymoen	Sept. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White		Sept. 5, 1869	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Norway	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Cd'a Homes. Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	Died Suddenly
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O M Hunter MD	Coeur d' Alene Id	9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-17-53	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-21-53	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3104
Local Reg. No. 176
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1208 N2nd st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1208 N 2nd St

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) c. (Last) Byrne

4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 53

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 25 1866

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unkown BIRTHPLACE Unkown

14. MOTHER'S MAIDEN NAME Unkown BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mr. Luncefor ADDRESS ~~1208 N 2nd St~~ CdA. Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4321 Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10, 1951, *to* 9/14, 1953, *that I last saw the deceased alive on* 9/14, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE O. Mustad (Degree or title) M.D.

23b. ADDRESS Coeur d'Alene Idaho

23c. DATE SIGNED 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-17-53

24c. NAME OF CEMETERY OR CREMATORY Forest

24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. 9-28-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Gilbert Gates Coeur d'Alene ADDRESS Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Hughes

Certificate of Death

STATE OF IDAHO

State File No. 3395
Local Reg. No. 184
Reg. Dist. No. 120

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 1423 N. 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Oswald	A.	Burnett	9-14-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	2-2-1877	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Building Contractor	Own Business	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Burnett Sr.	Iowa	Anna Trafford	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-05-5146	MRS. Rhina Burnett	Coeur d'Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 1 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 1947 *to* 9-14, 1953, *that I last saw the deceased alive on* 9-14, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A. Hughes M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-17-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-8-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3496
Local Reg. No. 185
Reg. Dist. No. 120

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cœur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1901 Pen Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Co ur d'Alene
d. STREET ADDRESS (If rural, give location) 1901 Pen Ave

3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) c. (Last) Glen

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never Married

8. DATE OF BIRTH Sept 13, 1953

9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY College

11. BIRTHPLACE (State or foreign country) Bonnersferry Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Glen
BIRTHPLACE Unkown

14. MOTHER'S MAIDEN NAME Evelyn unkown
BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-34-7175

17. INFORMANT'S OWN SIGNATURE Mr. Socwell 1901 Pen Ave
ADDRESS Cda Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptiform Seizure — INTERVAL BETWEEN ONSET AND DEATH five minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

780.2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1953, *to* 9-12, 1953, *that I last saw the deceased alive on* 9-12, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Brenden Barclay M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-18-53

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. 10-8-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Gilbert Gates

ADDRESS Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3207
Local Reg. No. 182
Reg. Dist. No. 120

BIRTH NO. 111-5[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY in this place: 6hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1822 N 6th St

3. NAME OF DECEASED (Type or Print): a. (First) Georgia b. (Middle) Anne c. (Last) O'Connell

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-16-53

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coeur d'Alene Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dan O'Connell — BIRTHPLACE: Calif

14. MOTHER'S MAIDEN NAME: Lucille Brunner — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mr. Dan O'Connell — ADDRESS: Cd A. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

762.5

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9/16, 1953, *to* 9/16, 1953, *that I last saw the deceased alive on* 9/16, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Coeur d'Alene Idaho — **23c. DATE SIGNED**: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9-18-53 — **24c. NAME OF CEMETERY OR CREMATORY**: St Thomas — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 9-28-53 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — **25. FUNERAL DIRECTOR**: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Barclay.

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3498
Local Reg. No. 179
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 711 River Ave

3. NAME OF DECEASED (Type or Print) a. (First) Wyatt b. (Middle) c. (Last) Gray

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 8 1893
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woods Worker
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Somerset Kentuckey
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unkown BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Unkown BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Mr. Wm Gray ADDRESS Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis c̄ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction — 47 hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14, 1953, *to* 9-16, 1953, *that I last saw the deceased alive on* 9-15, 1953, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alexander Barclay (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-19-53
24c. NAME OF CEMETERY OR CREMATORY St Thomas
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. 9-28-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3409
Local Reg. No. 183
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 607 Front Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mae
b. (Middle):
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): 9-22-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-21-1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Silvester Hohnson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Irene Parks — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mr. Ennis Thomas, Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis & endocarditis — 15 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Sept 22, 1953 *that I last saw the deceased alive on* Sept 22, 1953, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Gilbert Gates Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 53-18
Local Reg. No. 186
Reg. Dist. No. 126

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.4th St. on Curve

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'?Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	R.	Griner	9-24-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	7-24-1933	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	G.N. Railway	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Griner Sr.	Washington	Cora Omstead	Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-32-8156	Mr. James Griner Sr.	Coeur e'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries, multiple extreme

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arm & chest, head

DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street.	Coeur d'Alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-24-53 5:30 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Auto Accident

22. *I hereby certify that I attended the deceased from* no attendance, *19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Snyder Coroner M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-2-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-8-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 3 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

3501

State File No. 3501
Local Reg. No. 180
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 402 S. 15th

3. NAME OF DECEASED (Type or Print): a. (First) Sophia; b. (Middle); c. (Last) Hausauer

4. DATE OF DEATH: (Month) (Day) (Year) 9-25-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	7-15-1886	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Peter Hausauer	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerotic vascular disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9-25-53, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D., M.D.	Coeur d'Alene, Idaho	9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-26-53	Purdy-Kerr Funeral Home	Monroe, Snohomish, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (ADDRESS)
9-26-53	Lorraine K. Brush	Robert Yates Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3502
Local Reg. No. 189
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1828 N. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Ray
c. (Last): Taylor

4. DATE OF DEATH (Month) 9- (Day) 28- (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-17-1925
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Superintendant
10b. KIND OF BUSINESS OR INDUSTRY: Cd'A Creamery
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray Taylor — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Loa Briggs — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 544-20-8124
17. INFORMANT'S OWN SIGNATURE: Mrs. Georgia Taylor — ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

741X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sudden Slippage Heart — INTERVAL BETWEEN ONSET AND DEATH: 10-15 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Post Anesthetic Accident — 2 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Foreign Bodies Calcified in Left Knee - Chr Pancreatitis
20. AUTOPSY? YES ☑ NO ☐ neg

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Operation
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Operation
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'Alene Kootenai Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? As above - an anesthetic complication.

22. *I hereby certify that I attended the deceased from* 4/15, 1953, *to* 9/28, 1953, *that I last saw the deceased alive on* 9/28, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Hawkins (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-4-53
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Heppner, Oregon

DATE REC'D BY LOCAL REG.: 10-8-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: [signature] — ADDRESS: CDA Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3503
Local Reg. No. 188
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL) Coeur d'Alene
c. LENGTH OF STAY IN THIS PLACE 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1105 Harrison

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) c. (Last) Klein
4. DATE OF DEATH (Month) 9- (Day) 30 (Year) 53
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-3-1909
9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Trent Wood
11. BIRTHPLACE (State or foreign country) Laurel Montana
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Hienrich Klein | BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Katherine Unkown | BIRTHPLACE Unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none | (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Berniece Klein | ADDRESS CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-0.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prior Coronary Thrombosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* 9-30, 1953, *that I last saw the deceased alive on* 9-30, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Howard A Douglas (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-3-53
24c. NAME OF CEMETERY OR CREMATORY Forest
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. 10-8-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates
ADDRESS Gem Kellogg Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

ORIGINAL

Certificate of Death

RECEIVED OCT 21 1953 DIVIS. VITAL STATISTICS

STATE OF IDAHO

State File No. 3504
Local Reg. No. 196
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: KooTenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 1 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: KooTenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): RTe. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Lundin

4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-25-1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Clair Lundin — ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/52, 19___, *to* 8/30/53, 19___, *that I last saw the deceased alive on* 8/30/53, 19___, *and that death occurred at* 4:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Fredrikson 127 (Degree or title): Md. M.D.
23b. ADDRESS: Spirit Lake, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-53
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery
24d. LOCATION (City, town, or county) (State): Rathdrum, Idaho

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3505
Local Reg. No. 168
Reg. Dist. No. 120

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS
STATE BOARD OF HEALTH

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP): Spirit Lake
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sedlmayers Resort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jeanne; b. (Middle); c. (Last) Mendenhall

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 24, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lisbon, N. Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick K. Moore
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Helen Johnson
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Louis H Mendenhall
ADDRESS: Potlatch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* — *19*—, *to* —, *19*—, *that I last saw the deceased alive on* —, *19*—, *and that death occurred at* 5:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Erickson (Degree or title): MD

23b. ADDRESS: Spirit Lake, Idaho

23c. DATE SIGNED: 9/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-9-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 9-12-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: [illegible]

ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3506
Local Reg. No. 169
Reg. Dist. No. 120

BIRTH NO. SEP 29 '53

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
LENGTH OF STAY (in this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Family Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) James c. (Last) Penman
4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 53
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-1-1869
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Penman BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Janet Simpson BIRTHPLACE Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Richard J. Penman ADDRESS Rathdrum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/7/53, 19__, *to* 9/10/53, 19__, *that I last saw the deceased alive on* 9/10/53, 19__, *and that death occurred at* 12:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyman C. Gedbinson M.D. (Degree or title) M.D.
23b. ADDRESS Spirit Lake, Idaho
23c. DATE SIGNED 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-12-53
24c. NAME OF CEMETERY OR CREMATORY Everson Funeral Home
24d. LOCATION (City, town, or county) (State) Williston, North Dakota

DATE REC'D BY LOCAL REG. 9-12-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3567
Local Reg. No. 172
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt# 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Rt# 2

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle)
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 6, 1871
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry McAllister — BIRTHPLACE West V. A.
14. MOTHER'S MAIDEN NAME America Smoot — BIRTHPLACE West V.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Gilbert R. Lowery — ADDRESS Spokane Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE D M Gumprecht 541 (Degree or title) MD
23b. ADDRESS Coeur d'alene Idah
23c. DATE SIGNED 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-14-53 01
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 9-21-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Don English — ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3508
Local Reg. No. 167
Reg. Dist. No. 126

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Apartments

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Hewitt

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 2-19-1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer 84
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 518-16-2668-A
17. INFORMANT'S OWN SIGNATURE: Personal Affects of Deceased — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 9/11/53, 19__, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Jackson 127 M.D. M.D
23b. ADDRESS: Spirit Lake Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 9-12-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No. 37
Reg. Dist. No. 130

BIRTH NO.

OCT 12 1953

DIVIS.

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison-west 2mi.

c. LENGTH OF STAY (in this place): 2½ yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm-Tractor Accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison

d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rhonda	Jean	Damiano	9	12	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	2-20-1951	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): St. Maries Idaho

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Damiano — BIRTHPLACE: —

14. MOTHER'S MAIDEN NAME: Marjorie Wilson — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Robert E. Damiano — ADDRESS: Harrison Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple, compound, skull fractures — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Farm	Lamgston	Kootenai	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Sept	12,	1953	1 P m.		Run over by tractor

22. *I hereby certify that I attended the deceased from* DOA, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* — P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp Coroner M.D	St. Maries, Idaho	9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-53	Harrison Cemetery	Harrison Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-2-53	Aileen J. Scott.	Donald E. Browning	St. Maries Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3510
Local Reg. No. 165
Reg. Dist. No. 12

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 307 Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 307 Henry

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Bingham	9	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Married	Oct 13 1880	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Latah County Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James R Burden — BIRTHPLACE: Ore.
14. MOTHER'S MAIDEN NAME: Sarah Lockwood — BIRTHPLACE: Oka.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Frank Bingham — ADDRESS: Post Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Paralytic Stroke	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	High Blood Pressure	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

334X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1953, *to* Sept 14, 1953, *that I last saw the deceased alive on* Sept 13, 1953, *and that death occurred at* 12 4a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.F. Stephan 685 (Degree or title): M.D.
23b. ADDRESS: Post Falls Ida.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/53 01
24c. NAME OF CEMETERY OR CREMATORY: Freeze
24d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: 9-17-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gale — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1953

Certificate of Death

STATE OF IDAHO

State File No. 3511
Local Reg. N. 178
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
c. LENGTH OF STAY (in this place) 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt# 1

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) RT # 1.

3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) c. (Last) Fenlon
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 53
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 9-15-1877
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unkown BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Unkown BIRTHPLACE Unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Joe Cogan ADDRESS Seattle, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood (Degree or title) Cororner M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 9-24-'53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-21-53
24c. NAME OF CEMETERY OR CREMATORY Hennessey Fun'l Home
24d. LOCATION (City, town, or county) Spokane (State) Wash

DATE REC'D BY LOCAL REG. 9-28-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Gates ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3512
Local Reg. No. 184
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William		Valley	9-	24-	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	10-17-1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Valley	Norway	Pauline Wallesverd	Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-05-4265	Miss Evelyn Valley	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood.	Coroner M.D.	Coeur d'Alene, Idaho	9-28-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-26-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-28-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3513
Local Reg. No. 181
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway # 95 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): RTE. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lois	McKinney	House	9	25	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	3-14-1917	36				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archie Palmer — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: Harriet — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. James House — ADDRESS: Hayden Lake, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental Traumatism by — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 95.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hayden Lake, Kootenai, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Thrown out of Car & crushed.

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Ward	Coroner M.D.	Coeur d'Alene, Idaho	9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-29-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-28-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25514
Local Reg. No.
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #95 North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Bert	Bunney	9-	25-	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-10-1900	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Bunney — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Jo Ann Johnson — ADDRESS: Spokane, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental traumatism by
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 95 north of
21c. (CITY, TOWN, OR TOWNSHIP) Hayden Lake (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Head on Collision.

22. *I hereby certify that I attended the deceased from* last Nat, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	Coroner M.D.	Coeur d'Alene, Idaho	9-28-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-30-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-28-53	Lorraine K. Brush	Gilbert Gates	Bonners Ferry Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORDED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3515
Local Reg. No. 95
Reg. Dist. No. 200

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rural Rt. 3
d. STREET ADDRESS (If rural, give location): SW of Moscow about 7 miles

3. NAME OF DECEASED (Type or Print)
a. (First): Marcia
b. (Middle):
c. (Last): Haynes

4. DATE OF DEATH (Month) (Day) (Year): Sept 5 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 12, 1923
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pullman, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd Lyle — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Angie Lockland — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 535-24-6666 yes
17. INFORMANT'S OWN SIGNATURE: x Abe L Haynes — ADDRESS: Rt. 3, Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Not known.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Removed breast. 5/21/52.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/21/ *, 1952, to* 9/5 *, 1953, that I last saw the deceased alive on* 9/5 *, 1953, and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Armstrong M.D. (Degree or title)
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 9/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pullman City Cemetery
24d. LOCATION (City, town, or county): Pullman (State): Wash.

DATE REC'D BY LOCAL REG.: 9/17/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: David R. [illegible] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 25-16
Local Reg. No. 96
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 No Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 111 No Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Allen; b. (Middle) Lee; c. (Last) Short

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 11, 1952

9. AGE (In years last birthday): IF UNDER 1 YEAR Mos. 10 Days 26; IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 97

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward R. Short — BIRTHPLACE: Moscow, Ida.

14. MOTHER'S MAIDEN NAME: Jewella Chadwick — BIRTHPLACE: Oklahoma City, Okla.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: W. E. Short — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

830.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, eventration of Brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Moscow (COUNTY) Latah (STATE) Idaho

21d. TIME OF INJURY (Month) Sept (Day) 7 (Year) 1953 (Hour) 3 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Backing car ran over Child

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070 (Degree or title): MD

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 9/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-10-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 9/17/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: H. R. Short — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3517
Local Reg. No. 99
Reg. Dist. No. 200

BIRTH NO. Armstrong

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 No. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 204 No. Monroe

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Agnes
c. (Last): Peterson

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 11, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Latah Co., Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew H. Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hanna Olson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Lorene Oife — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric carcinoma.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: It had gastrectomy about 1949
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 9
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: no
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/21, 1952, *to* 9/12, 1953, *that I last saw the deceased alive on* 12/28, 1952, *and that death occurred at* 5.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Armstrong M.D.
23b. ADDRESS: Moscow Idaho.
23c. DATE SIGNED: 9/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 9/22/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: David R. Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dunn RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3518
Local Reg. No. 1848
Reg. Dist. No. 500

BIRTH NO.

OCT 7 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 715 East 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Botten

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 27, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sever Severson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Julia Groe — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert Severson — ADDRESS: Fresno, Cal.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — ? 0
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis — 10 yes

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1940, *to* 9-13, 1953, *that I last saw the deceased alive on* 9-13, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N Dunn MD 095
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: 9/28/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R Fries — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON RESIDENT
OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3519
Local Reg. No. 102
Reg. Dist. No. 200

BIRTH NO. Mum

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 No. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Umatilla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walla Walla
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Hilda
b. (Middle): A.
c. (Last): Hendrickson

4. DATE OF DEATH (Month) (Day) (Year): Sept 15 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 22, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Latah Co., Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew H. Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hanna Olson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. D. Hendrickson — ADDRESS: Walla Walla

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9-15, 1953, *to* 9-15, 1953, *that I last saw the deceased alive on* 9-15, 1953, *and that death occurred at* 10:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward N. Dunn (Degree or title): M.D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-17-1953
24c. NAME OF CEMETERY OR CREMATORY: Walla Walla
24d. LOCATION (City, town, or county) (State): Walla Walla Wash.

DATE REC'D BY LOCAL REG.: 9/28/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Harold R. Fox — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3520
Local Reg. No. 100
Reg. Dist. No. 20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lincoln
b. (Middle): M.
c. (Last): Gilmore

4. DATE OF DEATH (Month) (Day) (Year): Sept 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept 14, 1932
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Princeton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eddie Gilmore — BIRTHPLACE: Palouse, Wn.
14. MOTHER'S MAIDEN NAME: Gladys Hemmelman — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: R. E. Gilmore — ADDRESS: Princeton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/0.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gross retroperetoneal hemmorrhage of lower abdomen, mult. fractures with marked displacement of pelvis, also had

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) fracture right fibula and tibula

DUE TO (c) anuria, probably due to gross hemm. and pressure on ureters

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Harvard, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 19 1953 2p.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: unloading logs from truck

22. *I hereby certify that I attended the deceased from* 9-19-53, 19__, *to* 9-20-53, 19__, *that I last saw the deceased alive on* 9-20-53, 19__, *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Klaarn MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Mendenhall Cemetery
24d. LOCATION (City, town, or county) (State): Near Onoway, Idaho

DATE REC'D BY LOCAL REG.: 9/22/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. [illegible]
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3501
Local Reg. No. 1821
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 905 So. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) C. c. (Last) Fisher

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 7, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Clinton, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Fisher
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Pearl Multibarger
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 533-10-4143

17. INFORMANT'S OWN SIGNATURE: Harold S. Fisher
ADDRESS: Vancouver, Wn.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Renal disease with

DUE TO (c) Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Coronary occulsion.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-24 19 42 *to* 9-22 19 53, *that I last saw the deceased alive on* 9-22 19 53, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. E. Pfeifer Gibson MD

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-25-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 10/13/53

REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: Merrill Hotte
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Bai: l

Certificate of Death

STATE OF IDAHO

State File No. 3522
Local Reg. No. 104
Reg. Dist. No. 200

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 722 Deakin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle):
c. (Last): Dummitt

4. DATE OF DEATH (Month) (Day) (Year): Sept 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 18, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 6, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold Dummitt — BIRTHPLACE: Gooding, Ida.
14. MOTHER'S MAIDEN NAME: Eva May Boswell — BIRTHPLACE: Worley, Ida.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Harold Dummitt — ADDRESS: Moscow, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia, — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mongolism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/21, 1953, *to* 9/25, 1953, *that I last saw the deceased alive on* 9/25/53, 19__, *and that death occurred at* 830P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas D Baird M.D. (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-30-53
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3523
Local Reg. No. 105
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 So. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 720 So. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Nels
b. (Middle): K.
c. (Last): Olson

4. DATE OF DEATH (Month) (Day) (Year): Sept 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 15, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert E. Olson — ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 431X Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Short (Degree or title) Co. Coroner
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-53
24c. NAME OF CEMETERY OR CREMATORY: Nampa Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 10/3/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED SEP 28 1953 OF VITAL STATISTICS

Culp

Certificate of Death

STATE OF IDAHO

State File No. 3524
Local Reg. No. 97
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joel
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joel
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Steward
b. (Middle): McTeare
c. (Last): Kimberling

4. DATE OF DEATH (Month) (Day) (Year): Sept 11 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 13, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ceres, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stevens Kimberling — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Margert Bales — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lester E. Kimberling — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Congestive Heart failure — 3 mos
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Aug, 1953, *to* 11 Sept, 1953, *that I last saw the deceased alive on* 9 Aug, 1953, *and that death occurred at* 7 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp — (Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 9/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Juliaetta Cemetery
24d. LOCATION (City, town, or county) (State): Juliaetta Idaho

DATE REC'D BY LOCAL REG.: 9/22/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Harold R. Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3525
Local Reg. No. 98
Reg. Dist. No. 200

BIRTH NO. Wilson

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Elbert
c. (Last): Hall

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 19, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cedar checker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Cedarville, Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli Hall — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Martha Meece — BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-0636
17. INFORMANT'S OWN SIGNATURE: Ted Hall — ADDRESS: Bovill, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2-11, 1946, *to* Sept 12, 1953, *that I last saw the deceased alive on* 6-23, 1953, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Wilson M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: 9/22/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3526
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

OCT 2 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Cava b. (Middle) c. (Last) Paskas

4. DATE OF DEATH (Month) Sept. (Day) 5, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Jan. 15, 1869

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner

10b. KIND OF BUSINESS OR INDUSTRY 07

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME unknown
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Taken from papers
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 420.1
INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. L. Mudd M.D.

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-30-53

24c. NAME OF CEMETERY OR CREMATORY Challis

24d. LOCATION (City, town, or county) Challis, Idaho (State)

DATE REC'D BY LOCAL REG. 9-22-53

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR

ADDRESS Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 3527
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moose Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kate b. (Middle) Blanche c. (Last) Mullen

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lyndon, New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William C. Little BIRTHPLACE: Lyndon, New Y.

14. MOTHER'S MAIDEN NAME: Mary Ann Davidson BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: George E. Little ADDRESS: Salmon, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1953, *to* 9-11-53, 19___, *that I last saw the deceased alive on* 9-11, 19 53, *and that death occurred at* 5:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H W R Goggins M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 9-22-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 2528
Local Reg. No. 298
Reg. Dist. No.
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — DIVISION OF VITAL STATISTICS
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lorenzo	Snow	Whiting	Sept. 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 13, 1883	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mapleton, Utah
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo S. Whiting	Utah	Flora Waterman	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-18-4156
17. INFORMANT'S OWN SIGNATURE: Mrs L S Whiting — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9, 19 53, *to* Sept 12, 19 53 *that I last saw the deceased alive on* Sept 11, 19 53, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. L. Mueller M.D.	Salmon Ida	9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-22-53	Viola E. Johnson	Kenneth Klingler	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 2 1953 VISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3529
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Daisie
b. (Middle): Longfellow
c. (Last): Opdyke

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 17, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scranton, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John L. Higgins — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Anna L. Lewton — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 9, 1953 *to* Sept 23, 1953 *that I last saw the deceased alive on* Sept 22, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mulder MD
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-29-53
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Fairview, New Jersey

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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CERTIFICATE OF Death

STATE OF IDAHO

State File No. 5330
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

OCT 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (In this place): 62 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julius		Weimer	Sept. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	about 1856	97				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner 07		Europe	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Taken from papers	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 433.0 Heart Block — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 21, 19 53, *to* Sept 29, 19 53, *that I last saw the deceased alive on* Sept 28, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. R. Mueller MD	Salmon Ida.	10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-1-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct-12-53	Viola E. Johnson	[illegible]	Salmn, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3771
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

OCT 15 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi DIVIS.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Peter		Marcussen	Sept. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	July 8, 1869	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction foreman		Denmark	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	yes	[signature]	Salmon, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 526X Chronic Pneumonitis & Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-6, 19[illegible]1, *to* 9-30, 1953, *that I last saw the deceased alive on* 9-29, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Mulder M.D.	Salmon Ida.	10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-2-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 12-53	Viola E. Johnson	[signature]	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 3522
Local Reg. No. 7
Reg. Dist. No. 232

BIRTH NO. OCT 9 1953

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALVA	L.	DENNEY	Sept. 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 16 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: Camas Prairie R R
11. BIRTHPLACE (State or foreign country): Garfield County, Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Denney,
BIRTHPLACE: Indiana.
14. MOTHER'S MAIDEN NAME: Agnes C. Jordon,
BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 700-07-5764
17. INFORMANT'S OWN SIGNATURE: Allen L Denney
ADDRESS: Grangeville Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Just died of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) natural Causes
DUE TO (c) nothing to indicate any thing Else

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Heart just quit

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert Huff M.D.
23b. ADDRESS: Nezpine Idaho
23c. DATE SIGNED: 9-2 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-53
24c. NAME OF CEMETERY OR CREMATORY: Reubens
24d. LOCATION (City, town, or county) (State): Reubens, Idaho

DATE REC'D BY LOCAL REG.: 9-3-53
REGISTRAR'S SIGNATURE: C E Lowry
25. FUNERAL DIRECTOR: C. E. Lowry
ADDRESS: Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

REC

Certificate of Death

STATE OF IDAHO

State File No. 3533
Local Reg. No. 1626
Reg. Dist. No. 426

BIRTH NO.

OCT 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): American Falls Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AKEE
b. (Middle): CADMAN
c. (Last): BECENTI

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 18, 1917
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Section Hand
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Mexico
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: 70
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 525-30-9846
17. INFORMANT'S OWN SIGNATURE: Geo Jerread Jr. — ADDRESS: Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Body was found in the American Falls Canal 5 miles N. and 2 miles E. of Gooding on Oct. 5, 1953

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sep. 18 '53 7 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Swimming in Canal Canal

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Cromwell Coroner Gooding Co
23b. ADDRESS: Ida
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/53
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3534
Local Reg. No. 40
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moore
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)
a. (First) Diane
b. (Middle)
c. (Last) Braithwaite

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31-1953

5. SEX F.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant
8. DATE OF BIRTH March 5-1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant or
10b. KIND OF BUSINESS OR INDUSTRY infant
11. BIRTHPLACE (State or foreign country) Rexburg - Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Eldred Braithwaite
BIRTHPLACE Manti Utah
14. MOTHER'S MAIDEN NAME Jessie Maxine Atkinson
BIRTHPLACE Rexburg Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Eldred Braithwaite
ADDRESS Moore Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception - (Terminal ileum into cecum).
INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Intussusception (Terminal ileum into cecum
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 30, 1953, *to* Aug 31, 1953, *that I last saw the deceased alive on* 3:40, 1953, *and that death occurred at* 3:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE O D Hoffman (Degree or title) M.D.
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED Aug. 31, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 3-1953
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Arco - Idaho

DATE REC'D BY LOCAL REG. 9-9-53
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Betty J. Marvel
ADDRESS Arco Ida F.D. #19

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2525
Local Reg. No. 38
Reg. Dist. No. 630

BIRTH NO.

SEP 10 1953

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Sommer

4. DATE OF DEATH (Month) (Day) (Year) Sept, 5, 1953

5. SEX Male

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 9, 1890

9. AGE (In years last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Logan, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nicholas Sommer
BIRTHPLACE Bern, Switzerland

14. MOTHER'S MAIDEN NAME Mary A. Saurey
BIRTHPLACE Cottowood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Dale F. Sommer
ADDRESS Rexburg

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Left Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Sept, 1953, that I last saw the deceased alive on Sept 5, 1953 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. Rigby M.D.

23b. ADDRESS Rexburg

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/8/53

24c. NAME OF CEMETERY OR CREMATORY Rexburg

24d. LOCATION (City, town, or county) (State) Rexburg Madison Idaho

DATE REC'D BY LOCAL REG. 9/8/53

REGISTRAR'S SIGNATURE Leona Hansen

25. FUNERAL DIRECTOR Russell Hansen

ADDRESS Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2526
Local Reg. No. 39
Reg. Dist. No. 630

BIRTH NO. 111 [illegible]

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mari b. (Middle) Ann c. (Last) Sutherland

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Sept. 10, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Oz
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Brent Sutherland BIRTHPLACE: Starrs, Utah
14. MOTHER'S MAIDEN NAME: Pearl Genta BIRTHPLACE: Sugar City, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Brent Sutherland ADDRESS: Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Labor,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mother unwell for 7 mos.,
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10-, 1953, *to* 9-10-, 1953, *that I last saw the deceased alive on* 9-10-, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H B Tingey (Degree or title) M.D.
23b. ADDRESS: Rexburg Ida.
23c. DATE SIGNED: 9-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: 9-17-53
REGISTRAR'S SIGNATURE: Leona Hamm
25. FUNERAL DIRECTOR: Russell Hamm ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3525
Local Reg. No. 21
Reg. Dist. No. 6 30

BIRTH NO. 111-52-1847

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Susan b. (Middle) Pricilla c. (Last) Lewis

4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept. 14, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Goldsmith Lewis BIRTHPLACE: London, England

14. MOTHER'S MAIDEN NAME: Ellen Grace Lewis Dawson BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Goldsmith Lewis ADDRESS: Rexburg

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: 1st child of set of Triplets
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/14, 1953, *to* 9/19/53, 19____, *that I last saw the deceased alive on* 9/19, 1953, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Rigby (Degree or title) MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/21/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 9-21-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Russell Flamm ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 6 1953

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 42
Reg. Dist. No. 630

BIRTH NO. 111-52-11546

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH — a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Albert c. (Last) Lewis

4. DATE OF DEATH: (Month) Sept (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept, 14, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 5; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Goldsmith Lewis — BIRTHPLACE: London England

14. MOTHER'S MAIDEN NAME: Ellen Grave Dawson — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George Goldsmith Lewis — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2nd child of set of Triplets

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1953 to 9/18, 1953, that I last saw the deceased alive on 9/18/53, 19___, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. F. Bigler MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russell Flamm
ADDRESS: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

State File No. 3539
Local Reg. No. 49
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 24 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 905 - 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Pio
b. (Middle):
c. (Last): Garatea

4. DATE OF DEATH (Month) (Day) (Year): Aug 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 3, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lequeitio Spain
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Purdencio Garatea — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Deloyes — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-2601
17. INFORMANT'S OWN SIGNATURE: Manuel Garatea — ADDRESS: Rupert

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriolar sclerosis
DUE TO (c): ~~Pneumonitis~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ 8-24, 1953, *to* ~~[illegible]~~ 8-24, 1953, *that I last saw the deceased alive on* ~~[illegible]~~ 8-24, 1953, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dellinger M D
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-2-1953
REGISTRAR'S SIGNATURE: E H Elmore
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3540
Local Reg. No. 47
Reg. Dist. No. 450

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Henry c. (Last) Seaman

4. DATE OF DEATH (Month) Sept (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Feb. 20. 1909.
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter.
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Seaman — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Bertha. a. Hutton. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 322.0 Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 9-13-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Delerium tremens - due to
DUE TO (c) acute alcoholism. — 9-13-53.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see alive *19* *, that I last saw the deceased alive on* 9-13 *, 19* *, and that death occurred at* 3:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Wellmer (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-2-1953
REGISTRAR'S SIGNATURE: E. K. Elmore
25. FUNERAL DIRECTOR: Rodney G. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3541
Local Reg. No. 45
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 715 N. 1st.

3. NAME OF DECEASED (Type or Print)
a. (First): Worth
b. (Middle): Scott
c. (Last): Elton.

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 15. 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 1 Days 1
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Businessman.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Akron Ohio.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Scott B. Elton. Jr.
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Minnie Green
BIRTHPLACE: Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ruth Brown. ADDRESS: Columbus Ohio

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8614

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chest injuries Brain injury — INTERVAL BETWEEN ONSET AND DEATH: Sept 16 1953

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Auto accident — Sept 14, 1953

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Paul Idaho

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Paul Minidoka Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Two cars involved.

22. *I hereby certify that I attended the deceased from* Sept 14, 1953, *to* Sept 16, 1953, *that I last saw the deceased alive on* Sept 16, 1953 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: 9-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-18-53

24c. NAME OF CEMETERY OR CREMATORY: Heyburn Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 10-2/1953

REGISTRAR'S SIGNATURE: A.H. Elmore

25 FUNERAL DIRECTOR: Rodney L. Boorman ADDRESS: Rupert Idaho

Federal Security Agency, United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

S2-1042

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 46
Reg. Dist. No. 450

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 324 Linden St.

3. NAME OF DECEASED (Type or Print): a. (First) Barbara b. (Middle) Ann c. (Last) Bonadiman

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child.

8. DATE OF BIRTH: Aug 30 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 18. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rupert Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bruno Bonadiman — BIRTHPLACE: Rupert.

14. MOTHER'S MAIDEN NAME: Deloris Dockter — BIRTHPLACE: Regan N. Dakota.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Bruno Bonadiman — ADDRESS: Rupert Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO ~~(b)~~ And prematurity.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Birth. 3 weeks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth *to* Sept 18, 1953. *that I last saw the deceased alive on* Sept 18, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Sederburg, M.D. (Degree or title)

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: 9-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-21-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-2-1953

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Rodney L. Boardman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Acequia
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Acequia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Casper
b. (Middle): George
c. (Last): Bagnall

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug-18-1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trinidad Colorado
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Bagnall. BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah M. Rue. BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Annie R. Bagnall — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

42C.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 5-7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* July 10, 1953 *that I last saw the deceased alive on* 10 July, 1953, *and that death occurred at* 10 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas A Terhune (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 29 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-2-1953
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-2-53
REGISTRAR'S SIGNATURE: E. H. Elmore
25. FUNERAL DIRECTOR: Rodney C. Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
RECEIVED Certificate of Death

State File No. 3544
Local Reg. No. 179
Reg. Dist. No. 220

BIRTH NO.

SEP 14 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near City Limits on 8th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location): 4th at Wilson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERALD	EUGENE	WIGGINS	SEPT 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct 8, 1932	20	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tractor Operator	Paving Company	Asotin, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Wiggins Sr		Ethel Young	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No – – – – – –	Unknown	Elmer Wiggins Sr.	Asotin, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 9/2. 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tractor accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Gravel Pit	Lewiston Nez Perce Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept 3, 1953 12:45 p.m.		Thrown from tractor

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* Sept 3, 1953, *and that death occurred at* 12:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L.E. DeBaun	M.D. Coroner	Lewiston, Ida.	9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/8/53	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Sept. 8, 1953	Jean Wegelin	R.C. Merchant Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-42021

State File No. 2515
Local Reg. No. 181
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY in this place of death:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle); c. (Last) Ambro

4. DATE OF DEATH: (Month) (Day) (Year) Sept, 4th 1953

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 15, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arrow, Idaho.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: no record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x William J. Evans
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complete Heart Block — 14 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1953, to 9-4, 1953, that I last saw the deceased alive on 9-4, 1953, and that death occurred at 7:09 m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] MD (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept, 8,53
24c. NAME OF CEMETERY OR CREMATORY: Lapwai
24d. LOCATION (City, town, or county) (State): Lapwai, Idaho

DATE REC'D BY LOCAL REG.: Sept 11, 1953
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3546
Local Reg. No. 177
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1619 - G St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEN		JONES	September 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 26, 1885	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	City of Lewiston	Abbington, Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Jones	New York	Sadie Paff	Pennsylvania, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		X Sylvia Morris	409 - 1st Ave., Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure Decompensatio — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dise — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 27, 19 53, *to* Sept 4, 19 53, *that I last saw the deceased alive on* Sept 4, 19 53, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allan B. Cafferky MD	717 Sixth Lewiston	9-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1953	Normal-Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 8 1953	Jean Wegelin	Brower-Mann, R. E. McBaun	Lewiston, Idaho

Dr. Cafferky

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3547
Local Reg. No. 176
Reg. Dist. No. 220

RECEIVED
SEP 14 1953
DIVISION
S. A.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1318 - 20th St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): RAYMOND
c. (Last): STEVENSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 5, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker 09
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Big Horn, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Albert George Stevenson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Gazelle Benton — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-9470
17. INFORMANT'S OWN SIGNATURE: Lawrence R. Stevenson — ADDRESS: 1830 - 14 Ave. Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Hypertensive Cardio Renal disease — 7 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston Nezperce Idah
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24, 1949, *to* 9-5, 1953, *that I last saw the deceased alive on* 9-5, 1953, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M J McRae 251 MP
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann L. E. DeBaun — ADDRESS: Lewiston, Idaho

Dr. McRae

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3548
Local Reg. No. 178
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 417- 18th St North

3. NAME OF DECEASED (Type or Print)
a. (First): Dorathy
b. (Middle):
c. (Last): West

4. DATE OF DEATH (Month) (Day) (Year): Sept 5th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/6/1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MountainHome , Ark.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Andrew Stinnett — BIRTHPLACE: Ark.
14. MOTHER'S MAIDEN NAME: Ellia Teveroll — BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John West — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Aneurism — Wills — 24 hrs
DUE TO (c): Congenital Aneurism — Wills — Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 4, 1953, *to* Sept 5, 1953 *that I last saw the deceased alive on* 2 a.m., 1953 *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: 707 14th St. Lewiston Idaho — **23c. DATE SIGNED**: 9/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 8, 53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 8, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

State File No. 3549
Local Reg. No. 182
Reg. Dist. No. 220

BIRTH NO.

SEP 21 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash,
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 77 Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Benton
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): Sept, 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec, 16, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Ellis — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Flora Inman — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 1 & 11
16. SOCIAL SECURITY NO.: 563-16-7570
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: [signature]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia; Virus; — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ht disease; Acut myocarditis; — 3 days
DUE TO (c): Alcoholism; — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1953, *to* Sept 8, 1953 *that I last saw the deceased alive on* Sept 8, 1953 *and that death occurred at* 7:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] [signature]
23b. ADDRESS: 707 11th St.
23c. DATE SIGNED: 9/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept, 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 14, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: [signature] Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

RECEIVED SEP 21 1953 DIVISION OF VITAL STATISTICS

State File No. 3550
Local Reg. No. 183
Reg. Dist. No. 220

BIRTH NO. 111-53-11895

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 706 Diagonal

3. NAME OF DECEASED (Type or Print)
a. (First): CATHERINE
b. (Middle):
c. (Last): HUFF

4. DATE OF DEATH (Month) (Day) (Year): September 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: September 6, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James H. Huff
BIRTHPLACE: Kennewick, Wn.
14. MOTHER'S MAIDEN NAME: Gloria Keller
BIRTHPLACE: Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James H. Huff
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): and Pulmonary
DUE TO (c): Atelectasis
INTERVAL BETWEEN ONSET AND DEATH: 2 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/6, 1953, *to* 9/8, 1953, *that I last saw the deceased alive on* 9/8, 1953, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Pierce M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9/10/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept. 14, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann L. E. DeBaun
ADDRESS: Lewiston, Idaho
Dr. Pierce

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3554
Local Reg. No. 180
Reg. Dist. No. 220

BIRTH NO. [illegible] 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce DIVIS[illegible] OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 913-8th. Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle) W.; c. (Last) Fitze

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Mar. 5, 1872	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Broker +7	Realestate	Herrick Center, Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Fitze	England	Mary James	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Lottie Lee Fitze	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Metastatic Carcinoma 1953X	1 year
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Adenocarcinoma of Cecum	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May, 1952	Adenocarcinoma of Cecum	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Sept. 1953, *that I last saw the deceased alive on* Sept 10, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jane M. Cox, M.D.	Lewiston, Idaho	9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-11-53	Forest Lawn	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 11 1953	Jean Vegelius	Brower-Wann L.E. DeBaun	Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Jane Cox

NON-RESIDENT

RECORDED

Certificate of Death

STATE OF IDAHO

State File No. 3552
Local Reg. No. 184
Reg. Dist. No. 220

BIRTH NO.

SEP 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1247-9th St.

3. NAME OF DECEASED (Type or Print)
a. (First): SERAPHINE
b. (Middle):
c. (Last): HANSON

4. DATE OF DEATH (Month) (Day) (Year): 9-13-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 29, 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bluearth, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

155X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Gall Bladder.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13, 1953, *to* 9-13, 1953, *that I last saw the deceased alive on* 9-13, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes, M.D.
23b. ADDRESS: 307 St Johns Way Lewiston Id.
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Vassar-Rawls
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3553
Local Reg. No. 185
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nurshing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3519 - 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10-3-1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Primrose, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY?: U. S. U.S.

13. FATHER'S NAME: John Graham — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Margaret Graham — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs. Harley Longfellow, Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmaties of Old age
DUE TO (c) Generalized Atriosclerosis
Cystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 9 days, 8 hrs. (3 months pt. has been deteriorating)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1951, *to* Sept. 14, 1953, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover MD. 408
23b. ADDRESS: 527 Burrell Ave. LEWISTON, IDAHO
23c. DATE SIGNED: 9/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept 16 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: R. H. Malcom
ADDRESS: Lewiston, Idaho
Dr. Stover

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 21 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3554
Local Reg. No. 186
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Delsol Lane off Main St. Appx 50 Ft.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 503 Delsol Lane

3. NAME OF DECEASED (Type or Print) a. (First) WANETTA b. (Middle) c. (Last) GILBERT

4. DATE OF DEATH (Month) (Day) (Year) September 14, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 4-27-~~1953~~ 1890

9. AGE (In years last birthday) ~~60~~ 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 49

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 519-10-9666

17. INFORMANT'S OWN SIGNATURE Elaine W Gilbert ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE K.H. Malcom (Degree or title) 470 Coroner

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-17-53

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. Sept. 16 1953

REGISTRAR'S SIGNATURE Jean Magelina

25. FUNERAL DIRECTOR Brower-Warn K.H. Malcom

ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 21 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3555
Local Reg. No. 187
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY (If outside corporate limits, write RURAL and township) OR TOWN Lewiston
c. LENGTH OF STAY (in this place) 30 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION Breier Building (Dr. Office)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Asotin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anatone (rural) Montgomery Ridge
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Fritz	Melvin	Hendrickson		Sept.	15,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 17, 1898	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Wheat	Greenwood, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
V ctor Hendrickson	Christina, Finland	Ingeborg Arntzon	Trondhjem, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mrs. J D Davis	Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-15, 1953, *to* 9-15, 1953, *that I last saw the deceased alive on* 9-15, 1953, *and that death occurred at* 4:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Lewiston Idaho	9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/17/1953	Normal Hill	Lewiston Nez Perce Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 17 1953	Jean Hegelina	W C Merchant	Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-46021

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OCT 2 19[illegible]

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3556
Local Reg. No. 188
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. LENGTH OF STAY (in this place) 9-11-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Culdesac
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FLORENCE	MARIE	KOLE	Sept. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 21, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Worbois — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lena Saxton — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs P Kole — ADDRESS Culdesac, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 194X Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-14-53
19b. MAJOR FINDINGS OF OPERATION Coronary thrombosis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 13, 1953, *to* Sept. 17, 1953, *that I last saw the deceased alive on* Sept. 17, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS 412 6th St Lewiston Idaho
23c. DATE SIGNED Sept 18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-21-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. Sept 21 1953
REGISTRAR'S SIGNATURE Jean Magelinna
25. FUNERAL DIRECTOR Brower-Wann by K.H. Malcom — ADDRESS Lewiston,

Dr. E. J. Baldeck

Federal Security Agency
United States Public Health Service
Form UPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 355
Local Reg. No. 201
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BEATRICE
b. (Middle):
c. (Last): WHEELER

4. DATE OF DEATH (Month) (Day) (Year): 9 - 19 - 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-15-1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home.
11. BIRTHPLACE (State or foreign country): Myrtle Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Woods — BIRTHPLACE: Dayton, Wash.
14. MOTHER'S MAIDEN NAME: Mary Bronchean — BIRTHPLACE: Cottonwood Creek.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: A.F.V.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Laceration — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident. — 8 hrs
DUE TO (c): Aspiration of vomitus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): auto.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Lapwai nez perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? shoulder. pt drove off soft

22. *I hereby certify that I attended the deceased from* Sept 18, 1953, *to* Sept 19, 1953, *that I last saw the deceased alive on* Sept 19, 1953, *and that death occurred at* 7:22 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Caissonne 055
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removed 3
24b. DATE: 9-24-53
24c. NAME OF CEMETERY OR CREMATORY: ~~Mount Hall~~
24d. LOCATION (City, town, or county) (State): Lapwai Ida.

DATE REC'D BY LOCAL REG.: Oct. 5, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: C.F. Vassar — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3558
Local Reg. No. 189
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewis on
d. STREET ADDRESS (If rural, give location): Lower Tammany

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): MAGDALLENA
c. (Last): THIESSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11, 1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Dau — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Schatz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Thiessen — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Sept 21, 1953, *that I last saw the deceased alive on* Sept 20, 1953, *and that death occurred at* 7.14 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. G. Braddock M.D. 535
23b. ADDRESS: 707-11th St. Lewiston Idaho
23c. DATE SIGNED: Sept 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept 22 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — R. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. E. G. Braddock

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No. 190
Reg. Dist. No. 220

BIRTH NO.

OCT 2 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RUBY		CURTISS	Sept	21	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug 2, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Cleveland	no record	Susan Groner	no record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no.	none.	X Mrs. Eunice R. Carr	336 N 79 Seattle, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Respiratory failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral thrombosis

DUE TO (c) accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-16, 1953 *to* 9-21, 1953 *that I last saw the deceased alive on* 9-16, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. W. Eastman M.D.	Lewiston Idaho	9/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 23-53	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 23 1953	Jean Wegelius	A. R. Vassar	Lewiston.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON RESIDENT
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3560
Local Reg. No. 191
Reg. Dist. No. 220

BIRTH NO. 111-53-11921

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1321 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Ralph Wendell Baker, Jr.

4. DATE OF DEATH (Month) (Day) (Year): September 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 21, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.: 7 / 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Joseph Hospital
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ralph Wendell Baker — BIRTHPLACE: Deary Idaho
14. MOTHER'S MAIDEN NAME: Muriel Bergstrom — BIRTHPLACE: Sandpoint, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ralph W. Baker — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coleto, Denise Anderson — Cupidal H.T. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cupidal Hypervirophosis — "
DUE TO (c): Cupidal, Brain Cerebellum — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1953, *to* Sept 23, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Bordick M.D.
23b. ADDRESS: 707 [illegible] St. Lewiston Idaho
23c. DATE SIGNED: 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Sept. 23 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR ADDRESS: Brower-Warn by K.H. Malcom Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3561
Local Reg. No. 192
Reg. Dist. No. 220

BIRTH NO. 111-53-11936

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewostpm.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 220-- 1 st. Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): KATHY
b. (Middle): MARIE
c. (Last): MAYNARD

4. DATE OF DEATH (Month) (Day) (Year): Sept, 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never
8. DATE OF BIRTH: Sept. 23, 1953
9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 00, Days 00 — IF UNDER 24 HRS.: Hours 11, Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Algy Maynard — BIRTHPLACE: Asotin, Wash.
14. MOTHER'S MAIDEN NAME: Eva Giles — BIRTHPLACE: Pocatello, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Algy Maynard — ADDRESS: Lewiston,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

760.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Brain hemorrhage — 11
DUE TO (c) Contracted pelvis of mother

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cesarian Section — 11

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23-53, 19__, *to* 9-23, 1953, *that I last saw the deceased alive on* 9-23, 1953, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward G. Hoffman MD (Degree or title)
23b. ADDRESS: 337-St Johns Lewiston
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-25-53
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Wash.

DATE REC'D BY LOCAL REG.: Sept 25, 1953
REGISTRAR'S SIGNATURE: Jean Hegelius
25. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. E Hoffman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3566
Local Reg. No. 193
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 2 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Hez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF (In this place): 24 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Hez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 3429-11 St

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Edmonson

4. DATE OF DEATH (Month) (Day) (Year): 9-23-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-11-1902
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Silver City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theo Kette — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Marion Elmer Edmonson Sr — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

444X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — over 6 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Marked enlargement of heart.

19a. DATE OF OPERATION: Sept 11, 1953
19b. MAJOR FINDINGS OF OPERATION: Obstruction of Sigmoid. Ecostomy performed.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 21, 1949, *to* Sept 23, 1953, *that I last saw the deceased alive on* Dec. 23, 1953, *and that death occurred at* 4 45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: B. R. Stein 383 (Degree or title): MD
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-26-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Sept. 25, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: D. Vassar — ADDRESS: Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDEN

Certificate of Death

OCT 2 1953 STATE OF IDAHO

State File No. 3503
Local Reg. No. 194
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif.
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canoga Park
d. STREET ADDRESS (If rural, give location): 20205- Strathern St.

3. NAME OF DECEASED (Type or Print): a. (First) SIDNEY; b. (Middle) MURRAY; c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 4, 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal
11. BIRTHPLACE (State or foreign country): LosAngeles, Calif
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William R. Rice — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Vivian L. Smith — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 451X
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Pierce Bros. Funeral - Van Nuys, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac tamponade

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Rupture of dissecting aortic aneurysm

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Bicuspid aortic valve. Left ventricular hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: K.H. Malcom — (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Englewood Park Cemetery
24d. LOCATION (City, town, or county) (State): LosAngeles, California

DATE REC'D BY LOCAL REG.: Sept 28 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR — ADDRESS: Brower-Wann by L.E. DeBar Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED — Certificate of Death

STATE OF IDAHO

State File No. 3564
Local Reg. No. 196
Reg. Dist. No. 220

BIRTH NO.

OCT 2 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 611-26 th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 611-26th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	William	McGarvey	Sept. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 30, 1879	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Wheat farming	Woodstock Ontario Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob McGarvey	U. S.	Jamina Brooks	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs Rose McGarvey	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. *, 19*49*, to* 9-28- *, 19*53*, that I last saw the deceased alive on* 9-28- *, 19*53*, and that death occurred at* 7:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. J. White M.D.	Lewiston, Ida.	9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1953	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 29 1953	Jean Wegelius	Brower-Wann L. E. DeBaun	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. A. J. White

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 3565
Local Reg. No. 199
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 104½ 11th St

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Maxwell
c. (Last): Jacroux

4. DATE OF DEATH (Month) (Day) (Year): Sept, 28, 1953

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 20,1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Viola, Ore.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ira William Bell — BIRTHPLACE: Nerecord
14. MOTHER'S MAIDEN NAME: Ellen Shaddan — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Dan Maxwell — ADDRESS: Lapwai

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-25, 1953, *to* 9-28, 1953 *that I last saw the deceased alive on* 9-28, 1953 *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S Newton M.D. 291
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct, 3,53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 3, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3566
Local Reg. No. 197
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 19 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 603 - 6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): RUKGABER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 3, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 63
10b. KIND OF BUSINESS OR INDUSTRY: Meat cutter
11. BIRTHPLACE (State or foreign country): Germanie, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Christian Rukgaber — BIRTHPLACE: Würtenberg, Germany
14. MOTHER'S MAIDEN NAME: Mary Pfluger — BIRTHPLACE: Wurtenberg, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 538-16-0226
17. INFORMANT'S OWN SIGNATURE: J. H. W. Rukgaber — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 4:15 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. H. Malcom 470 Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 2 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — L. E. DeBaun — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE FILE NO.

State File No. 3567
Local Reg. No. 196
Reg. Dist. No. 220

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (rural)
c. LENGTH OF STAY:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway N & S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (rural)
d. STREET ADDRESS (If rural, give location): Hatwai

3. NAME OF DECEASED (Type or Print): a. (First) OLIVE; b. (Middle); c. (Last) VERNON

4. DATE OF DEATH (Month) (Day) (Year): September 30, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 2, 1880

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Co., Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael Mitchell
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Eliza Jane Williams
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Julia B. Vernon
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hit by automobile
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-30-1953 7 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Struck by automobile.

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. H. Malcom M.D.
(Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 10-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 2 1953
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Warm L.E. DeBaun
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2568
Local Reg. No. 25
Reg. Dist. No. 5-20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 243 North 200 West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 243 North 200 West St.

3. NAME OF DECEASED (Type or Print)
a. (First): SPENCER
b. (Middle): FRANKLIN
c. (Last): ALLEN

4. DATE OF DEATH (Month) SEPT. (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 27, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: dry farm
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Simeon Franklin Allen — BIRTHPLACE: Litchfield Michigan
14. MOTHER'S MAIDEN NAME: Rebecca Stanley Osborn — BIRTHPLACE: East Weber Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Spencer F. Allen — ADDRESS: Malad

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis lived about 4 hours. — INTERVAL BETWEEN ONSET AND DEATH: Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14, 1953, *to* Same, 19__, *that I last saw the deceased alive on* 9-14, 1953 *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Mabey 238
23b. ADDRESS: Malad
23c. DATE SIGNED: 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Sept. 17-53
24c. NAME OF CEMETERY OR CREMATORY: Hyrum Cemetery
24d. LOCATION (City, town, or county) (State): Hyrum, Utah

DATE REC'D BY LOCAL REG.: Sept 17-1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3569
Local Reg. No. 24
Reg. Dist. No. 530

RECEIVED OCT 7 1953 DIVISION OF STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-53-11952

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 68-W-300 North

3. NAME OF DECEASED (Type or Print)
a. (First): CAROL
b. (Middle): --
c. (Last): BUSH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1953

5. SEX: Female
6. COLOR OR RACE: white.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 22, 1953
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0, Days 3
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - 02
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gearge Davis Bush
BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: Sarah Archibald
BIRTHPLACE: Ridgedale, Oneida C Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George D. Bush
ADDRESS: Malad, Ida.

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. [illegible], 19[illegible], *to* Sept. [illegible], 19[illegible], *that I last saw the deceased alive on* Sept. 25, 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph F. Mabe M.D.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-26-53
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: Sept. 26 - 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rafford G. Benson
ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1953 VITAL STATS DIVIS.

Certificate of Death

STATE OF IDAHO

State File No. 3570
Local Reg. No. 27
Reg. Dist. No. 520

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Holbrook)
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural - Holbrook
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARCHIE	-	NALDER	Sept. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	June 1, 1886	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	dry farming	Layton, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frederick Nalder - Newberry,	England	Jane Forbes	Kaysville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Archie M. Nalder	Holbrook, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead at home — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of heart Ailment
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1 *m., from the causes and on the date stated above.*

23a. SIGNATURE	Address of Official	23b. ADDRESS	23c. DATE SIGNED
Heber J. Lewis	Oneida County Coroner	576 W 600 N Malad, Idaho	9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 1, 1953	Holbrook Cemetery	Holbrook, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 29-1953	J. Guy Hansen	Raiford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
Certificate of Death
SEP 28 1953
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grasmere
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Air Landing Strip

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Calaveras
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Angels Camp
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) LAWRENCE c. (Last) EGAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 19, 1920
9. AGE (In years last birthday): 33-0-29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Copperopolis, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Egan — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Marie Greco — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Clyde E Summers — ADDRESS: 1205 Bannock Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Airplane Crash — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Concussion of Brain and Spinal Column
DUE TO (c) Fourth Degree Burns, amputation of extremities.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Landing Strip
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Grasmere, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 18 53 10 A.M.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Wm. G. Reimer (Degree or title): Coroner
23b. ADDRESS: Box 735, Homedale, Idaho
23c. DATE SIGNED: 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/19/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Angels Camp, Calif.

DATE REC'D BY LOCAL REG.: Sept 25-53
REGISTRAR'S SIGNATURE: Mrs Nina Frasig
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

SEP 28 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg Dist. No. .....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grasmere
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Air Landing Strip
d. STREET ADDRESS (If rural, give location): 1800 Beach Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	ROY	VAN PAEPEGHAM	Sept. 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 3, 1921	32-5-15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Livestock buyer &	Meat Packer	Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Remis Joseph Van Paepeghem	Belgium	Susie Mae Lane	Iowa

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Remis Van Paepeghem	Box 725

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8662

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Airplane Crash — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Multiple Concussion of Brain and Spinal Column

DUE TO (c) Fourth Degree Burns, Amputation of extremities.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Landing Strip	Grasmere, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9/18/53 10:A.M.		

22. *I hereby certify that I attended the deceased from* ——, 19——, *to* ——, 19——, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr Wm. A. Reimer Coroner	Box 735, Homedale, Idaho	9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/22/53	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 25-53	Mrs Nina Frosig	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 3 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Given's Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Given's Hot Springs, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 300 Eiden Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): C.
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 17 May 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant 64
10b. KIND OF BUSINESS OR INDUSTRY: State Tax Dept.
11. BIRTHPLACE (State or foreign country): North Platte, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels Jensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mrs. Laura Nels — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-7693
17. INFORMANT'S OWN SIGNATURE: Mrs. L. C. Jensen. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1953, *to* Sept 20, 1953, *that I* did not see ~~last saw~~ *the deceased alive on* Sept 30, 1953, *and that death occurred at* 3 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Nolson (Degree or title) M.D.
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: Sept 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Oct 1-53
REGISTRAR'S SIGNATURE: Mrs Nina Frosig
25. FUNERAL DIRECTOR: Russell Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

SEP 22 1953 STATE OF IDAHO

State File No. 3574
Local Reg. No. #5
Reg. Dist. No. 330

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jerusha b. (Middle) May c. (Last) Griffith

4. DATE OF DEATH (Month) (Day) (Year) 9-4-53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7-11-66

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Wald Hills, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Geo. Metteer
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Mary Smith
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE x Mrs. J. A. McNulty
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accidents.
INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease (encephalopathy)
5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949 *to* Sept 4, 1953, *that I last saw the deceased alive on* Sept 4, 1953 *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Neal E. McNulty (Degree or title) M.D.

23b. ADDRESS Box 506 Vale

23c. DATE SIGNED 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial

24b. DATE 9-9-53

24c. NAME OF CEMETERY OR CREMATORY Olney Cemetery

24d. LOCATION (City, town, or county) (State) Pendleton, Oregon

DATE REC'D BY LOCAL REG. Sept. 8/1953

REGISTRAR'S SIGNATURE Roberta E. Shaffer

25. FUNERAL DIRECTOR Geo. C. Boehler — Ontario or Vale, Ore.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 49
Reg. Dist. No. 330

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Borland Apartments

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH
	MARY OLIVE	APPLEGATE	WILSON	(Month) (Day) (Year) September 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	January 9, 1869	84	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
S. W. Applegate	Indiana	Delia Landrith	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Robert McKinney	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Intestinal Obstruction

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Surgical Intervention Refused.

INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - - - - - - - - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - - - -	- - - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - - - - - - - - - -

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2576
Local Reg. No. 57
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 609 North 2nd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	HENRY	BEGGS	Sept. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	October 5, 1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, retired	Retired, labor	Lloyd, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry M. Beggs	Unknown	Rose Anna Wyrick	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - -	None	Lloyd F. Kelley	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - -	- - - - -	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - - - -

22. *I hereby certify that I attended the deceased from* Sept 17, 1953, *to* Sept. 29, 1953, *that I last saw the deceased alive on* Sept. 29, 1953, *and that death occurred at* 11:25 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Steele M.D.	Fruitland, Idaho	9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 1, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 1, 1953	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2555
Local Reg. No. 47
Reg. Dist. No. 330

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Octavia
b. (Middle): Elizabeth
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): August 23-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 10, 1865
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Camden County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noah Webster Palmer — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Martha Ellen Bartche — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Lillie M Harris — ADDRESS: Fruitland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility and cerebral arteriosclerotic thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardiac failure — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis — One year.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 4, 1953, *to* Aug. 23, 1953, *that I last saw the deceased alive on* Aug. 23, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis, M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: Aug. 27 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 26-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: August 30, 1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: C. V. Peckham — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3573
Local Reg. No. 46
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Fruitland Rt. # 1)
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1, Fruitland, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Fruitland Rt. # 1)
d. STREET ADDRESS (If rural, give location): Route # 1, Fruitland, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Clifton
c. (Last): Knowlton

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 13, 1874
9. AGE (In years last birthday): 79 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter (Retired)
11. BIRTHPLACE (State or foreign country): Kilbourn, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elbridge Knowlton — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Jane Knox — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — — — — — — — —
16. SOCIAL SECURITY NO.: 519-12-9198
17. INFORMANT'S OWN SIGNATURE: Roy K. Knowlton — ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c): Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — — — — —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — — — —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — — — — —

22. *I hereby certify that I attended the deceased from* 30 Jan, 1953, *to* Sept. 8, 1953, *that I last saw the deceased alive on* Sept. 8, 1953, *and that death occurred at* 8:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Tessele M.D.
23b. ADDRESS: Fruitland, Idaho
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Sept 11-1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3579
Local Reg. No. 48
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 7 1953 VITAL STATISTICS DIVISION

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
LENGTH OF STAY (in this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 - 1st Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nyssa
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	OSCAR	KULLANDER	September 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	April 4, 1888	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer and stock buyer	Farm	Douglas County, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Kullander	Sweden	Caroline Peterson	Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Adolph H Kullander	Kensington, Minnesota

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Aortic Stenosis	Years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Rheumatic Heart Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/18, 1952 *to* Sept. 24, 1953, *that I last saw the deceased alive on* 9/21, 1953 *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James T Flanagan M.D.	Ontario, Oregon	9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 26, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 25 1953	Robert L Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3580
Local Reg. No. 50
Reg. Dist. No. 330

Certificate of Death

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (rural)
c. LENGTH OF STAY (in this place): 3½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): 9-25-53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-26-69
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chariton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William R. Lindsey — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Julia Miller — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Florence Hayes — ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Cerebral arteriosclerosis & Chronic Cardiac decompensation — 10 yrs
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 25, 1953, *to* Sept. 25, 1953, *that I last saw the deceased alive on* Sept 24, 1953, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 9-28-53
24c. NAME OF CEMETERY OR CREMATORY: Burns
24d. LOCATION (City, town, or county) (State): Burns, Oregon

DATE REC'D BY LOCAL REG.: Sept. 27, 1953
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Geo. C. Beechler — ADDRESS: Ontario-Vale, Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Davis

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 500

BIRTH NO. 111-52-1196

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Allen	Corey	9	5	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	9-3-53			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	American Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gilbert L. Corey	Olathe, Colo.	Betty Jane McLean	Ridgway, Colo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Gilbert L. Corey	Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 38 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intracranial pressure — 38 hours
DUE TO (c) Spontaneous intracranial hemorrhage — 39 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Premature (8 month gestation)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sep. 3, 1953, *to* Sep 5, 1953, *that I last saw the deceased alive on* Sep 5 19__, *and that death occurred at* 5:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. E. Harms M.D.	American Falls, Idaho	9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-7-53	Fallsview	American Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 7-1953	Gertrude Thornhill	[signature]	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3582
Local Reg. No. 78
Reg. Dist. No.

RECEIVED SEP 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home: 376 Roosevelt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Idaho
d. STREET ADDRESS (If rural, give location): 376 Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) Elsie; b. (Middle) Fry; c. (Last) Wetzel

4. DATE OF DEATH (Month) (Day) (Year): 9 — 5 — 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 14, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR Months: 8 Days: 21 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hosmer S. Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake Fry — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-28-9813
17. INFORMANT'S OWN SIGNATURE: Reinhold Wetzel — ADDRESS: Am. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respitatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain tumor — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 13, 1953
19b. MAJOR FINDINGS OF OPERATION: Inoperable brain tumor high on the brain stem
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953, *to* Sep. 5, 1953, *that I last saw the deceased alive on* Sep. 5, 1953, *and that death occurred at* 9:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. L. Harms (Degree or title) M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 9-1953
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 25644
Local Reg. No. 19
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 18 Mi S. W. Am. Falls
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Cold Water Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clayton b. (Middle) Caroll c. (Last) Montgomery

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan 1, 1905

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 8 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomington, Kansas

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Montgomery
BIRTHPLACE: Lawrence, Kansas

14. MOTHER'S MAIDEN NAME: Tillie Hilliard
BIRTHPLACE: Grenell, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William M. Montgomery
ADDRESS: Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3220

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Alcoholism

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hadn't eaten for two weeks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-9-53, 19____, *to* 9-9-53, 19____, *that I last saw the deceased alive on* 9-9-53, 19____, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Am. Falls, Idaho
23c. DATE SIGNED: 9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: 9-9-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 9-9-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill

25. FUNERAL DIRECTOR
ADDRESS: Am. Falls, Ida

Allen Manning, Pocatello, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 20
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Ida.
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Jesse c. (Last) Richards.

4. DATE OF DEATH: (Month) Sept. (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1886

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm.

11. BIRTHPLACE (State or foreign country): Thorps Springs, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Charles H. Richards — BIRTHPLACE: Thorps Springs, Texas

14. MOTHER'S MAIDEN NAME: Elizabeth Ann — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: J. W. Richards — ADDRESS: Am. Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Under Dr's care for
DUE TO (c): several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-12, 1953, *to* 9-12-, 1953, *that I last saw the deceased alive on* 9-12-, 1953, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Coroner — **23b. ADDRESS**: Am. Falls, Idaho — **23c. DATE SIGNED**: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9-15-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Fallsview — **24d. LOCATION** (City, town, or county) (State): Am. Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15-1953 — **REGISTRAR'S SIGNATURE**: Gertrude Thornhill

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 500

BIRTH NO. [illegible]

RECEIVED
SEP 23 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

1. PLACE OF DEATH a. COUNTY: Power b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Ida. c. LENGTH OF STAY (in this place): 5 hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Power c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, Idaho d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Ellen	Appel	9-13-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	single	9-13-53			5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Am. Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Enos Appel	Moreland, Idaho	Pearl Hansen	Pocatello, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	none	Enos Appel	Am. Falls, Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 13, 1953, *to* Sept 13, 1953, *that I last saw the deceased alive on* Sept 13, 1953, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Leroy Rocky M.D.	Aberdeen, Idaho	9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-14-53	Fallsview	Am. Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 14, 1953	Gertrude Thornhill	[illegible]	Am. Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 22
Reg. Dist. No. 500

BIRTH NO.

SEP 23 1953

1. PLACE OF DEATH

a. COUNTY: Power

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls

c. LENGTH OF STAY (in this place): 4½ days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harriet	Ann	Wride	9	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	Jan. 31, 1883	70	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Provo, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James H. Clinger	Iowa	Mary Williamson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Jane N. Wride	Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cholecystitis — 5 yrs.

DUE TO (c) Obstructive Jaundice — 3 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-18-53	Cholecystitis; choledocho-lithiasis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 20, 1953, *to* Sept 19, 1953, *that I last saw the deceased alive on* Sept 19, 1953, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Henry Rock, M.D.	Aberdeen, Idaho	9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-22-53	Aberdeen	Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 22-1953	Gertrude Thornhill	W. Dennis	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC Certificate of Death

STATE OF IDAHO

State File No. 3587
Local Reg. No. 23
Reg. Dist. No. 406

BIRTH NO.

OCT 9 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skultz Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	Daniel	Eisenhower	Sept. 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Oct. 10, 1892	60	11	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Warehouse	Topeka, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Henry Eisenhower	Pennsylvania	Amanda Elizabeth Wood	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	511-18-8507	Simond Eisenhower	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5870

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver, Early — 14yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 22, 1953, *to* Sept 24, 1953, *that I last saw the deceased alive on* Sept 24, 1953, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Henry Rock, M.D.	Aberdeen, Idaho	9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 28-1953	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 5-1953	Gertrude Thornhill	Howard Peckham	Blackfoot Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. [illegible]

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-53 [illegible]

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WALLACE
c. LENGTH OF STAY (in this place) 3 hrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WALLACE, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WALLACE
d. STREET ADDRESS (If rural, give location) Box 301, Osburn

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Prewitt

4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1953

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 10, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WALLACE
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John A. Prewitt, BIRTHPLACE Butte, Mont.
14. MOTHER'S MAIDEN NAME Doris Keister, BIRTHPLACE WALLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Hospital Records ADDRESS WALLACE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia of new born — INTERVAL BETWEEN ONSET AND DEATH 3 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Compression of cord
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

761.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9.10.53, 19__, *to* 9.10.53, 19__, *that I last saw the deceased alive on* 9.10.53, 19__, *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE H. E. Bruebaker (Degree or title) MD.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 9.25.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-12-53
24c. NAME OF CEMETERY OR CREMATORY Greenwood, Kellogg
24d. LOCATION (City, town, or county) (State) Kellogg, Ida.

DATE REC'D BY LOCAL REG. 10-5-53
REGISTRAR'S SIGNATURE Joe Irvine
25. FUNERAL DIRECTOR Grant McGlade ADDRESS Kellogg, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3509
Local Reg. No. 23
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polaris
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): Porter
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 29, 1924
9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months 8, Days 16
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Joseph White, Joplin. Mo.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Anna Hicks, Joplin. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 486-24-7024
17. INFORMANT'S OWN SIGNATURE / ADDRESS: X Anna White

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 983X Subarachnoid hemorrhage of brain — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral contusion — "
DUE TO (c) Assault

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Edema & hyperemia of lungs
Passive hyperemia of liver kidneys & spleen

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osborne, Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 11 53 2:30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Result of assault

22. *I hereby certify that I attended the deceased from* Sept 11, 1953, *to* Sept 15, 1953, *that I last saw the deceased alive on* Sept 15, 1953, *and that death occurred at* 1:55 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Ellis MD
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 9-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 20-1953
24c. NAME OF CEMETERY OR CREMATORY: Osburn
24d. LOCATION (City, town, or county) (State): Osburn Idaho

DATE REC'D BY LOCAL REG.: Sept 22-53
REGISTRAR'S SIGNATURE: Dale T Cornell
25. FUNERAL DIRECTOR / ADDRESS: Dale T Cornell Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

State File No. 3590
Local Reg. No. 22
Reg. Dist. No. 140

Certificate of Death

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): B.
c. (Last): Roker

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 18 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: P.C. Johnson — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Margaret Clark — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evert Roker — ADDRESS: Box 921 - Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma, Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6-12 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 9/15, 1953, that I last saw the deceased alive on 9/15, 1953, and that death occurred at 11:30a m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 119 (Degree or title): M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: Sept 16-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 16-1953
24c. NAME OF CEMETERY OR CREMATORY: Nampa
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 16-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3501
Local Reg. No. 24
Reg. Dist. No. 160

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place) 21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wardner
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA		MYERS	Sept	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug 5 1904	49		14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Russia	Yes

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Nester	Russia	Allie Menan	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	531-26-7916	Mrs. Mary Catozzi	Box Frankford

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis Acute Toxic Atrophy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertrophic Cirrhosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 Wks
(b) 10 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/15/53	Incarcerated Inguinal Hernia	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10 1953 to 9/19, 1953 that I last saw the deceased alive on 9/18, 1953 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Wilson M.D.	Wallace Ida	9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept 24-53	Lake Side	Seattle Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 21-53	John Burn	John Burn	Wallace Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3592
Local Reg. No. 25
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): WYLIE

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 24 - 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Montreal Canada.
12. CITIZEN OF WHAT COUNTRY: NS
13. FATHER'S NAME: William Wylie — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary K Parson — BIRTHPLACE: Canada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William P. Wylie — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1968 Myocarditis acute — INTERVAL BETWEEN ONSET AND DEATH: Several
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — days
DUE TO (c) Neo Carcinoma Tumor body 2 — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950
19b. MAJOR FINDINGS OF OPERATION: Sarcoma Fed Gph
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, *to* Sept 30, 1953, *that I last saw the deceased alive on* Sept 29, 1953, *and that death occurred at* 6:20 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Mowery H. Peterson (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 3-53
24c. NAME OF CEMETERY OR CREMATORY: Murray
24d. LOCATION (City, town, or county): Murray Shoshone (State) Idaho

DATE REC'D BY LOCAL REG.: Oct 3-53
REGISTRAR'S SIGNATURE: John A Bever
25. FUNERAL DIRECTOR: John A Bever — ADDRESS: Wallace Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SHOSHONE County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): —
c. (Last): Caughell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 21, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: Bunker Hill
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: Edward, Ontario, Canada
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Hospital Records, Silverton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Sigmoid 153X — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): & Cerebral Thrombosis 1945

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-6-53 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* Sept 6, 1953 *that I last saw the deceased alive on* Sept 6, 1953 *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Wallace Ida
23b. ADDRESS
23c. DATE SIGNED: 9/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem.
24d. LOCATION (City, town, or county): Kellogg — (State): Idaho

DATE REC'D BY LOCAL REG.: 9/15/53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR — ADDRESS: Grant McGlade Kellogg, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3594
Local Reg. No. 21
Reg. Dist. No. 140

Certificate of Death

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Bank St.

3. NAME OF DECEASED (Type or Print)
a. (First): Tillie
b. (Middle):
c. (Last): McKeown

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 11, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SanFrancisco Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Frank L. McKeown

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 266 X Diabetes - Coronary disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) many yrs 10 day
DUE TO (c) arterio sclerosis seven or age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 30 17, *to* 9/13, 1953, *that I last saw the deceased alive on* 9/13, 1953, *and that death occurred at* 6 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. C. Mowery MD
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: Sept 15-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 15-1953
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur D Alene Idaho

DATE REC'D BY LOCAL REG.: Sept 15-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR — ADDRESS: Dale L Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3595
Local Reg. No. 39
Reg. Dist. No. 130

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 8 mi. so. Clarkia
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Milwaukee Railroad Tracks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Michael; b. (Middle) Theodore; c. (Last) Yancey

4. DATE OF DEATH (Month) (Day) (Year): September 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): About 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 336-01-03656

17. INFORMANT'S OWN SIGNATURE Funeral Director — ADDRESS: Gerald E Browning St Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* DOA, 19___, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp — (Degree or title) M.D. — **23b. ADDRESS** St. Maries, Idaho — **23c. DATE SIGNED** 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-25-53

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 10-2-53

REGISTRAR'S SIGNATURE: Arleen J. Scott

25. FUNERAL DIRECTOR Gerald E. Browning — ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS SEP 18 1953

Certificate of Death

STATE OF IDAHO

State File No. 3596
Local Reg. No. 14
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, give township): Driggs
c. LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EPHRAIM	ARNOLD	JOSEPHSON	September 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	July 7, 1883	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer of	Own Business	St. John, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Josephson	Sweden	Anna Isaacson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Dale Josephson	Driggs, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	5 min.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs.
DUE TO (c)	Right Heart Failure	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1952 *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 8, 1953, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ira Grande C. Larsen M.D.	Driggs Idaho	9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept., 14, 1953	Bates	Driggs, RFD, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 16-53	Stella Griggs	M. L. Larsen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

RECEIVED
SEP 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 227
Reg. Dist. No. 4-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle); c. (Last) Sibley

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: August 8, 1887

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Little Falls, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Sibley
BIRTHPLACE: Princetown, Maine

14. MOTHER'S MAIDEN NAME: Lois Curtis ?
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): xxxxxxxxxx

16. SOCIAL SECURITY NO.: 558 14 1608

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Records from hospital and friends

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 ½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paralysis from level of 7th cervical vertebra downward

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(a) Fracture of 7th cervical vertebra
(b) Impinged spinal cord

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fall

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): Shoshone Ice Caves

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone Ice Caves Lincoln Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 23, 1953 2:00 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Slipped and fell approximately 15 feet while visiting ice caves.

22. *I hereby certify that I attended the deceased from* 24 Aug., 1953, *to* 26 Aug., 1953, *that I last saw the deceased alive on* 23 Aug., 1953, *and that death occurred at* 6:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray M. Kellogg MD

23b. ADDRESS: 313 Shoshone St. North - Twin Falls

23c. DATE SIGNED: 9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/29/53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 9-21-53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR / ADDRESS: D. T. Atherton Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3598
Local Reg. No. 217
Reg. Dist. No. 460

BIRTH NO. 111-53-12046

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) West Addison

3. NAME OF DECEASED (Type or Print)
a. (First) Grace
b. (Middle) Marie
c. (Last) Munsee

4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 2, 1953
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 0 — IF UNDER 24 HRS. Hours 3 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Keith G. Munsee — BIRTHPLACE Harlem, Montana
14. MOTHER'S MAIDEN NAME LaRee Grover — BIRTHPLACE Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X Keith Munsee — ADDRESS R.F.D. Hazelton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH 3 hrs 55 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1953, *to* Sept 2, 1953, *that I last saw the deceased alive on* Sept 2, 1953, *and that death occurred at* 9:09 m., *from the causes and on the date stated above.*

23a. SIGNATURE Ellwood A Reesmo (Degree or title) 328
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 9-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9/4/53
24c. NAME OF CEMETERY OR CREMATORY Shelley Cemetery
24d. LOCATION (City, town, or county) Shelley, (State) Idaho

DATE REC'D BY LOCAL REG. 9-9-53
REGISTRAR'S SIGNATURE Phyllis Buhler
25. FUNERAL DIRECTOR Kenneth R. Ballantyne — ADDRESS REYNOLDS FUNERAL HOME-Twin Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3599
Local Reg. No. 216
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 405 Gardner St.

3. NAME OF DECEASED (Type or Print)
a. (First): MRS.
b. (Middle): MARGARET
c. (Last): LANG

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Toulon, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McCurdy — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Elvina Dodd — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Andrew C Lang — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aleukemic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 12, 1952, *to* Sept 4, 1953, *that I last saw the deceased alive on* Sept. 4, 1953, *and that death occurred at* 12 45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen 435 O Voyles M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/8/53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr McPushey

RECEIVED SEP 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 221
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RHODA
b. (Middle): MAY
c. (Last): FLAVEL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 20, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John S. Thomas — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Rhoda Snell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wilma M. Kerfoot — ADDRESS: San Clemente Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5½ days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardiovascular
DUE TO (c) Disease c̄ previous Coronary Artery Disease & Anginal Syndrome — 5-7 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 9-6, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 4:34 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McPushey (Degree or title): MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 9/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: 9-15-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: Geo Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 3601
Local Reg. No. 225
Reg. Dist. No. 460

BIRTH NO. SEP 17 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 534 3rd Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 534 3rd Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	ROLLINS	JOHNSON	Sept. 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 26, 1882	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chiropractor 14	Own Business	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. T. Johnson	England	Elizabeth Jane Rollins	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. Paul Magee	Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — 4 & 011

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ANGINA PECTORIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* September 6, 1952, *to* June 22, 1953, *that I last saw the deceased alive on* August 17, 1953, *and that death occurred at* about 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V. V. Welford 655	M.D.	Twin Falls, Idaho	9-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Buried	9-11-53	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-16-53	Phyllis Buhler	[illegible]	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3602
Local Reg. No. 224
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 222 Filer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) HAROLD
b. (Middle) RANDOLPH
c. (Last) VALENTINE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 17, 1900
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 62
10b. KIND OF BUSINESS OR INDUSTRY Twin Falls City
11. BIRTHPLACE (State or foreign country) Johnstown, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arlie Valentine — BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Pearl Etta Khol — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~No~~ ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-7196
17. INFORMANT'S OWN SIGNATURE X Eva V. L. Valentine — ADDRESS TF

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Massive — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ascl and Hypertensive HD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary Thrombosis 1949 — 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Sep, 1953, *to* 9 Sep, 1953, *that I last saw the deceased alive on* 9 Sep, 1953, *and that death occurred at* 11:05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Royal S. Cutler M.D. (Degree or title)
23b. ADDRESS 1898 Filer Ave E. Twin Falls
23c. DATE SIGNED 11 Sep 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-15-53
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem
24d. LOCATION (City, town, or county) (State) Twin Falls Idaho

DATE REC'D BY LOCAL REG. 9-16-53
REGISTRAR'S SIGNATURE Phyllis Buhler
25. FUNERAL DIRECTOR [signature] — ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 17 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3603
Local Reg. No. 220
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1515 Kimberly Road

3. NAME OF DECEASED (Type or Print)
a. (First): Vada
b. (Middle): Grace
c. (Last): Royle

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 9, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): O'Neal, Nevada
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Wm. P. Helsley — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Eliza Stratton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William J Royle — ADDRESS: Langley Field, Va.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 1. Uremia — INTERVAL BETWEEN ONSET AND DEATH: May, 1952

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 2. Hydronephrosis, bilateral
3. Metestatic carcinoma
4. Carcinoma of the cervix uteri

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 49, *to* Sept. 8, 19 53, *that I last saw the deceased alive on* Sept. 8, 19 53, *and that death occurred at* 1:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 297 Lorden D. Oedham
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-12-53
REGISTRAR'S SIGNATURE: Phyllis Butler
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3[illegible]
Local Reg. No. 219
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) N. Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Pilger

4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 8 1880

9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman 51

10b. KIND OF BUSINESS OR INDUSTRY Stock & sheep

11. BIRTHPLACE (State or foreign country) ? Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Wilhemina ? BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Clara Pendleton ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Left Lower Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Sept 10, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 7:45 m., from the causes and on the date stated above.

23a. SIGNATURE 247 O.A. McCuskey (Degree or title) MD

23b. ADDRESS Twin Falls Ida

23c. DATE SIGNED 9/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 13-53

24c. NAME OF CEMETERY OR CREMATORY Shoshone

24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. 9-12-53

REGISTRAR'S SIGNATURE Phyllis Bubler

25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 17 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3605
Local Reg. No. 223
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Justamere Inn

3. NAME OF DECEASED (Type or Print)
a. (First): ALTHA
b. (Middle): S.
c. (Last): MOORMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 8, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nyack, New York
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Milton Smith — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Maria Diana Ingalls — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis cerebral arteries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture - rt femurs 8-29-53

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-6-53, 19__, *to* 9-11-, 1953, *that I last saw the deceased alive on* 11 Sept, 1953 *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9.12.1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9.12-1953
24c. NAME OF CEMETERY OR CREMATORY: TwiNFalls Cem.
24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 9-16-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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SEP 22 1953

Certificate of Death

STATE OF IDAHO

State File No. 5006
Local Reg. No. 226
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nightingale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 124 South Eighth Street

3. NAME OF DECEASED (Type or Print): a. (First) Alma; b. (Middle) C.; c. (Last) Thomson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: November 27, 1870

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): East Lynn, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Cassidy
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: ? Wemberly
BIRTHPLACE: Lousiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X George F. Thomson
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: (1) Senility (2) Insanition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Sept., 1953, that I last saw the deceased alive on Sept. 7-14, 1953, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Ray M. McClung, M.D.
23b. ADDRESS: 313 Shoshone St. North
23c. DATE SIGNED: 15 Sept-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 16, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 9-18-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: D. T. Gleerup
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 26 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3607
Local Reg. No. 229
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 641 3rd ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bertha	May	King	Sept. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 10, 1874	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61		North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Harvey Cox	North Carolina	Emma Frazelle	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Charles L. King	Salt Lake City, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Complete Heart Block AV — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 1 week.

DUE TO (c) Hypertensive Cardio Vascular Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1948, *to* Sept. 17, 1953, *that I last saw the deceased alive on* 9-17, 1953, *and that death occurred at* 11:55 ~~a.m.~~, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. A. McCluskey MD	Twin Falls Idaho	9/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/19/53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/23/53	Viola A. Richardson	Kenneth R. Ballentyne	Reynolds Funeral Home - Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3608
Local Reg. No. 233
Reg. Dist. No. 46C

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 203 8th Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle):
c. (Last): THORPE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 5, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Bulles — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Dora Amsden — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J. F. Thorpe — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — Chronic
DUE TO (c) Hypertensive Cardiovascular Disease — Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1950, *to* Sept. 17, 1953, *that I last saw the deceased alive on* Sept. 17, 1953, *and that death occurred at* 6:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 297 London D. Oudhouse
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-21-53
24c. NAME OF CEMETERY OR CREMATORY: TwinFalls Cemetery
24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 9/26/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Dwight Phillips — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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SEP 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3609
Local Reg. No. 230
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): agic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print): a. (First) Lavena b. (Middle) Ann c. (Last) Florence

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Josiah Brown
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Elizabeth Reeding
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Andrew Florence Jr.
ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma.
INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* Sept 20, 1953 *that I last saw the deceased alive on* Sept 20, 1953, *and that death occurred at* 10:32 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard C. Kreilkamp M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9/22/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: J. C. Phillips
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3610
Local Reg. No. 23 2
Reg. Dist. No. 46 C

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) HAROLD c. (Last) BERTIE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 6, 1890

9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Army WW1

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Cecilia L. Bertie ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage + edema of basal ganglia + Corpus callosum of brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Madison + 4th Ave E.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 17 1953 2:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Deceased, while driving pick-up was struck by car at intersection

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 8:42A m., from the causes and on the date stated above.
Did not attend

23a. SIGNATURE (Degree or title) F. Woodson Creed, MD.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 9/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/22/53

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9/26/53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

5?-134 40

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OCT 1 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2611
Local Reg. No. 23711
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Magic Valley Memorial Hosp.

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Ann
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 13, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 7; IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Clarence W. Murphy — BIRTHPLACE: Hazelton, Idaho
14. MOTHER'S MAIDEN NAME: Geraldine Bottorff — BIRTHPLACE: TwinFalls' Ida
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Congenital Malrotation of large intestine

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/13, 1953, *to* 9/20, 1953, *that I last saw the deceased alive on* 9/20, 1953, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: TwinFalls, Idaho
23c. DATE SIGNED: 9.21.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/53
24c. NAME OF CEMETERY OR CREMATORY: TwinFalls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: [signature]
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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OCT 1 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 125 5th St. East

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) LAURA c. (Last) ALBEE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 20, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Maren Maria — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: * [signature] — ADDRESS: TF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 2½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Stenosis of common bile duct

DUE TO (c) Carcinoma of gall bladder with metastases — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 July, 1953, *to* 22 Sept, 1953, *that I last saw the deceased alive on* 22 Sept, 1953, *and that death occurred at* 9:32 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Kellogg M.D. (Degree or title)
23b. ADDRESS: 313 Shoshone St. North - T. F.
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/53
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: 9/25/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RF

Certificate of Death

STATE OF IDAHO

State File No. 3615
Local Reg. No. 231
Reg. Dist. No. 46-0

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 612 3rd Ave. W.

3. NAME OF DECEASED (Type or Print): a. (First) IRENE; b. (Middle); c. (Last) BLANK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1933

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Magic Valley Mem. Hosp.

10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Ash Grove, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Benjamin Lemmons
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Helen Surber
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clifford A. Blanc
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

0822

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 Sept, 1953, *to* 27 Sept, 1953, *that I last saw the deceased alive on* 27 Sept, 1953, *and that death occurred at* 10:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Royal S. Cutler M.D.

23b. ADDRESS: 111 6th Ave E, Twin Falls, Ida

23c. DATE SIGNED: 2 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/30/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-2-53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: Geo. Jerread Jr.

ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3614
Local Reg. No. 238
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. 111-[illegible]

REC[illegible] OCT 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls, Idaho
d. STREET ADDRESS (If rural, give location) Magic Valley Memorial Hosp.

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) L.
c. (Last) Fetterly

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 27, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James L. Fetterly BIRTHPLACE Oswego, New York
14. MOTHER'S MAIDEN NAME Barbara Embree BIRTHPLACE Greeley, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE James L. Fetterly ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Previable Birth, 24 weeks, 761.5

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Rupture of Membranes

DUE TO (c) Bilateral atelectasis of Lungs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* (Sept. 26) 5:20 AM 1953, *to* 7:45 AM 1953, *that I last saw the deceased alive on* Sept 26, 1953, *and that death occurred at* 745 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Douglas Schaw M.D. (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 9.28.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/28/53
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 10-5-53
REGISTRAR'S SIGNATURE Viola A. Richardson
25. FUNERAL DIRECTOR [signature] ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

OCT 7 1953

State File No. 239

Local Reg. No. 239

Reg. Dist. No. 46-2

111-53-12129
BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): 231 6th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) Deborah b. (Middle) ANN c. (Last) KNAUSS

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 27, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Verle Knauss BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty Crook BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dwight Phillips ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27-, 1953, *to* 9-27, 1953, *that I last saw the deceased alive on* 9-27, 1953, *and that death occurred at* 4:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean K. Affleck MD

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 28 Sept

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/29/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-5-53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: Dwight Phillips ADDRESS: White Mortuary Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RE[illegible]

Certificate of Death

STATE OF IDAHO

SEP 10 1953

DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 215
Reg. Dist. No. 4-60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Orpha	Hoverland	Bauer	Sept. 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 6, 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Beach City, Ohio	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hoverland	No Information	No information	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Clifford Bauer	Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4221 Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture of Right Wrist — 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 20, 1952, *to* Sept 1, 1953, *that I last saw the deceased alive on* Sept 1, 1953 *and that death occurred at* 5:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jno A Anderson MD	Filer, Idaho	9-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 53	IOOF Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 4 1953	Phyllis Bubar	J C Phillips	Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3617
Local Reg. No. 218
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
c. LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Katherina
b. (Middle):
c. (Last): Drexler

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 28, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alois Winters — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Maria Weber — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: × Mrs Katherine Jasper — ADDRESS: Filer, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio Vascular Dis — 12 years
DUE TO (c): Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-2, 1953, *to* 9/9/, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Max W Carver 068 — (Degree or title): M.D.
23b. ADDRESS: Filer Idaho
23c. DATE SIGNED: Sept 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 9-12-53 01
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-11-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: Kenneth R. Ballantyne — ADDRESS: Reynolds Funeral Home-Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3618
Local Reg. No. 222
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 116 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 116 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): LENA
b. (Middle): ABBIE
c. (Last): SILVERNAIL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: June 24, 1859
9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairplay, Wisconsin
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Mann
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Jones
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Billings, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Senility — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 25 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* Sept 11, 1953, *that I last saw the deceased alive on* Sept 11, 1953, *and that death occurred at* 4:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED: 9.12.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/12/53
24c. NAME OF CEMETERY OR CREMATORY: Glendale Cemetary
24d. LOCATION (City, town, or county) (State): Glendale, California

DATE REC'D BY LOCAL REG.: 9-16-53
REGISTRAR'S SIGNATURE: Phyllis Buhler
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
SEP 22 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 228
Reg. Dist. No. 160

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 214 N Maple

3. NAME OF DECEASED (Type or Print): a. (First) Irene b. (Middle) May c. (Last) Hoffman

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 27

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months 6 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kimberly Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Howard Lawrence
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Clara ?
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Clara Lawrence
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9788

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skull fractures and brain hemorrhage; avulsion of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) L. lower & upper extremities with exsanguination

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Snake River Bridge

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE): Twin Falls twp Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Presumably Sept. 16 1953 8:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Jumped off of bridge to rocks 30 ft. below

22. *I hereby certify that I attended the deceased from* Sept 16, 1953, *to* Sept 16, 1953, *that I last saw the deceased alive on* Sept 16, 1953, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, MD (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: Sept 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 20.53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 9/21/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: J.R. Wiley
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3620
Local Reg. No. 236
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Curry
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Curry Crossing On US 30 highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 121 No 8th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Harriet
b. (Middle): Edith
c. (Last): Cunningham

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 31, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wright Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Overbaugh — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ellen Pinkham — BIRTHPLACE: Argyle, Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Harriet E. Carter — ADDRESS: Cheney, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 810X Crushing injury of chest + abdomen with evisceration

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway-30-Curry
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3/2 m. W. Twin Falls Twin Falls Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25 1953 9:55 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile collided with train at crossing

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Did not attend, 19___, *and that death occurred at* 9:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/30/53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10-2-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 4-6

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Curry
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Curry Crossing on US 30 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 121 No. 8th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) S. c. (Last) Cunningham

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 6, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer 62

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): ? Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Al S. Cunningham
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxxxxxxxxxxx

16. SOCIAL SECURITY NO.: 518 094 543

17. INFORMANT'S OWN SIGNATURE: X Harriet E. Carter
ADDRESS: Cheney, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing injury of chest wall
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30 - Curry
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3½ mi W. Twin Falls Twin Falls Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 25 1953 9:57 10:04 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile which he was driving collided with train at crossing

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Sept 25 1953, *and that death occurred at* 9:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed
(Degree or title): M.D.
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 9/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30, 53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10-2-53
REGISTRAR'S SIGNATURE: Vesta C. Parkinson
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 241
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 1 Buhl
c. LENGTH OF STAY (In this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his farm (above)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 1 Buhl
d. STREET ADDRESS (If rural, give location): Route # 1 Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ross	E.	Walker	September 27, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	Oct. 5, 1896	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Bates Co., Missouri	USA

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert A. Walker	Kentucky	Nettie Ann Blebines	Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXXXXXXXX	None	Mrs. R.E. Walker	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure + — INTERVAL BETWEEN ONSET AND DEATH: 3-4 mons

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Insufficiency — Chronic Bronchial Asthma — Many yrs.

DUE TO (c) Duodenal Ulcer — 12 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 12, 1948, *to* Sept 27, 1953, *that I last saw the deceased alive on* Sept. 27, 1953, *and that death occurred at* 7:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson MD	Buhl, Idaho	10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 1, '53	Buhl City Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-10-53	Viola A Richardson	O. T. Albertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3633
Local Reg. No. 240
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (If in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Field on own Farm

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): STUART
c. (Last): MAXWELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Francis Flat River.Co, Missouri
12. CITIZEN OF WHAT COUNTRY?: Us

13. FATHER'S NAME: Firmin L. Maxwell — BIRTHPLACE: Irondale, Missouri
14. MOTHER'S MAIDEN NAME: Edith Maud Stuart — BIRTHPLACE: Old Mines., Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-32-7121
17. INFORMANT'S OWN SIGNATURE: Bertha Maxwell — ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCULSION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Justice of the Peace Acting as Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: 10-5-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Badley

RECEIVED
SEP 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3524
Local Reg. No. 8
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ~~Gem~~ Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yellow Pine
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So Fork of Mid. Fork Salmon

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yellow Pine
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Owen
b. (Middle): James
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 30, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Bingham, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Edwards — BIRTHPLACE: Colo.
14. MOTHER'S MAIDEN NAME: Ermina Cunningham — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): II
16. SOCIAL SECURITY NO.: 531 16 4399
17. INFORMANT'S OWN SIGNATURE: Ermina Mark — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contact 0,22 wound (Gunshot) with laceration of heart and Right pulmonary vessels -

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Few minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bank of River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Yellow Pine, Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 30, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR? Intentional

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Beeman MD (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 1 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 3, 953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept 3 1953
REGISTRAR'S SIGNATURE: Myrtle H. Gardner
25. FUNERAL DIRECTOR: Elmer W. Beatty — ADDRESS: The Beatty Chapel, Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3625
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. 528 West Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 528 West Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ALLISON c. (Last) WALLACE

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 2 1871

9. AGE (In years last birthday): 81
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Livestock

11. BIRTHPLACE (State or foreign country): Centerville, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John S. Wallace
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lydia Hedgecock
BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: LeRoy A. Webb
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH: Indeterminate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 20th, *19* 53, *to* Sept. 10th *19* 53, *that I last saw the deceased alive on* Sept. 9th, *19* 53, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 689 Robert M. Tout
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/14/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 9/12/53
REGISTRAR'S SIGNATURE: Marie Hawthorne
25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT Certificate of Death

SEP 24 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3626
Local Reg. No. 12
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Idlgo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Laco
d. STREET ADDRESS (If rural, give location): 751 North Iowa

3. NAME OF DECEASED (Type or Print): a. (First) BEATRICE b. (Middle) FLORES c. (Last) QUINTANIA

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Janu 3 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): San Miguel, Tamp, Mexico

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Matis Flores
BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Madera Trebño
BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ramon Quintania
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

593X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-7- *, 1953, to* 9-11- *, 1953, that I last saw the deceased alive on* 9-11- *, 1953, and that death occurred at* 6:34 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 9/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/12/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/11/53

REGISTRAR'S SIGNATURE: Marie Faulkner

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3627
Local Reg. No. 14
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 536 East Park Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): B.
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 9 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheriff (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Peace Officer
11. BIRTHPLACE (State or foreign country): Cleburne, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Don't Know — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eldon Walker — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15-, 1953, *to* 9-16, 1953, *that I last saw the deceased alive on* 9-16-, 1953, *and that death occurred at* 2:17P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 W. S. McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9121/53 02
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/17/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 3628
Local Reg. No. 13
Reg. Dist. No. 320
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: WAshington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAho
b. COUNTY: WAShington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. #3 Weiser, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) JUDY b. (Middle) MARIE c. (Last) HOFFER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 25 1950

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Everett Hoffer — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Marie Stover — BIRTHPLACE: Weiser, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Everett W Hoffer Jr. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Brain Injury — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm - In field

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 16 1953 11-11:15 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Child was knocked down and head run over with Tractor

22. *I hereby certify that I attended the deceased from* 16 Sept, 1953, *to* 16 Sept, 1953, *that I last saw the deceased alive on* Sept 16, 1953, *and that death occurred at* 11-11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyden Hamilton, M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 9/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/19/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/18/53

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR: C. L. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3629
Local Reg. No. 15
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#1 Pioneer Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. #1 Pioneer Road

3. NAME OF DECEASED (Type or Print)
a. (First): BELVA
b. (Middle): La PORTE
c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baker, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Maxwell LaPorte — BIRTHPLACE: Cook County Iowa
14. MOTHER'S MAIDEN NAME: Malona Miller — BIRTHPLACE: Jackson Co. Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lula L. Holmes — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Chr. Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18, 1953, *to* 9-18, 1953, *that I last saw the deceased alive on* 9-18, 1953, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 M S McGrath MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/22/53 01
24c. NAME OF CEMETERY OR CREMATORY: Unity Cemetery
24d. LOCATION (City, town, or county) (State): Unity, Oregon.

DATE REC'D BY LOCAL REG.: 9/21/53
REGISTRAR'S SIGNATURE: Marie Hunthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3630
Local Reg. No. 371
Reg. Dist. No. 370

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 11-53-12170

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5 So. Pacific

3. NAME OF DECEASED (Type or Print): a. (First) (Baby Boy) b. (Middle) Willard Gene c. (Last) Logston

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 9/26/53

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 1 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. B Logston — BIRTHPLACE: Oskaloosa, Missouri

14. MOTHER'S MAIDEN NAME: Rose Everhart — BIRTHPLACE: Kimball, Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: Mrs Wm B Logston — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-26, 1953, *to* 9-27, 1953 *that I last saw the deceased alive on* 9-27, 1953, *and that death occurred at* 8:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Jack L Fletcher — **23b. ADDRESS**: Boise, Idaho — **23c. DATE SIGNED**: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 3, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Meridian — **24d. LOCATION** (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 10-22-53 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25 FUNERAL DIRECTOR**: Russell Relyea — **ADDRESS**: 318 N. Latah

RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3631
Local Reg. No. 353
Reg. Dist. No. 370

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1906 Alturas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1906 Alturas St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Kirkham
c. (Last): Lorimer

4. DATE OF DEATH (Month) (Day) (Year): Oct 1. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21. 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 19
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate Dealer
11. BIRTHPLACE (State or foreign country): Gravity Iowa
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: George Lorimer — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary Kirkham — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Thelma McKay — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 443X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9.10, 1953, *to* 10.1, 1953, *that I last saw the deceased alive on* 9.29, 1953, *and that death occurred at* 10.00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Lewcombe M.A. 283
23b. ADDRESS: 512 N. 16. Boise Idaho
23c. DATE SIGNED: 10-2-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5. 1953 09
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. W. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3632
Local Reg. No. 354
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna Rt. # 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Q c. (Last) Adamson

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Allen Adamson
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Esther Ogilivie
BIRTHPLACE: Newfoundland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary Adamson
ADDRESS: Kuna Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
DUE TO (b) Acute Peritonitis — 6 hrs
DUE TO (c) Cardio vascular hypertensive disease — unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Ruptured neoplasm of duodenum + Pancreas — 6 hrs
(2) Coryza of the Kidneys Bilat — life
(3) Portal Cirhosis of Liver — unk
(4) dissecting aortic aneurysm
(5) chronic of the Gallstones
(6) uremia Bilat obstruction
(7) acute hemorrhagic pancreatitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar, 1950, *to* Oct 1, 1953, *that I last saw the deceased alive on* Oct 1, 1953, *and that death occurred at* 12: noon *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Lusty (Degree or title): MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/5/53
24c. NAME OF CEMETERY OR CREMATORY: Koherlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison
ADDRESS: Meridian. Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
STATE OF IDAHO
OCT 9 1953
DIVISION OF VITAL STATISTICS

State File No. 3633
Local Reg. No. 356
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 516 South 15th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Christine b. (Middle) c. (Last) Dragoo
4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 1, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James R. Dragoo BIRTHPLACE: Donnelly, Idaho
14. MOTHER'S MAIDEN NAME: Christine Nisson BIRTHPLACE: Gannett, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. C. E. Dragoo ADDRESS: 3311 Cherry Lane Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — prematurity
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abruptio placentae
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 October, 1953, to 1 October, 1953, that I last saw the deceased alive on 1 October, 1953, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Harold B. Hulme, M.D. 674
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3634
Local Reg. No. 203
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3212 Virginia St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3212 Virginia St.

3. NAME OF DECEASED (Type or Print): a. (First) MARGARETTE b. (Middle) JANE c. (Last) FARSON

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 2, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dakota Territory
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Perry Myers — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Fannie ---- — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Sam a Kung — ADDRESS: Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of thyroid gland — INTERVAL BETWEEN ONSET AND DEATH: 24 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma metastasis to abdomen and chest — 1 year.

19a. DATE OF OPERATION: Feb. 14, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of thyroid, recurrent, in neck.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 1951, *to* September, 1953, *that I last saw the deceased alive on* Sept. 13, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Smith, M.D.
23b. ADDRESS: 312 West Idaho, Boise, Ida.
23c. DATE SIGNED: 10/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3635
Local Reg. No. 391
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Lukes Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN: Emmett
d. STREET ADDRESS (If rural, give location): 712 East 2

3. NAME OF DECEASED (Type or Print): a. (First) Oscar; b. (Middle) Lyman; c. (Last) Hoyt

4. DATE OF DEATH (Month) (Day) (Year): Oct 3, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 15, 1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 1 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sectionman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Goodrich, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Hoyt
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Julia Lyman
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 514 10 3084

17. INFORMANT'S OWN SIGNATURE: Fernando A Boulter
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* Oct 3, 1953, *that I last saw the deceased alive on* Oct 3, 1953 *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): W. D. Spencer M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

3-4281

Certificate of Death

STATE OF IDAHO

State File No. 3636
Local Reg. No. 357
Reg. Dist. No. 370

BIRTH NO. 111-53-12186

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Prairie
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle):
c. (Last): Marker

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 29, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days: 4; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Marker
BIRTHPLACE: Emmett, Idaho
14. MOTHER'S MAIDEN NAME: Joan Adehlia Williamson
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frank Marker
ADDRESS: Prairie, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cervical spina bifida c̄ menyomyelocele — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1953, *to* Oct 3, 1953, *that I last saw the deceased alive on* Oct 3, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert S McKean 241 M.D
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 10/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Clover Dale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Earl Waggoner
ADDRESS: Boise, Idaho
McBratney - Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3637
Local Reg. No. 361
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 320 Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) BESSIE b. (Middle) RANE c. (Last) RUSSELL

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 8, 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Boise Water Co.
11. BIRTHPLACE (State or foreign country): Garden Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Rane — BIRTHPLACE: Scranton, Penna
14. MOTHER'S MAIDEN NAME: Ida Bunch — BIRTHPLACE: Idaho City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Marvin C Russell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 330X Subarachoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1953, *to* Oct 3, 1953, *that I last saw the deceased alive on* Oct 3, 1953, *and that death occurred at* 4:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice H. Rubinstein (Degree or title) 051
23b. ADDRESS: 401 Idaho St Boise Ida
23c. DATE SIGNED: 10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell C Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3638
Local Reg. No. 347
Reg. Dist. No. 370

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Main Motel

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) HUGH c. (Last) HENDERSON

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 10 May 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Club owner

10b. KIND OF BUSINESS OR INDUSTRY: Liquor

11. BIRTHPLACE (State or foreign country): Galesburg, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel M. Henderson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Emma Hughes
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 533-05-9780

17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes
~~ANTECEDENT CAUSES~~ Probably
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Cause
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): APARTMENT
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 3 1953 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Russell A. Relyea (Degree or title): Coroner
23b. ADDRESS: 318 No. Latah Boise Idaho
23c. DATE SIGNED: 10/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/5/53
24c. NAME OF CEMETERY OR CREMATORY: Walla Walla
24d. LOCATION (City, town, or county) (State): Walla Walla, Washington

DATE REC'D BY LOCAL REG.: 10-5-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah Relyea Mortuary Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. McKean

Certificate of Death

STATE OF IDAHO

State File No. 3639
Local Reg. No. 358
Reg. Dist. No. 370

BIRTH NO. 53-10680

RECEIVED
OCT 9 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Rt. 3:

3. NAME OF DECEASED (Type or Print)
a. (First) Patricia
b. (Middle)
c. (Last) Zubizareta

4. DATE OF DEATH (Month) (Day) (Year) Oct. 5th 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 28th 1953
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fermin Zubizareta — BIRTHPLACE Boise Idaho
14. MOTHER'S MAIDEN NAME Marian Eiguren. — BIRTHPLACE Jordan Valley Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Fermin Zubizareta — ADDRESS Boise. Rt. 3

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atresia of esophagus — c tracheo-esophageal fistula — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malformation of anus — 7 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/29, 1953, *to* 10/5, 1953, *that I last saw the deceased alive on* 10/4, 1953, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert S. McKean M.D. 249 (Degree or title)
23b. ADDRESS 200 E Barnock Boise
23c. DATE SIGNED 10/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 7. 1953
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 10-6-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Schreiber-McCann-Gibson. — ADDRESS Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3640
Local Reg. No. 362
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 83 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1117 No. 10th. St

3. NAME OF DECEASED (Type or Print)
a. (First): Merritt
b. (Middle): Lincoln
c. (Last): Twogood

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5th 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: July 11th 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leland Oregon
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Henry Twogood 37 — BIRTHPLACE: Raymerton N.Y.
14. MOTHER'S MAIDEN NAME: Permelia Ann Custer — BIRTHPLACE: Twanda Penn:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-2273
17. INFORMANT'S OWN SIGNATURE: Mrs. C. D. Tomlinson — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arterio-sclerosis — unknown.
Chronic Arthritis — 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Oct 5, 1953, *that I last saw the deceased alive on* Oct 5, 1953, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Swindell 393 M. D.
23b. ADDRESS: Boise Idaho.
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9th 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J T McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3641
Local Reg. No. 323
Reg. Dist. No. 370

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1109 Fort St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1109 Fort St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daniel	Oscar	Black	Oct. 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 25, 1893	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Concession operator
10b. KIND OF BUSINESS OR INDUSTRY: State House
11. BIRTHPLACE (State or foreign country): Douglas county, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Black — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Martha Jane Rackley — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-12-9149
17. INFORMANT'S OWN SIGNATURE: Ruth L. Black — ADDRESS: 1109 Fort Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY THROMBOSIS — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____ 19___ *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10:20 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Rogers MD	116 N. Orchard	8 Oct. '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-53	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3642
Local Reg. No. 364
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital Warden Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CYRIL; b. (Middle) ANTHONY; c. (Last) McDONOUGH

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 21 November 1900

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattleman

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Oelivein, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael George McDonough — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Mary Ella Arthand — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mary Biggers — ADDRESS: Sweet, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): SKULL FRACTURE - CRUSHED CHEST — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile - Train Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): STREET
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BOISE ADA IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 6 53 7:55 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile - Train Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea Ex. Coroner
23b. ADDRESS: 318 N. Latah. Boise, Ida.
23c. DATE SIGNED: 10/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3643
Local Reg. No. 365
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1715 Heron St.

3. NAME OF DECEASED (Type or Print): a. (First) Alexander; b. (Middle) Cicero; c. (Last) Reddy

4. DATE OF DEATH: (Month) Oct. (Day) 6th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Sept. 25. 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Near Mt. Wilson Virginia

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Reedy
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Hannah Pasley
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: + T.W. Haston
ADDRESS: 1715 Heron St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None.

22. *I hereby certify that I attended the deceased from* Never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* Unknown, 19___, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. White M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 9 1953

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 10-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. Boise Idaho
ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 22 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3644
Local Reg. No. 369
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2700 Lemp Street

3. NAME OF DECEASED (Type or Print): a. (First) LOIS b. (Middle) ARILLA c. (Last) BURGESS

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1881

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 72-7-16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward F. Mathews — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Jane Spry — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wilma B. Miller — ADDRESS: 180 N. 16 Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerotic Heart Disease with Auricular fibrillation — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Embolus Left femoral artery — 8-21-53

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 23, 1953, *to* 10-8-, 1953, *that I last saw the deceased alive on* 10-7-, 1953, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 393 O. F. Swendsen M.D. — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/12/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Memorial Park — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-19-53 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. FUNERAL DIRECTOR — **ADDRESS**: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3645
Local Reg. No. 366
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2042 Longmont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2042 Longmont

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Everett	Elbert	Reagan	Oct. 8 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Feb. 17 1917	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physical Instructor	Business Mens Club	Wallowa, Oreg.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Reagan	Wallowa, Oreg.	Dessie Southwick	Woods Co. Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-07-7222	Mrs. Irene G. Reagan	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot wound in mediastinal region — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
suicide	Home	Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct. 8 1953 9:15 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell W. Elsea	Coroner	318 N. Latah, Boise, Idaho	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Oct 53	Morris Hill St. John's sect.	Boise, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-53	Myrtle Palmer	Schreiber-McCann-Gibson--Boise, Ida.	

Daniel H. Gibson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3646
Local Reg. No. 375
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1901 N. 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ARTIE
b. (Middle): L.
c. (Last): OBENCHAIN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1892
9. AGE (In years last birthday): 61-5-6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter and Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Obenchain — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Lydia Zemmer — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Phillip L. A. Obenchain — ADDRESS: 2214 No. 23 BOISE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lower nephron nephrosis (uraemia) — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Shock (haemorrhage) — 9 days
DUE TO (c): Gun Shot wound Rt. femur — 9 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Fracture Compound Comminuted Rt femur — 9 days.

19a. DATE OF OPERATION: 10-2-53
19b. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY: YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Forest
21c. (CITY, TOWN, OR TOWNSHIP): Cascade — (COUNTY): Valley — (STATE): Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 - 1 53 4:30 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot by fellow hunter

22. *I hereby certify that I attended the deceased from* 10-2, 1953 *to* 10-10, 1953, *that I last saw the deceased alive on* 10-9, 1953, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 368
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/53 4
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3647
Local Reg. No. 204
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 Eagleson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): #3407 Cole Road

3. NAME OF DECEASED (Type or Print)
a. (First): SALLY
b. (Middle): MAY
c. (Last): CRANDALL

4. DATE OF DEATH (Month) (Day) (Year): October 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1 October 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Culpepper, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: William Daniel Colvin -Mitchell, Virginia
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sally May Inskeep -Culpepper, Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X O. R. Crandall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Antinio sclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Antinio sclerosis.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6-42, 19__, *to* 10-6, 1953, *that I last saw the deceased alive on* 10-6, 1953, *and that death occurred at* 6:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos. M. Thomas Jr.
23b. ADDRESS: 305 Fort St. Boise Ida.
23c. DATE SIGNED: 10-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/15/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 10-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3648
Local Reg. No. 380
Reg. Dist. No. 370

111-53-12262
BIRTH NO.

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110 N. 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): WORKS
c. (Last): REIF

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 12, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Frederick A. Reif-Pasadena, Calif.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Barbara L. Morrill-Oakland, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Fred A. Reif 1110 N. 17th Boise, Idaho

18. CAUSE OF DEATH 761.5
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Twins - placenta previa?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Wt 2½ pounds

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 1953, *to* 10-12, 1953, *that I last saw the deceased alive on* 10-12, 1953 *and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joy T Sunnehant MD 494
23b. ADDRESS: 200 E Bannock St
23c. DATE SIGNED: 10-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR / ADDRESS: Clyde E Summers Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3649
Local Reg. No. 368
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 608 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Otto b. (Middle) F. c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 15. 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
District Court Clerk	Of Ada Co. Idaho	Boise Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Otto William Peterson.	Denmark	Rachael Burkhardt.	Hanover Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Otto Peterson	Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Nephrosclerosis	3 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	several yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease	15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1, 1949, *to* Oct 12, 1953, *that I last saw the deceased alive on* Oct 11, 1953, *and that death occurred at* 12:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner M.D.	105 N. 8th St. Boise, Idaho	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 15. 1953	Pioneer Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-14-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. S. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 3650
Local Reg. No. 367
Reg. Dist. No. 370

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 426 Pueblo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 426 Pueblo

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): A.
c. (Last): McGovern

4. DATE OF DEATH (Month) (Day) (Year): Oct 12 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 14. 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morton Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Regan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Agnes Jones — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Gladys McGovern — ADDRESS: Sheridan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* 10-12, 1953, *that I last saw the deceased alive on* Sept 24, 1953 *and that death occurred at* 1:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Swindell (Degree or title): M. D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10 12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson--Boise
F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RF Certificate of Death

State File No. 3651
Local Reg. No. 199
Reg. Dist. No. 371

BIRTH NO. OCT 23 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7118 Ustick Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7118 Ustick Road

3. NAME OF DECEASED (Type or Print)
a. (First): Michel
b. (Middle): Stephen
c. (Last): Cantrell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 18, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 25; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Elston Cantrell — BIRTHPLACE: Marshfield, Mo.
14. MOTHER'S MAIDEN NAME: Olive Maxine Dick — BIRTHPLACE: Kenesaw, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Elston Cantrell — ADDRESS: 7118 Ustick, Rd Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital malformation of the heart. — INTERVAL BETWEEN ONSET AND DEATH: 86 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 6, 1953, *to* Oct. 13, 1953, *that I last saw the deceased alive on* Oct 13, 1953, *and that death occurred at* 1 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmont Tremaine M.D. 420
23b. ADDRESS: 2314 State St. Boise
23c. DATE SIGNED: 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Paul Waggoner — ADDRESS: Boise, Idaho
McBratney Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3652
Local Reg. No. 222
Reg. Dist. No. 363

BIRTH NO. 111-53-12216

OCT 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1504½ North 9th

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) WILLIAM
c. (Last) OBERST

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Oct. 4, 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Ralph Oberst
BIRTHPLACE Washington, Ind.
14. MOTHER'S MAIDEN NAME Barbara Clements
BIRTHPLACE Twin Falls, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ralph W. Oberst
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

763.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) atelectasis

DUE TO (c) prematurity

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/4/53, 19__, *to* 10/16, 53, *that I last saw the deceased alive on* 10/16, 1953, *and that death occurred at* 3:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George Ellerich md 459
23b. ADDRESS 218 N 18th Boise
23c. DATE SIGNED 10/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Oct. 28 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Paul S. Pytney
ADDRESS Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3653
Local Reg. No. 381
Reg. Dist. No. 370

BIRTH NO. 111-53-12261

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. LENGTH OF STAY (in this place): 4 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1110. North 17 th Street.

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK. b. (Middle) TODD c. (Last) REIF.

4. DATE OF DEATH (Month) (Day) (Year): October. 16. 1953.

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: October. 12. 1953.

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 4 Days.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Frederick. A. Reif, Pasadene Calif.

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Barbara. L. Morrill, Oakland, Cali

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE 1110 N 17th ADDRESS: Fred C. Reif Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Weight 2 1/2 ++

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-12, 1953, *to* 10-16, 1953, *that I last saw the deceased alive on* 10-16, 1953, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas T Swinehart MD

23b. ADDRESS: 200 E Bannock St

23c. DATE SIGNED: 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October. 17. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 10-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR | ADDRESS: Clyde E Summers — Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3654
Local Reg. No. 198
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 22 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rt 1
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Adella	----	Bringle	Oct.	17,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	March 7, 1861	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisville Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wesley Green — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Winifred Terry — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs E. Putman — ADDRESS: Boise, Tda. Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 446X Arteriosclerotic hypertension & nephrosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unk.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Oct 17, 1953, *that I last saw the deceased alive on* Oct 15, 1953 *and that death occurred at* 1:P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Crosby	MD	Meridian	10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/19/53	Kuna	Kuna, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	Myrtle Palmer	Beckelhimer	Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

2-1281

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3655
Local Reg. No. 379
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 201 West 37th Street

3. NAME OF DECEASED (Type or Print)
a. (First): KELLY
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): October 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 14 October 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse W. Smith — BIRTHPLACE: Victor, Idaho
14. MOTHER'S MAIDEN NAME: Kathryn P. Williams — BIRTHPLACE: Broken Bow, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): all classes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): [illegible]

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/14, 1953 *to* 10/17, 1953, *that I last saw the deceased alive on* 10/17, 1953, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 218 N 18th Boise
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/19/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-26-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell V. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3656
Local Reg. No. 200
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 60 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 805 No. Orchard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Year)
	Margaret	Ellen	Farnsworth	Oct. 18. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Oct. 17. 1872	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vandalie Iowa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: M.I. Church — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Farnsworth — ADDRESS: 805 No. Orchard

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Rt hip. — Months
DUE TO (c) Hypertension & Cardiac decompensation — Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug 11, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Pt fell from porch

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 10-18-53, 19__, *that I last saw the deceased alive on* 10-16-53 19__, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.D. Spencer MD 381	Boise Idaho	10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 21st. 53	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-23-53	Myrtle Palmer	Schreiber-McCann-Gibson	Boise Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC[illegible]ED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3657
Local Reg. No. 372
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 427 Thatcher Street

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): MASSIE
c. (Last): WITT

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3 September 1906
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 22
10b. KIND OF BUSINESS OR INDUSTRY: United Pacicic Ins.
11. BIRTHPLACE (State or foreign country): Clay, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: H.D. Massie — BIRTHPLACE: Coffeyville, Kansas
14. MOTHER'S MAIDEN NAME: Beuela Hulferty — BIRTHPLACE: Pleasant Plain, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: x Frank H. Witt — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastastic Ca of liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Breast. bilat — 20 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* Oct. 19, 1953, *that I last saw the deceased alive on* Oct 18, 1953, *and that death occurred at* 10:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.S. Simonton 371
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 24 October 1953 56
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3658
Local Reg. No. 392
Reg. Dist. No. 370

RECEIVED NOV 7 1953 DIV

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ELMER
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1859
9. AGE (In years last birthday): 94-2-25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Jones — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary Addington — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald Jones — ADDRESS: Rt 1 Eagle Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

902.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation - arteriosclerotic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CVD
DUE TO (c) fract l hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Star, Canyon co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from bed

22. *I hereby certify that I attended the deceased from* Oct 10, 1953, *to* Oct 20, 1953, *that I last saw the deceased alive on* Oct 20, 1953, *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John T Brummer 040
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/53 2
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3659
Local Reg. No. 876
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): REBACCA
c. (Last): MARCHBANKS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 29, 1876

9. AGE (In years last birthday): 77-7-25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stockwell, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Beck
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sarah Ogelsby
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: B C Marchbanks
ADDRESS: R. F. D. #1 Homedale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Paralysis swallowing musculature — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Brain stem Thrombosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 631 Robert A Ruhe M. D.

23b. ADDRESS: Eastman Bldg, Boise

23c. DATE SIGNED: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/20/53 01

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Pratt, Kansas

DATE REC'D BY LOCAL REG.: 10-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3660
Local Reg. No. 377
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1804 Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) JONES c. (Last) HASKIN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 5, 1875

9. AGE (In years last birthday): 78-7-16 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fargo, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 514-16-4510

17. INFORMANT'S OWN SIGNATURE: [signature] Boise — ADDRESS: 1804 Idaho St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart disease — ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Dec 11, 1950, *to* Oct 21, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 9:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 10/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/23/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Clifton, Kansas

DATE REC'D BY LOCAL REG.: 10-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3661
Local Reg. No. 205
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3826 State Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) NIBLER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 27, 1863
9. AGE (In years last birthday): 90-7-24 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 04
11. BIRTHPLACE (State or foreign country): St. Cloud, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Nibler — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Kohler — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. George Nibler — ADDRESS: 3826 State

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition & Weakness — 3 mo.
DUE TO (c) Carcinoma Prostate ?

II. OTHER SIGNIFICANT CONDITIONS: Senility.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Transurethral Resection
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8-, 1951, *to* 10-21, 1953, *that I last saw the deceased alive on* 10-21-, 1953, *and that death occurred at* 8:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Gunderson MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3662
Local Reg. No. 378
Reg. Dist. No. 370

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

BIRTH NO. 111-5 12333

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 504 East 41st. Street

3. NAME OF DECEASED (Type or Print) a. (First) Boy JERRY b. (Middle) Boy LYNN c. (Last) STEEP

4. DATE OF DEATH (Month) (Day) (Year) October 22, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 20 October 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) /
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clifford Steep BIRTHPLACE Detroit, Michigan
14. MOTHER'S MAIDEN NAME Vera G. McCoy BIRTHPLACE Penokee, Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Clifford Steep ADDRESS 504 E. 41st St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atalectasis — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20th, 1953, *to* Oct 22, 1953 *that I last saw the deceased alive on* Oct 22, 1953 *and that death occurred at* 2:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS 200 E. Bannock St
23c. DATE SIGNED 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2
24b. DATE 10/29/53
24c. NAME OF CEMETERY OR CREMATORY St. Lukes Hospital
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 10-28-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Russell U. Relyea RELYEA MORTUARY ADDRESS 318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3663
Local Reg. No. 383
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) DELMER b. (Middle) DEAN c. (Last) MICHEL

4. DATE OF DEATH: (Month) October (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: August 9, 1953

9. AGE (In years last birthday): - - - IF UNDER 1 YEAR Months: 2 Days: 13 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Payette, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Arthur Michel BIRTHPLACE: San Francisco, Cal.

14. MOTHER'S MAIDEN NAME: LaVera Genese Jackson BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Michel ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease pulmonary stenosis — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema. — 4 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1953, *to* Oct. 22, 1953, *that I last saw the deceased alive on* Oct. 22, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10/23/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 10-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3664
Local Reg. No. 393
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise STA 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1703 N. 14th Street

3. NAME OF DECEASED (Type or Print): a. (First) RUTH b. (Middle) STORER c. (Last) BRADY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1899

9. AGE (In years last birthday): 54-6-11 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meyers Falls, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Winfield Scott Storer — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Belle Fannon — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: T. K. Brady — ADDRESS: Boise, Ida. 1703 N. 14th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — 4 months
DUE TO (c) Carcinoma Rt breast — 18 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 19, 53 *to* 10-23-53, *that I last saw the deceased alive on* 10-23-53, 19___, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Summers 381 MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/26/53

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 11-4-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3665
Local Reg. No. 398
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1328 Vermont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle):
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ash Grove, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Jefferson McNabb — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Olie Blackburn — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Carl Youngblood — ADDRESS: 1328 Vermont Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 2 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Oct. *, 19*53*, to _____, 19___, that I last saw the deceased alive on* 10/23 *, 19*53*, and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart Merrill 530 [illegible]
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3666
Local Reg. No. 384
Reg. Dist. No. 370

BIRTH NO. Pk 3-4281

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2918 W. Ridenbaugh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2918 W. Ridenbaugh

3. NAME OF DECEASED (Type or Print)
a. (First) Catherine
b. (Middle) Burkhart
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 18, 1874
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lawson
BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Unk
BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE C. L. Anacahe
ADDRESS Milner Hotel Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 40 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Oct, 1953, *that I last saw the deceased alive on* 10/23, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Steven Merrill Mrs (Degree or title)
23b. ADDRESS Boise Ida
23c. DATE SIGNED 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 10-29-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR A. E. Alden
ADDRESS Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3667
Local Reg. No. 385
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 708 Beacon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vancouver
d. STREET ADDRESS (If rural, give location): 700 E 32nd St.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Edward; c. (Last) Byers

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 5, 1912

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Meat Distributing

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ed Byers
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lucy Springer
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 533-10-0607

17. INFORMANT'S OWN SIGNATURE: Edna V. White
ADDRESS: Meridian Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.3 Cardiac Stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1953, *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 23, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David W. Smith M.D.

23b. ADDRESS: 6112 Fairview Ave

23c. DATE SIGNED: Oct 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Vancouver, Washington

DATE REC'D BY LOCAL REG.: 10-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3668
Local Reg. No. 386
Reg. Dist. No. 370

BIRTH NO. Pb 3-4281

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1215 East Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1215 East Washington

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) Ellsworth c. (Last) Kelley

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 6, 1864
9. AGE (In years last birthday): 89 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mills county, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Kelley BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Harriet Blanchard BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. E. Alden ADDRESS: 419 N 9th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

44 - X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* Oct, 1953, *that I last saw the deceased alive on* 10/24/53 19__, *and that death occurred at* 1 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Merrill MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3669
Local Reg. No. 379
Reg. Dist. No. 370

BIRTH NO.

OCT 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1324 E. State

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1324 E. State St.

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle); c. (Last) Holcomb

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 27. 1887

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Iver Rustuen — BIRTHPLACE: Oslo Norway

14. MOTHER'S MAIDEN NAME: Julia Friedland — BIRTHPLACE: Oslo Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: E. T. McDonald — ADDRESS: Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Caecum — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular disease

19a. DATE OF OPERATION: 7-29-53

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Caecum - Incomplete small bowel obstruction

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-28-, 1953, *to* 7-29, 1953, *that I last saw the deceased alive on* 7-29-, 1953, *and that death occurred at* 3 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 666 James A. Hawley MD

23b. ADDRESS: 205 Eastman Bldg.

23c. DATE SIGNED: 27 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 01 Oct. 29. 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-28-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson — ADDRESS: Boise Idaho

J. F. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3670
Local Reg. No. 288
Reg. Dist. No. 370

BIRTH NO.

OCT 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. STATE: Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 73
d. STREET ADDRESS (If rural, give location): 1723 Victory St.

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Luella c. (Last) Holybee

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -0-

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James E. Brown
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Lucy Bailey
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Jean I Hansen
ADDRESS: Rt. 2 Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension Dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Complete heart block.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-16, *1953, to* 10-27, *1953, that I last saw the deceased alive on* 10-26, *1953, and that death occurred at* 6:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. M. Thomas
23b. ADDRESS: 305 Fort St. Boise
23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-29-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

28221.

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3671
Local Reg. No. 389
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1202 So Orchard St.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Mispagel

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 4. 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: James Boyle — BIRTHPLACE: Ireland
14. MOTHER'S NAME: Catherine Bolan — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Paul I. Antic — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — ?
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8/24, 1947, *to* 10/28, 1953, *that I last saw the deceased alive on* 10/28, 1953, *and that death occurred at* 12:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/31/1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: 10-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3672
Local Reg. No. 390
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 55 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 104 So. 11th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Maurice; b. (Middle) B.; c. (Last) Osgood

4. DATE OF DEATH: (Month) Oct. (Day) 28th. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 1st 1879

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant. Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Idaho Tax Division

11. BIRTHPLACE (State or foreign country): Freeport Maine

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unkn own

BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-12-3758

17. INFORMANT'S OWN SIGNATURE: Gould B. Osgood ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4437 Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro vascular Hypertensive disease — 4 yrs

DUE TO (c) Cont

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Contusion Forehead & nose — 10 hrs
Pulmonary Edema — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) Oct (Day) 27 (Year) 53 (Hour) 9:15 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Became dizzy fell from curb striking forehead.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Regin 713 M D

23b. ADDRESS: 116 N. orchard St.

23c. DATE SIGNED: 30 Oct. '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 31. 53.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Schreiber-McCann-Gibson. Boise Idaho

W. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3673
Local Reg. No. 402
Reg. Dist. No. 370

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3220 Kootenai Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEORA
b. (Middle): ANNETTE
c. (Last): WHARTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 30, 1897
9. AGE (In years last birthday): 56-4-29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary - First Nat'l Bank
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mildred E. Durant — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William R. Wharton — ADDRESS: 3220 Kootenai Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Breast with extensive metastases — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1953, *to* October 29, 1953, *that I last saw the deceased alive on* Oct 29, 1953, *and that death occurred at* 3:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R. Jones 194 M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/53 06
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3674
Local Reg. No. 394
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Aphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1020 No. 29th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): M.
c. (Last): Vystercil

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 1st 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wahoo Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Adam Hinek — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Anna Havlovic — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Claudia Reedy — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 23, 1953 *to* Oct 30, 1953 *that I last saw the deceased alive on* Oct. 30, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice W. Rushholder, M.D.
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3. 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION STA

Certificate of Death

STATE OF IDAHO

State File No. 3675
Local Reg. No. 395
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2002 N. 23rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): ROBERT
c. (Last): AIKMAN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 9, 1891
9. AGE (In years last birthday): 62-7-22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Galashiels, Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Aikman — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Lovina Fairbarin — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): First Lt. British Army
16. SOCIAL SECURITY NO.: 560-14-3625
17. INFORMANT'S OWN SIGNATURE: James Aikman — ADDRESS: 2002 N. 23rd St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes
~~ANTECEDENT CAUSES~~ PROBABLY
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of the Stomach
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6:45 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at 6:45p m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea — (Degree or title): Coroner
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/3/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3676
Local Reg. No. 189
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland, Oregon
d. STREET ADDRESS (If rural, give location): 1405 S.W. Washington St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	L.	Scholz	Oct.	2	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	8-12-93	60	1	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 14	Unkn.	Sacheen, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkn.	Unkn.	Unkn.	Unkn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	Unkn.	Records, V.A. Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right terminal — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cachexia — 3 mo. plus

DUE TO (c) Paralysis agitans — undet.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 27 —, *19* 53, *to* Oct. 2, *19* 53, *that I last saw the deceased alive on* Oct. 2, *19* 53, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.K. Helferty 437	J.K. HELFERTY, M.D., Actg. Chief Prof. Svc.	V.A. Hospital, Boise, Idaho	10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/6/53		Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3677
Local Reg. No. 190
Reg. Dist. No. 371

BIRTH NO.

OCT 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 106 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banks
d. STREET ADDRESS (If rural, give location): Banks, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Cecil	C.	Scott		10	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	2-16-98	55	7	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Hand 04	Agriculture	Fairburg, Nebr.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Clay Scott	Ky.	Cornelia Smith	Chicago, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I	None	Records, V.A. Hospital	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis with pulmonary absecesses — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bronchogenic carcinoma right lower bronchus with disseminated metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* left coronary sclerosis with old anterior wall left ventricular infarct

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June 22, *19* 53, *to* Oct. 6, *1953*, *that I last saw the deceased alive on* Oct. 6, *19* 53, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph Beeman, M.D., Pathologist	V.A. Hospital, Boise, Idaho	10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/9/53	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3678
Local Reg. No. 193
Reg. Dist. No. 391

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home

3. NAME OF DECEASED (Type or Print): a. (First) Marion b. (Middle) (nmi) c. (Last) Ison

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-12-95

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 5 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Moon Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Archie Ison
BIRTHPLACE: Moon, Kentucky

14. MOTHER'S MAIDEN NAME: Martha Ferguson
BIRTHPLACE: Fyfe, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I, WW II 241X

16. SOCIAL SECURITY NO.: 518 18 7066

17. (INFORMANT'S OWN) SIGNATURE AND ADDRESS: Records, V.A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Edema — 48 hrs.
Chronic Asthmatic Bronchitis and
DUE TO (c) Pulmonary Emphysema. — 5 yrs. plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1953, *to* Oct. 7, 1953, *that I last saw the deceased alive on* Oct 7, 1953, *and that death occurred at* 10:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): Joseph Reeman, M.D., Pathologist

23b. ADDRESS: V.A. Hospital, Boise, Idaho

23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/12/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3679
Local Reg. No. 192
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): Route # 6

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) A c. (Last) Karas

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12-30-96

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 9 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Calavreta, Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkn. BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Unkn. BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S OWN SIGNATURE: James A. Karas ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of liver with metastases — Undet.

DUE TO (c) Cachexia — 2½ Mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1953, *to* Oct. 7, 1953, *that I last saw the deceased alive on* Oct. 7, 1953, *and that death occurred at* 7:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.K. HELFERTY, M.D. Actg. Chief Prof. Svc.

23b. ADDRESS: V.A. Hospital, Boise, Idaho

23c. DATE SIGNED: 10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/8/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Rock Springs, Wyoming

DATE REC'D BY LOCAL REG.: 10-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3080
Local Reg. No. 191
Reg. Dist. No. 371

RECEIVED
OCT 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1½ Miles N. Cole School

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 4316 Albion

3 NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Adda
c. (Last): Garretson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1869
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME: Thomas Kelly
BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Laura unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. H. R. Garretson
ADDRESS: 4320 Albion Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — ?
DUE TO (c) Senility — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral Arteriosclerosis — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2/24, 1949, *to* 10/7, 1953, *that I last saw the deceased alive on* 6/29, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 10/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

AMENDED
10-21-53

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3681
Local Reg. No. 188
Reg. Dist. No. 371

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ½ mile west of Ustick
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) LUDWIG; b. (Middle) FRED; c. (Last) MARTELL

4. DATE OF DEATH: (Month) (Day) (Year): October 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12 June 1921

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sterilizer

10b. KIND OF BUSINESS OR INDUSTRY: Creamery

11. BIRTHPLACE (State or foreign country): Napoleon, North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ludwig Martell — BIRTHPLACE: Cassell, Germany

14. MOTHER'S MAIDEN NAME: Katie Kranzler — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 517-24-6281

17. INFORMANT'S OWN SIGNATURE: Emanuel Roth — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

814.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Skull (Temporal) fracture and brain concussion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Motorcycle accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ustick, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 8 53 7:55 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Motorcycle ran into a dog

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea — (Degree or title): CORONER
23b. ADDRESS: 318 N. Latah Boise, Idaho
23c. DATE SIGNED: 10/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. death
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Louie F. Martell (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louie F. Martell	Ludwig Fred Martell

Subscribed and sworn to before me this 21st day of Oct 1953
Mabel Fleeter
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Katie Martell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Oct, 1953
Mabel Fleeter
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ludwig Martell
(Signature of Any Credible Person)

.....
(Street Address, City, State)

DPH 52-155

Certificate of Death

STATE OF IDAHO

State File No. 3682
Local Reg. No. 195
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
OCT 22 1953
VITAL STATISTICS
DIVISION OF

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) BINGHAM c. (Last) MEHARG

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct.10,1860

9. AGE (In years last birthday): 92-11-29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman-State School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canfield, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Meharg
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary Winfield
BIRTHPLACE: Pittsburgh, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mabel M. Stearns Boise Idaho Route 4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 27, 1953, *to* Oct 9, 1953, *that I last saw the deceased alive on* Oct 7, 1953, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 230 Carl D. Lusty MD

23b. ADDRESS: Meridian

23c. DATE SIGNED: 10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/12/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3683
Local Reg. No. 196
Reg. Dist. No. 371

BIRTH NO.

OCT 22 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Black Cat Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian - Rural
d. STREET ADDRESS (If rural, give location): Black Cat Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLAYTON	HERBERT	CLANCY	Oct. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	July 25, 1903	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Woodstock, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Clancy	No Record	Victoria Frost	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 07 3074	Laura Clancy	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aluminum Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trichinosis
DUE TO (c) Cirhotic Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Poor nutrition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 10/7, 1953, to 10/9, 1953, that I last saw the deceased alive on 10/9, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. H. Plunkett 571	M.D.	4420 Fremont St. Boise	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 15, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	Myrtle Palmer	John F. Alsip, Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 22 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3C84
Local Reg. No. 194
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian, Rt. #2
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Ethel
c. (Last): Burnham

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Falls City, Nebr.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Parson M. Fowler — BIRTHPLACE: Galesburg, Ill.
14. MOTHER'S MAIDEN NAME: Mary D. McDowell — BIRTHPLACE: Galesburg, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. A. Burnham — ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 11-3-52

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-3, 1952, *to* 10-14, 1953, *that I last saw the deceased alive on* 10-14, 1953, *and that death occurred at* 1:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jr. M. Thomas [illegible]
23b. ADDRESS: 305 For A. St. Boise
23c. DATE SIGNED: 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/17/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Ben Johnson — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 3685
Local Reg. No. 197
Reg. Dist. No. 371

BIRTH NO. RECEIVED OCT 22 1953 STATE OF IDAHO

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Rte. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) L. c. (Last) Skinner

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-23-77

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 5 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler fireman 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William A. Skinner
BIRTHPLACE: Mt. Pleasant, Utah

14. MOTHER'S MAIDEN NAME: Margaret Bean
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): S.A.W.

16. SOCIAL SECURITY NO.: 517-01-7178

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 13, 1953, *to* Oct. 14, 1953, *that I last saw the deceased alive on* Oct. 14, 1953, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): J.K. Helferty M.D. Acting Chief Prof. Svcs.
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/16/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Helena, Montana

DATE REC'D BY LOCAL REG.: 10-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2288
Local Reg. No. 282
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): West 34th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HENRY	HUCKSTEP	October 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	3 May 1881	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housemover	Moving	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William David Huckstep-St. Louis, Mo.		Permilia Elizabeth Hall	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	x Wm. D Huckstep	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria & Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno Carcinoma of bladder — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 19 50 *to* Oct 18, 19 53 *that I last saw the deceased alive on* Oct 16, 19 53 *and that death occurred at* 2:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian Ida	10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	21 Oct. 1953	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-26-53	Myrtle Palmer	Kenneth Kelyea RELYEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 204
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Beulah
b. (Middle): Moulton
c. (Last): Kimble

4. DATE OF DEATH (Month) (Day) (Year): October 18-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 24-1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired teacher 12
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alpha, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Moulton — BIRTHPLACE: McLeod, Kansas
14. MOTHER'S MAIDEN NAME: Eliza C. Atkin — BIRTHPLACE: McLeod, Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: H. L. Kimble — ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus & Ovary with Intestinal destruction — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) — 3 weeks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 2/7/53
19b. MAJOR FINDINGS OF OPERATION: Ovarian Tumor
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/17, 1953, *to* 10/18, 1953, *that I last saw the deceased alive on* 10/10, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Everett N Jones (Degree or title) MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 21-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Peckham-Oakan Chapel — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3688
Local Reg. No. 382
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clay
b. (Middle): Hugh
c. (Last): Kearns

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 29, 1915
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Clay Kearns — BIRTHPLACE: Union, Oregon
14. MOTHER'S MAIDEN NAME: Lillian A. Ziska — BIRTHPLACE: Atkinson, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Helen Kearns — ADDRESS: Eagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal disease — 6 yrs
DUE TO (c) Spinal cord injury — 12 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1944, *to* 10-21, 1953, *that I last saw the deceased alive on* 4-24, 1953, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome Kingston M.D.
23b. ADDRESS: 209 Main Boise
23c. DATE SIGNED: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden McBratney-Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3689
Local Reg. No. 206
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): ------
c. (Last): Mulvania

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 9, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harris, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Kobbe — BIRTHPLACE: Mercer Co. Mo.
14. MOTHER'S MAIDEN NAME: Ella O'Dneal — BIRTHPLACE: Mercer Co. Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edd Mulvania — ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple sclerosis and arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sclerotic Cardio Vascular dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 20, 1953, *and that death occurred at* 10:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Brummond
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/26/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECE[illegible] **Certificate of Death**

STATE OF IDAHO

State File No. 3690
Local Reg. No. 201
Reg. Dist. No. 370

BIRTH NO.

NOV 7 1953

DIVISION

STA

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 85dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone, Idaho
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle); c. (Last) Danner

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-11-96

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months 5 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Albion, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frederick E. Danner
BIRTHPLACE: Unkn.

14. MOTHER'S MAIDEN NAME: Matilda O. Lewis
BIRTHPLACE: Unkn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [illegible]
ADDRESS: Records, V. A. Hospital, Boise, Idaho

153X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia and cachexia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of colon with extensive metastases. — 11 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1953, *to* Oct. 26, 1953, *that I last saw the deceased alive on* Oct. 26, 1953, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman, M. D., Pathologist
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3691
Local Reg. No. 207
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker, Oregon
d. STREET ADDRESS (If rural, give location): 3655 Cedar

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) B.; c. (Last) Preston

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-7-76

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 1 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unkn. Preston
BIRTHPLACE: Iowa Falls, Iowa

14. MOTHER'S MAIDEN NAME: Unkn.
BIRTHPLACE: Unkn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1-26-09 to 1-13-11

16. SOCIAL SECURITY NO.: Unkn.

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple cerebral infarcts — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 30, 1953, *to* Oct. 27, 1953, *that I last saw the deceased alive on* Oct. 27, 1953, *and that death occurred at* 1:05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Beeman M.D. JOSEPH BEEMAN, M.D. Pathologist
23b. ADDRESS: V.A. Hospital, Boise, Idaho
23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Baker Cemetery.
24d. LOCATION (City, town, or county) (State): Baker Oregon.

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3692
Local Reg. No. 208
Reg. Dist. No. 371

BIRTH NO.

NOV 7 1953

1. PLACE OF DEATH
a. COUNTY Ada DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada Co. hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Homer	Preston	Tucker	Oct. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June, 22, 1887	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Siloam Springs, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm. Henry Tucker BIRTHPLACE Cedar Co. Mo.
14. MOTHER'S MAIDEN NAME Nancy Jane Lewis BIRTHPLACE Jasper Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE R. E. Tucker ADDRESS Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mural Cardiac Infarction & Thrombosis — 2 day
DUE TO (c) Chronic Coronary disease — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* Oct 28, 1953 *that I last saw the deceased alive on* Oct 27, 1953 *and that death occurred at* 5: A. M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Rusty	MD	Meridian	10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/30/53	Meridian	Meridian, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-30-53	Myrtle Palmer	B W Robison	Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3693
Local Reg. No. 210
Reg. Dist. No. 371

BIRTH NO. NOV 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 317 Jackson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anderson	W.	Smith	10	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-22-79	74	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Court Baillif
10b. KIND OF BUSINESS OR INDUSTRY: Judicial
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Y. Smith — BIRTHPLACE: Huntersville, Texas
14. MOTHER'S MAIDEN NAME: Florence Wyme — BIRTHPLACE: Gainsborough, Florida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518 14 2290
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	Terminal
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma, metastatic, abdominal and pulmonary, primary site not	Undt.
DUE TO (c)	determined	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 23, 1953, *to* Oct. 29, 1953, *that I last saw the deceased alive on* Oct. 29, 1953, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D., Ward Physician	V.A. Hospital, Boise, Idaho	10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal.	October. 30.1953.	Sunset Memorial Park.	Twin Falls, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-4-53	Myrtle Palmer	Clyde E. Summers	Summers Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3694
Local Reg. No. 211
Reg. Dist. No. 371

BIRTH NO. 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 68 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Rt 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Anne
c. (Last): Ryan

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 23. 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gothenburg Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Andregg — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Whickman — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs David M. Ryan — ADDRESS: Boise Idaho

18. CAUSE OF DEATH 540.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 10 ea

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric [illegible] — 3 yrs.
DUE TO (c) chr. osteoarthritis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Ht. [illegible] — yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12-, 1951, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* 3 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] — 23b. ADDRESS: Boise Idaho — 23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 23 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3695
Local Reg. No. 18
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GOLDIE b. (Middle) MARIE c. (Last) SHAW

4. DATE OF DEATH (Month) Sept, (Day) 15, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-2-1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Vanwick, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Sult — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Grace Hall — BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXX — (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Arthur J. Shaw — ADDRESS: McCall Idaho

18. CAUSE OF DEATH 204.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephrosis — 6 wks
DUE TO (c): Chronic Myelogenous Leukemia — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12-53, 1953, *to* 9-15-53, 1953, *that I last saw the deceased alive on* 9-15-53, 19___, *and that death occurred at* 1:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE 524 (Degree or title): A. Eugene Pflug, M.D.
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 9-17-53 01
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-17-53
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3696
Local Reg. No. 19
Reg. Dist. No. 300

RECEIVED
OCT 23 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADAMS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle) LAVERNE; c. (Last) MINK

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 10 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): Soldier Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James D. Mink
BIRTHPLACE: Grant, Virginia

14. MOTHER'S MAIDEN NAME: Rebecca Perkins
BIRTHPLACE: Rugby Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. M. Mink
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9/24/ Massive abdominal crush injuries — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Council, rural Adams Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 7, 1953 6:30 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Tractor accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased* ~~alive~~ dead *on* Oct. 7, 1953, *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Edwards

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 10/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/12/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/10/53

REGISTRAR'S SIGNATURE: J. Edwards

25. FUNERAL DIRECTOR: B. Lee Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Edwards.

Certificate of Death

STATE OF IDAHO

State File No. 3697
Local Reg. No. 20
Reg. Dist. No. 300

BIRTH NO.

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALBERT	AUGUST	KAMPETER	10- 21-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	May 22, 1906	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Gen'l Farming	Danville, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Kampeter	Germany	Mary Hildenbrand	Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Miss Hilda Hagn	Council, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 2011

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased* dead *alive on* October 21, 1953, *and that death occurred at* near 3:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Council, Idaho	10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/24/53	I.O.O.F.Cem.	Council, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/23/53	[signature]	K. Lee Thomson	

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

3698

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINA
b. (Middle): DEMARIS
c. (Last): DUKOVICH

4. DATE OF DEATH (Month) (Day) (Year): October 25 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 19 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Idaho City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Stephenson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah A. Pollack — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-7862
17. INFORMANT'S OWN SIGNATURE: George S. Dukovich — ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

525X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 16, 1953, *to* Oct. 24, 1953, *that I last saw the deceased alive on* Oct. 24, 1953, *and that death occurred at* 8:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Brown MD
23b. ADDRESS: Council Idaho
23c. DATE SIGNED: 10/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/28/53
24c. NAME OF CEMETERY OR CREMATORY: Horseshoe Bend Cem.
24d. LOCATION (City, town, or county) (State): Horseshoe Bend, Idaho

DATE REC'D BY LOCAL REG.: 10/25/53
REGISTRAR'S SIGNATURE: J. Edwards
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3699
Local Reg. No. 22
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILEY
c. (Last): MERRITT

4. DATE OF DEATH (Month) (Day) (Year): October 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 6 1878
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer(Ret'd)
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Billings Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Merritt — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary ?? — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Opal Mitchell — ADDRESS: New Meadows, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis - generalized — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* dead *alive on* Oct. 25, 1953, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bernard P. Grant (Degree or title) — 411
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/ 28/ 53
24c. NAME OF CEMETERY OR CREMATORY: Meadows Cemetery
24d. LOCATION (City, town, or county) (State): Meadows, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3700
Local Reg. No. 23
Reg. Dist. No. 300

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows R.F.D.
d. STREET ADDRESS (If rural, give location): Boulder Creek

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROY		HELLARD	October 26 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	April ? 1894	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer (Ret'd)	Farm (General)	Tillamook, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Hellard	Kentucky	Nancy Dean	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. # 1	518-16-8280	J.H.Hellard (Via Telephone)	Hydesville Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Occipital Bone Fracture — 12 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Highway	New Meadows	Adams	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct 25 1953 9 P.m.		Car accident

22. *I hereby certify that I attended the deceased from* Oct 25, 1953, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 26, 1953, *and that death occurred at* 10:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.E. Edwards M.D.	Council, Idaho	10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/27/53	Fortuna, California	Fortuna, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/27/53	J.E. Edwards	C. S. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3701
Local Reg. No. 270
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Belvedere Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): T.
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): September 26 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 1, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Corrine, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George B. Rogers — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Toombs — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ben Peterson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

723.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arthritis deformans — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Sept. 26, 1953, *that I last saw the deceased alive on* Sept. 26, 1953, *and that death occurred at* 12:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Newton 284 M D
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 26 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3702
Local Reg. No. 263
Reg. Dist. No. 510

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 231 North 11th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 231 North 11th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle) ANNA; c. (Last) BURNS

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 19, 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Cuba Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: S. B. Burley
BIRTHPLACE: Cuba, Missouri

14. MOTHER'S MAIDEN NAME: Nancy Bennett
BIRTHPLACE: Stanton, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: E. N. Burns
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Block, Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease with Cardiac Enlargement — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-3X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Oct. 3, 1953, *that I last saw the deceased alive on* Oct. 3, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 276 David C. Miller, M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 5, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3703
Local Reg. No. 287
Reg. Dist. No. 510

111-53-12405

RECEIVED
NOV 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 hrs 50 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 51 Maplewood Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JEAN
b. (Middle): ****
c. (Last): SOWER

4. DATE OF DEATH (Month) (Day) (Year): October 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 4, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 4, Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 62
10b. KIND OF BUSINESS OR INDUSTRY: *****
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Reed Sower — BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Alice Giddings — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Reed Sower — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Birth wt 1# 13 ℥
DUE TO (c): Atelectasis / Respiratory failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 4, 1953, *to* Oct. 4, 1953, *that I last saw the deceased alive on* Oct 4, 1953, *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. R. Hearing M.D. 176
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953
REGISTRAR'S SIGNATURE: Eva M. Wallen
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NOV 21 '53 Division of Vital Statistics

111-53-12404

Certificate of Death

STATE OF IDAHO

State File No. 3704
Local Reg. No. 288
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 51 Maplewood Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JAN
b. (Middle): ***
c. (Last): SOWER

4. DATE OF DEATH (Month) (Day) (Year): October 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 4, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: *****
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reed Sower — BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Alice Giddings — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Reed Sower — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — Birth cat 1#123

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 4, 1953, *to* Oct. 6, 1953, *that I last saw the deceased alive on* Oct. 6, 1953, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 176 (Degree or title) MD.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 7, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3705
Local Reg. No. 265
Reg. Dist. No. 510

BIRTH NO.

OCT 16 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 425 S. Fifth

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Ilene c. (Last) Doan

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 21, 1919

9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackfoot Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernest Brooks
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Violet Swainston
BIRTHPLACE: Franklin Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Maxwell Doan
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Pneumonia, Virus — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

492X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-28, 1953, *to* 10-7, 1953, *that I last saw the deceased alive on* 10-7, 1953, *and that death occurred at* 9:17 m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller (Degree or title) M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-9-52

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Idaho

By John P. Thomas

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3706
Local Reg. No. 266
Reg. Dist. No. 510

BIRTH NO. 111-53-12421

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If this place): 1 hr. & 35 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 230 East Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First): DARRELL
b. (Middle): LOUIS
c. (Last): SNOOK

4. DATE OF DEATH (Month) October (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 7, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 1, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: *******
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Raymond K. Snook — BIRTHPLACE: Gliddens, Iowa
14. MOTHER'S MAIDEN NAME: Mary Lou Blankenship — BIRTHPLACE: Twin Falls, I

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: R. K. Snook — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital anomaly of heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Atresia of L. Ventricle + aorta

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8, 1953, *to* October 8, 1953, *that I last saw the deceased alive on* 10-8, 1953, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth A. McInnes M.D. 266
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 9, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3707
Local Reg. No. 267
Reg. Dist. No. 510

BIRTH NO. OCT 22 1953

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL) Pocatello
LENGTH OF STAY (in this place) 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 657 West Whitman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 657 West Whitman

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALICE	BARRETT	LONGTIN	October 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	January 9, 1897	56	9	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Barrett	England	Emma Jane Leather	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	no	X Mrs. Etta Cousins	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute Myocard. Infarction 420.1	2 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	6 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 42 *to* Oct 13, 1953 *that I last saw the deceased alive on* Oct 11, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard P. Howard, M.D.	Kane Bldg. Pocatello, Idaho	10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-16-53	Mt. View	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 16, 1953	Eva M. Wallin	Conway Grant Hall Grant Mortuary	Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-49021

State File No. 3708
Local Reg. No. 268
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

REC'D OCT 22 1953 LIVIE VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alameda
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 162 McKinley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alameda
d. STREET ADDRESS (If rural, give location): 162 McKinley

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Stanley
c. (Last): Bunce

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 2, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Rexburg Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Bunce — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James H. Bunce — ADDRESS: Alameda Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 196X Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): from Carcinoma of Rt. femur — 3 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* any, 1953, *to* 10-14, 1953, *that I last saw the deceased alive on* 10-14-53 12 PM, 1953, *and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller 276 MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-16-53 15
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 19 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello Idaho

G. John P. Grosman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR. E. N. Robberts.
Kane Blog.

RECEIVED
NOV 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3709
Local Reg. No. 280
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): [redacted] Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1025 South Fourth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) LILLIE b. (Middle) EDMONDS c. (Last) REDDISH

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 8, 1876

9. AGE (In years last birthday): 77
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Edmonds — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ellen Wolley — BIRTHPLACE: Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. J. Jensen — ADDRESS: 536 S. 11th

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [redacted], 19 53 *to* 10/15, 19 53, *that I last saw the deceased alive on* [redacted], 19 [redacted], *and that death occurred at* [redacted] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 331 [signature] — **23b. ADDRESS**: Pocatello Idaho — **23c. DATE SIGNED**: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 19, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: NOV 6 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Allen J. Manning — **ADDRESS**: 510 North Twelfth Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3710
Local Reg. No. 371
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): one year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 360 Cottage Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 360 Cottage Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	EARL	BAILEY	October	16	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 16, 1889	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Upton Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert N. Bailey	Utah	Laura A. Harris	Lansing, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	****	519-09-8487	Mrs Flora Bailey	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c) Hepatic cirrhosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8-51, 19____, *to* Oct. 16, 1953, *that I last saw the deceased alive on* Oct. 16, 1953, *and that death occurred at* 8:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
ARCH T. WIGLE, M.D.	Pocatello, Idaho	Oct. 16, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 19, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 26 1953	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3711
Local Reg. No. 272
Reg. Dist. No. 511

RECEIVED OCT 28 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): ****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 1806 14th East

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE; b. (Middle) GRIFFETH; c. (Last) SHRIVER

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 31, 1881

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Gen. Mgr. 74

10b. KIND OF BUSINESS OR INDUSTRY: Teleweld Corp.

11. BIRTHPLACE (State or foreign country): Dexter City, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Adam Shriver — BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Mary Wilson — BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 712-03-4951

17. INFORMANT'S OWN SIGNATURE: Anna K. Shriver — ADDRESS: Salt Lake City, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Dead on arrival at Hospital

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ******* *19*____, *to* ******* *19*____, *that I last saw the deceased alive on* ******* *19*____, *and that death occurred at* 6:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bannock County Coroner — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: Oct. 17, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: Oct. 17, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Salt Lake Crematory — **24d. LOCATION** (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: OCT 26 1953 — **REGISTRAR'S SIGNATURE**: Eva M. Wallin

25. FUNERAL DIRECTOR — **ADDRESS**: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3512
Local Reg. No. 273
Reg. Dist. No. 510

RECEIVED DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 630 E. Halliday

3. NAME OF DECEASED (Type or Print): a. (First) THELMA b. (Middle) MARIE c. (Last) GAYHART

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 6, 1916

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Hawkins
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Mattie Fairchild
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X T B Gayhart X
ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post-operative
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 48 hours

19a. DATE OF OPERATION: 10/12/53
19b. MAJOR FINDINGS OF OPERATION: Adenomyoma uteri

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 10/18, 1953, that I last saw the deceased alive on 10/18, 1953 and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): E. E. Reeves MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21, '53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello
(State): Idaho

DATE REC'D BY LOCAL REG.: OCT 26 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Byron B. Dawnard
ADDRESS: Pocatello Id.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3713
Local Reg. No. 269
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Helen	Ann	Beitz		10	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	March 19, 1952	1	6	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Pocatello, Idaho	

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph W. Beitz	Am. Falls, Idaho	Martha Kramer	Am. Falls, Idaho

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE.	ADDRESS
			Ralph W Beitz	Am. Falls, Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia and debility — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia — 2 months
DUE TO (c) ACUTE MYELOGENOUS LEUKEMIA — 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 11, 1953, *to* Oct. 11, 1953, *that I last saw the deceased alive on* Oct. 17, 1953, *and that death occurred at* 2:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls, Idaho	10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10-21-53	Fallsview	American Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 21, 1953	Eva M. Wallin	[illegible]	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3714
Local Reg. No. 274
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 48yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 747 S. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 747 S. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) c. (Last) Oaker
4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1953
5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 11, 1868
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter&Paperhanger
10b. KIND OF BUSINESS OR INDUSTRY Decorating
11. BIRTHPLACE (State or foreign country) London England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Oaker BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Mrs. Harry Oaker ADDRESS Pocatello Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

367 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Pneumogastric Paralysis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19__, to Oct 16, 1953, that I last saw the deceased alive on Oct 16, 1953, and that death occurred at 1 a.m., from the causes and on the date stated above.

23a. SIGNATURE J M Kay (Degree or title) M.D.
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10-22-53
24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. OCT 26 1953
REGISTRAR'S SIGNATURE Eva M. Wallis
25. FUNERAL DIRECTOR Downard Funeral Home ADDRESS Pocatello Ida.
By John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3715
Local Reg. No. 287
Reg. Dist. No. 510

BIRTH NO. NOV 17 1953

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 354 South Arthur Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 354 South Arthur Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ORA b. (Middle) L. c. (Last) PERKINS

4. DATE OF DEATH (Month) (Day) (Year): October 24 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: December 7, 1880

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Daniel Long — BIRTHPLACE: Howard County, Missouri

14. MOTHER'S MAIDEN NAME: Elizabeth Ketchum — BIRTHPLACE: Howard County, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jane Henderson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: about 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20 *, 19*45*, to* Oct. 23 *, 19* 53*, that I last saw the deceased alive on* Oct. 23 *, 19* 53*, and that death occurred at* 6 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 152 — (Degree or title): M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Oct. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Carr Funeral Home

24d. LOCATION (City, town, or county) (State): Fayette Missouri

DATE REC'D BY LOCAL REG.: NOV 17 1953

REGISTRAR'S SIGNATURE: Eva M. Wallis

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3716
Local Reg. No. 282
Reg. Dist. No. 511

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): P. O. Box 307

3. NAME OF DECEASED (Type or Print): a. (First) MARJORIE b. (Middle) JEANNE c. (Last) THOMPSON

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 10, 1927

9. AGE (In years last birthday): 26 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Otis M. Young — BIRTHPLACE: Monroe City, Mo.

14. MOTHER'S MAIDEN NAME: Gladys Defabaugh — BIRTHPLACE: Garden City, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Otis M. Young — ADDRESS: Chicago, Ill.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Ruptured Liver — 2 hrs

DUE TO (c): Ruptured Rt Kidney — 2 hrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Hiway 91 N.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) 10 (Day) 25 (Year) 53 (Hour) p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* Oct. 25, 1953, *to* Oct. 25, 1953, *that I last saw the deceased alive on* Oct. 25, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Farrell Hammond MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Oct. 28, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 31, 1953

24c. NAME OF CEMETERY OR CREMATORY: Clarkston Cemetery

24d. LOCATION (City, town, or county) (State): Clarkston Utah

DATE REC'D BY LOCAL REG.: NOV 5 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3717
Local Reg. No. 275
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2517 Poleline Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. STREET ADDRESS (If rural, give location): 2517 Pole line Rd.

3. NAME OF DECEASED (Type or Print): a. (First) DAISIE b. (Middle) STOUT c. (Last) RICHARDSON

4. DATE OF DEATH: (Month) OCTOBER (Day) 25, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 23, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Rockville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Fisk Stout — BIRTHPLACE: Centerville, Utah

14. MOTHER'S MAIDEN NAME: Henrietta Cox — BIRTHPLACE: Fort Union, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: David G. Richardson — ADDRESS: S.L.City, Ut.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Rheumatoid arthritis — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 24 Oct, 1953, *to* 25 Oct, 1953, *that I last saw the deceased alive on* 25 Oct, 1953 *and that death occurred at* 8:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard G. Crandall M.D.

23b. ADDRESS: 804 E. Center Pocatello, Idaho

23c. DATE SIGNED: 26 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10-27-53

24c. NAME OF CEMETERY OR CREMATORY: Logan Cemetery

24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: OCT 28 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant — ADDRESS: Hall Grant Mortuary, Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-13717

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 7 1953 DIVISION

State File No. 3718
Local Reg. No. 283
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Marine Barracks Naval Ord. Plant

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): ELIPHET
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): October 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: October 27, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 5, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delbert R. Bell — BIRTHPLACE: Acequa, Idaho
14. MOTHER'S MAIDEN NAME: Barbra E. Smith — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Delbert R. Bell — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

76.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Neonatal Atelectosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Prematurity

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Oct., 19 53, *to* 28 Oct., 19 53, *that I last saw the deceased alive on* 28 Oct., 19 53, *and that death occurred at* 12:10 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene W. Earl — (Degree or title): Eugene W. Earl, M.D.
23b. ADDRESS: U.S. Naval Ord. Plant, Pocatello.
23c. DATE SIGNED: 10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-30-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 6 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edwards Hall Mort. — ADDRESS: Pocatello,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 19
Local Reg. No. 264
Reg. Dist. No. 511

REC'D OCT 16 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs,
d. STREET ADDRESS (If rural, give location): ———

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle); c. (Last) DEATSCH

4. DATE OF DEATH: (Month) (Day) (Year) October 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	February 5, 1878	75	8	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Helen Grove R.N. ADDRESS: Pocatello
x Mrs Helen A. Grove R.N. Lava,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 Mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Glomerular Nephritis — 2 Mos.
DUE TO (c) Asthma - Chronic — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

24 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1952 *to* Oct. 6, 1953, *that I last saw the deceased alive on* Oct. 6, 1953 *and that death occurred at* 8:37 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Harris, M.D.
23b. ADDRESS: 303 Kane Bldg., Pocatello, Idaho
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-53
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant Hall Grant Mortuary
ADDRESS: Pocatello

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3720
Local Reg. No. 281
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
NOV 7 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Aprox. 1 Mile So. of City Limits

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GREGERS	LAURITS	GREGERSEN	October 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 22, 1870	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Contractor 73	Construction	Braude, Denmark	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Laurits Gregersen	Denmark	Mette	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Lauritz Gregersen	Oakland Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

451 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & Aneurism of Abdom. Aorta — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aneurism of Abdom. Aorta
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Pocatello	Bannock	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 15, 1953, *to* Oct 19, 1953, *that I last saw the deceased alive on* Oct 19, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
498 O. F. Call	M.D.	Pocatello Ida	10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 22, 1953	Mountain View Cemetery	Pocatello, Bannock Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 6 1953	Eva M. Wallin	Allen J. Manning	510 North Twelfth Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3721
Local Reg. No. 276
Reg. Dist. No. 511

BIRTH NO.

NOV 6 1953

OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL): Fort Hall

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reservation Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): REBECCA

b. (Middle): ***

c. (Last): EDMO

4. DATE OF DEATH (Month) (Day) (Year): October 30 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 24, 1936

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lee Edmo — BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Elaine Diggie — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lee Edmo — ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture of skull, contusions, — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): multiple injuries due to automobile — accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservation Road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fort Hall, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30 1953 9 p.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile - truck collision

22. *I hereby certify that I attended the deceased from* *****, 19____, *to* *****, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* about 9 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Kinderman — (Degree or title): Bannock County Coroner

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: NOV 5 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Kinderman — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 3722
Local Reg. No. 277
Reg. Dist. No. 511

BIRTH NO. NOV 6 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Road (Reservation)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WESLEY; b. (Middle) EUGENE; c. (Last) EDMO

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19 1929

9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Simplot Mines

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Euegene Edmo — BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Emily Truchot — BIRTHPLACE: Choteau, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1950 1952

16. SOCIAL SECURITY NO.: 518-34-9290

17. INFORMANT'S OWN SIGNATURE: Eugene Edmo — ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fracture skull, contusion, mutiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): injuries due to automobile accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservation Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30 53 9 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile - truck collision

22. *I hereby certify that I attended the deceased from* ******, 19____, *to* ******, 19____, *that I last saw the deceased alive on* ********, 19____, *and that death occurred at* about 9. p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Idaho

DATE REC'D BY LOCAL REG.: NOV 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3723
Local Reg. No. 278
Reg. Dist. No. 511

RECEIVED NOV 6 1953 DIVIS. OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reservation Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): KUTCH

4. DATE OF DEATH (Month) (Day) (Year): October 30 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1929
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Engineers Const.
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alphonso Kutch — BIRTHPLACE: LaBarge, Wyoming
14. MOTHER'S MAIDEN NAME: Emma LaVatta — BIRTHPLACE: Inkom, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1950 - 1953
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Robert L. Kutch — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture, Contusions,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Multiple injuries due to automobile

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Accident

816.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Reservation Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fort Hall Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30 1953 9 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile - truck collision

22. *I hereby certify that I attended the deceased from* ****** *, 19__, to* ****** *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* about 9 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson (Degree or title): Bannock County
23b. ADDRESS: Coroner Pocatello, Idaho
23c. DATE SIGNED: Nov. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: NOV 5 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3724
Local Reg. No.
Reg. Dist. No. 52

BIRTH NO.

NOV 20 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Marian	Bridges	Tollick	Oct	11	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar 31 1861	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Bridges	England	Elizabeth Pearson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20-30 years
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Oct 11, 1953, *that I last saw the deceased alive on* Oct 8, 1953, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Burgoyne M.D.	Montpelier, Ida	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 14 1953	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/19/53	[illegible]	Nile Matthews	Montpelier, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

NON-RESIDENT

STATE OF IDAHO

State File No. 3725
Local Reg. No.
Reg. Dist. No. 582

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kemmerer Wyoming
d. STREET ADDRESS (If rural, give location) 1213 Beech Ave

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Wesley c. (Last) Wells

4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 8 1887
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor on U.P.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairmont, Neb.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse P. Wells 70 BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Lucy E. Andre BIRTHPLACE Jamesport Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Andy J. Wells ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-10-53
19b. MAJOR FINDINGS OF OPERATION Thrombotic mesentery of Jejunum with non viable bowel 18 in.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1953, *to* Oct 15, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE 471 L. P. Gardner MD (Degree or title)
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 15 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho.

DATE REC'D BY LOCAL REG. 10/23/53
REGISTRAR'S SIGNATURE N. Nancy
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

State File No. 3726
Local Reg. No. 552
Reg. Dist. No.

BIRTH NO.

OCT 29 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diamondville Wyoming
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Angelo
b. (Middle): Di
c. (Last): Ciocco

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Bit. Coal Ind.
11. BIRTHPLACE (State or foreign country): Agnone, Italy
12. CITIZEN OF WHAT COUNTRY?: U.S. of A.

13. FATHER'S NAME BIRTHPLACE: (Not Known)
14. MOTHER'S MAIDEN NAME BIRTHPLACE: (Not Known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I 422.2
16. SOCIAL SECURITY NO.: 520-20-5475
17. INFORMANT'S OWN SIGNATURE: Nile Matthews — ADDRESS: Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic degenerative heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b): Cirrhosis - nephritis
~~DUE TO~~ (c): ascites & edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1953, *to* Oct 15, 1953, *that I last saw the deceased alive on* Oct 15 1953, *and that death occurred at* 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 471 L. P. Gardner, MD
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 17 1953
24c. NAME OF CEMETERY OR CREMATORY: Kemmerer Cemetery
24d. LOCATION (City, town, or county) (State): Kemmerer Wyoming

DATE REC'D BY LOCAL REG.: 10/28/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR ADDRESS: Nile Matthews Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 20 1953

Certificate of Death

Division of Vital Statistics

STATE OF IDAHO

State File No. 3725
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kaye b. (Middle) James c. (Last) Cornwell

4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 12 1925
9. AGE (In years last birthday) 28 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Samuel Cornwell BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Marie Young Cornwell BIRTHPLACE Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Pistana Cornwell Veloh ADDRESS Bountiful

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound through the heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Gun Shot wound
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake Co (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Suicide

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 9:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE Nile Matthews (Degree or title) Coroner
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED Oct 31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 27 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 11/9/53
REGISTRAR'S SIGNATURE N Nolan
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 20 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3728
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) Augusta c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 6, 1890
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Calvin Booth BIRTHPLACE St. Charles Idaho
14. MOTHER'S MAIDEN NAME Nila Dalrymple BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE LaVoy A. Lewis ADDRESS Dingle

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Oct 30, 1953, *that I last saw the deceased alive on* Oct 29, 1953, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert W. Burdyal M.D.
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 11/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 2 1953
24c. NAME OF CEMETERY OR CREMATORY Dingle Cemetery
24d. LOCATION (City, town, or county) (State) Dingle Idaho

DATE REC'D BY LOCAL REG. 11/9/53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR
ADDRESS Montpelier Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3729
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lula May b. (Middle) Hymas c. (Last) Nye

4. DATE OF DEATH (Month) (Day) (Year): July 31 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 7 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Liberty Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Hymas — BIRTHPLACE: Liberty
14. MOTHER'S MAIDEN NAME: Emma Lyon — BIRTHPLACE: Fairview Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. Vivian Nye — ADDRESS: Paris Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Carditis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* July 31, 1953, *that I last saw the deceased alive on* July 31, 1953, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Spencer H Rich 334 MD
23b. ADDRESS: Box 276. Paris Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 4 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Paris Cemetery
24d. LOCATION (City, town, or county) (State): Paris, Idaho.

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3730
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

OCT 29 1953

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Elizabeth
c. (Last): Matthews

4. DATE OF DEATH (Month) (Day) (Year): Sept 10 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 1, 1865
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richfield Morgan Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Arr — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Caroline Derricott — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ethel M. Austin — ADDRESS: Liberty Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Dilatation of heart — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial hypertension — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9, 1953, *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 10, 1953 *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Spencer H Rich 334 (Degree or title): MD
23b. ADDRESS: Box 276 Paris Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 14 1953
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Liberty Idaho

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: H Wrang
25. FUNERAL DIRECTOR: Nile Matthews — ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3731
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles Idaho
c. LENGTH OF STAY (in this place) 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles, Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Hyrum	Hemmert	Oct 3 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 24, 1863	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Stock raising	Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hemmert	Denmark	Sophia Jensen	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Robert H. Hemmert	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Died in Sleep)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale Matthews	Coroner	Montpelier Idaho	Oct. 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 6 1953	St Charles Cemetery	St. Charles Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/13/53	[illegible]	Dale Matthews	Montpelier, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3732
Local Reg. No. 41
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
OCT 26 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enroute St. Maries

LENGTH OF STAY (in this place): 6 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to St. Maries

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Iowa

b. COUNTY: Story

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maxwell

d. STREET ADDRESS (If rural, give location): 1609 E. 14th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lillian	Bertha	Brown	October 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	9-25-1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - -	Maxwell, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Levi D. Lint (Deceased)	Mingo, Iowa	Laura Audrey Ozman (Deceased)	Mingo, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - - -	None	Edgar S Brown	Salem, Oregon.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Never *19____, to _____, 19____, that I last saw the deceased alive on* DOA *, 19____, and that death occurred at* 10.30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp	Capon M.D.	St. Maries Idaho	10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10-18-1953	Peoria Cemetery Maxwell	Maxwell, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-22-53	Eileen J. Scott	Gerald E. Browning	Gerald E. Browning, St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3733
Local Reg. No. 42
Reg. Dist. No. 130

RECEIVED NOV 5 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): ----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	none	Sawyer	October	25	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	May 11, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging 08	Lumbering	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no information	---	non information	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	unknown	Milton L. Andrews	Plummer Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1952, *to* Oct 25, 1953, *that I last saw the deceased alive on* 10-25, 1953, *and that death occurred at* 6.30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp M.D.	St. Maries, Idaho	10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-27-1953	Woodlawn Cemetery	St. Maries, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 3, 1953	Aileen J. Scott	Gerald E. Browning	St. Maries Idaho.

Federal Security Agency
United States Public Health Service

Form DPHS-48021

Certificate of Death

STATE OF IDAHO

State File No. 3734
Local Reg. No. 43
Reg. Dist. No. 130

BIRTH NO.

RECEIVED NOV 5 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Ann c. (Last) Kingsley

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 28, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Chase
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: W F Kingsley
ADDRESS: St Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

153 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of descending Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1953, *to* 25 Oct, 1953, *that I last saw the deceased alive on* 25 Oct, 1953, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 623 E M Sullivan MD

23b. ADDRESS: St Maries Idaho

23c. DATE SIGNED: 29 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-29-53

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 3 1953

REGISTRAR'S SIGNATURE: Aileen J. Scott

25. FUNERAL DIRECTOR: Gerald E. Browning
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3735
Local Reg. No. 44
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 40
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Hermit Heuple Residence

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): none
c. (Last): Carson

4. DATE OF DEATH (Month) (Day) (Year): October 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 2-25-1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Carson — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: Christy McKinnan — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE by Gerald Browning — ADDRESS: Department Public Assistance Record

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: ? 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arthritis - senile — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Oct, 1953, *to* 28 Oct, 1953, *that I last saw the deceased alive on* 28 Oct, 1953, *and that death occurred at* 1.25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 623 M Sullivan MD
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 29 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-53 02
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 3, 1953
REGISTRAR'S SIGNATURE: Aileen J. Scott
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3736
Local Reg. No. 758
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1210 So. Meridian Street

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1210 So. Meridian Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ruth
c. (Last): Stoneman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 6, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Hillsdale, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion A. Officer — BIRTHPLACE: Springfield, Ill.
14. MOTHER'S MAIDEN NAME: Elizabeth Poteet — BIRTHPLACE: Kansas City, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: A. H. Stoneman — ADDRESS: Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

157X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Hormuche

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 4 pancreas
DUE TO (c) Primary site: pancreas

INTERVAL BETWEEN ONSET AND DEATH: 7 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1953, *to* Oct 7, 1953 *that I last saw the deceased alive on* Oct. 6, 1953, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. O. Hasenplaut (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-53
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Oct 9-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Peckham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 359
Local Reg. No. 160
Reg. Dist. No. 600

BIRTH NO.

OCT 15 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

LENGTH OF STAY (in this place): 10 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,

d. STREET ADDRESS (If rural, give location): R.F.D. # 3 (Gibson)

3. NAME OF DECEASED (Type or Print): a. (First) BERTRAM b. (Middle) c. (Last) HEVEWAH

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 18, 1942

9. AGE (In years last birthday): 10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Ft. Hall, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hevewah — BIRTHPLACE: Ft. Hall, Idaho.

14. MOTHER'S MAIDEN NAME: Jamie Nephi — BIRTHPLACE: Ft. Hall, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John Hevewah — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7856

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea of undetermined origin — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 9, 1953, *to* Oct. 9, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* 7:37a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge (Degree or title) M. D. — **23b. ADDRESS**: Blackfoot, Idaho. — **23c. DATE SIGNED**: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 13, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Fort Hall Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct 10 1953 — REGISTRAR'S SIGNATURE: Mrs Evalin E. Paine — **25. FUNERAL DIRECTOR**: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3738
Local Reg. No. 167
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. W. Main St. Hwy 91-191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ogden, Utah
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 2348 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Rose
c. (Last): Thomason

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 15,1886
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days: 5
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: U.P. R.R.
11. BIRTHPLACE (State or foreign country): Merigold, Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Thomason
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Hattie
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jay Stark
ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable heart attack — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Head-on car collision

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 91-191
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 20,1953 8p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head-on collision

22. *I hereby certify that I attended the deceased from* did not see him alive, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: T Trolin
(Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): rem/burial
24b. DATE: 10-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden, Weber, Utah

DATE REC'D BY LOCAL REG.: Oct. 21-1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3329
Local Reg. No. 173
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1
d. STREET ADDRESS (If rural, give location): Route #1 Blackfoot, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Cora; b. (Middle) Firth; c. (Last) Kimball
4. DATE OF DEATH: (Month) (Day) (Year): October 22, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 31, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 9, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Firth, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lorenzo J. Firth — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Dorcas Martin — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of pelvis and ribs — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bingham co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 20, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Collision

22. *I hereby certify that I attended the deceased from* 20 Oct, 1953, *to* 22 Oct, 1953, *that I last saw the deceased alive on* 21 Oct, 1953, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge M.D. — (Degree or title): MD
23b. ADDRESS: Blackfoot
23c. DATE SIGNED: 26 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Oct 27, 1953
REGISTRAR'S SIGNATURE: Mrs Walter E Petrie by Margaret Barrett, Dep.
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 3740
Local Reg. No. 7
Reg. Dist. No. 602 6

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 3 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF TIME (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 33 Washinton (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Teresa
c. (Last): Storer

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 13, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kearney, Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Brucker — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Fred L Storer — ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 5 years.
DUE TO (c) Generalized Arteriosclerosis — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 27, 1953, *to* Oct 1, 1953 *that I last saw the deceased alive on* Oct 1, 1953, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Henry Rock M.D. 514
23b. ADDRESS: Aberdeen, Idaho
23c. DATE SIGNED: Oct 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: October 5 51
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: Oct 5, 1953
REGISTRAR'S SIGNATURE: S. Henry Rock, M.D.
25. FUNERAL DIRECTOR: H L Davis — ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3741
Local Reg. No. 156
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
c. LENGTH OF STAY (in this place): 2yrs. 5mo. 7days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Twin Falls.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M.
c. (Last): Millard.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1953

5. SEX: Male
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 16, 1861
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 51
10b. KIND OF BUSINESS OR INDUSTRY: Cattle Man
11. BIRTHPLACE (State or foreign country): Illinois.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Steven Millard — BIRTHPLACE: Illinois.
14. MOTHER'S MAIDEN NAME: May Jellison — BIRTHPLACE: Illinois.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: E. Thomas — ADDRESS: Records State Hospital South- Blackfoot Ida

18. CAUSE OF DEATH 304X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, 1951, *to* Oct. 3, 1953, *that I last saw the deceased alive on* Oct. 3, 1953, *and that death occurred at* 7:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.5.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-3-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 3 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Stanley Phillips, — ADDRESS: Twin Falls, Idaho.
by J.C. Sandberg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3742
Local Reg. No. 127
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2Y.2M.4D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle):
c. (Last): SPIEGEL

4. DATE OF DEATH (Month) (Day) (Year): 10- 5 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECANIC 10
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TWIN FALLS, IDAHO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: SPIEGAL — BIRTHPLACE: TEXAS
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie McNamar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 5 yrs.

304X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-31, 1951, *to* 10-5, 1953, *that I last saw the deceased alive on* 10-5, 1953, *and that death occurred at* 8:04A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.5.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3743
Local Reg. No. 180
Reg. Dist. No. 601

BIRTH NO. NOV 16 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Urbano b. (Middle) c. (Last) Mendreta

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not Known

8. DATE OF BIRTH: Oct. 31, 1888

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unkown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Not Known

16. SOCIAL SECURITY NO.: Not Known

17. INFORMANT'S OWN SIGNATURE: Lloyd M Walker — ADDRESS: Shelley Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Eclussion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 10-12-53

24a. BURIAL, (CREMATION, REMOVAL) (Specify): Burial

24b. DATE: 10-12-53

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest

24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: 10-12-1953

REGISTRAR'S SIGNATURE: Thos. Walters & Patrie By Margaret Sorensen, Dep.

25. FUNERAL DIRECTOR: Lloyd M Walker — ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-1501

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3744
Local Reg. No. 159
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT,
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: OWYEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOMEDALE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): D.
c. (Last): WINTER

4. DATE OF DEATH (Month) (Day) (Year): OCT. 7 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: NOT GIVEN
9. AGE (In years last birthday): ABOUT 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NOT GIVEN
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Namar — ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Prostate	?
DUE TO (c)	Chronic Glomular Nephritis	?
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* OCT. 2, 1953, *to* oct. 7, 1953, *that I last saw the deceased alive on* Oct. 7, 1953, *and that death occurred at* 11:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague M.D. (Degree or title)
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.9.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Oct 9-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatuie
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 161
Reg. Dist. No. 607

BIRTH NO.

RECEIVED OCT 15 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
LENGTH OF STAY (In this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 (W. E. Gardner Ranch)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) DENNIS c. (Last) BATES

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 19, 1941

9. AGE (In years last birthday): 11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Ray Bates, BIRTHPLACE: Payson, Utah

14. MOTHER'S MAIDEN NAME: Anna Mae Riley, BIRTHPLACE: Blackfoot, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Charles R. Bates, ADDRESS: Spokane Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Crushed beneath wheels of truck loaded with potatoes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Running beside truck and fell.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Inst.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rt. 1, Blackfoot, Bingham, Idaho.

21d. TIME OF INJURY: (Month) Oct. (Day) 9, (Year) 1953 (Hour) 12:15 P.M.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Stumbled and fell beneath wheels of truck.

22. *I hereby certify that I attended the deceased* ~~from~~ ____ on ____, 19____, to Oct. 9, 19 53, that I last saw the deceased DEAD ~~alive~~ on Oct. 9, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): Coroner-Bingham Co.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-12-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct 11 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patmie
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3746
Local Reg. No. 162
Reg. Dist. No. 601

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North of Fair Grounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): North of Fair Grounds

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): MAY
c. (Last): LORD

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bush Wilson — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Polly Ann Brown — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Irene Wilson — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Sept, 1953, *to* Oct. 9, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 11-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 15 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3747
Local Reg. No. 163
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2Y 5M 8D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): GRAYUM

4. DATE OF DEATH (Month) (Day) (Year): OCT. 10- 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: APRIL 7, 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 6. Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NOT GIVEN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: NOT GIVEN
BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie M. Turner
ADDRESS: RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDA

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Heart Failure	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Auricular Fibrillation	10 "
DUE TO (c)	Chronic Myocarditis	10 years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Toxic	5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 2, 1952, *to* OCT. 10, 1953, *that I last saw the deceased alive on* oct. 9, 1953, *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: Blackfoot, State Hosp. So.
23c. DATE SIGNED: 10.10.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial + Rem.
24b. DATE: 10-11-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Oct 11-1953.
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

BIRTH OCT 15 1953

DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 3748
Local Reg. No. 164
Reg. Dist. No. 601

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Blackfoot
c. LENGTH OF STAY (in this place) 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #2, Thomas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orem
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes
b. (Middle) Ross
c. (Last) Nelson

4. DATE OF DEATH (Month) Oct. (Day) 11, (Year) 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 5, 1874
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 3 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Hooperville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Ross — BIRTHPLACE Halenburg, Scotland
14. MOTHER'S MAIDEN NAME Frances Peay — BIRTHPLACE Meddleson, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Grace Merrill — ADDRESS Blackfoot Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Causes incident to age

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1953, *to* 10-11, 1953, *that I last saw the deceased alive on* 10-11, 1953, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A E Miller — (Degree or title) M. D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 10-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-11-53
24c. NAME OF CEMETERY OR CREMATORY Provo Cemetery
24d. LOCATION (City, town, or county) Provo, (State) Utah

DATE REC'D BY LOCAL REG. Oct 11-1953
REGISTRAR'S SIGNATURE Mrs Walter E. Patrick
25. FUNERAL DIRECTOR Willard Casper — ADDRESS Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1953 DIVIS. STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3749
Local Reg. No. 162
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2 M. 2 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS CO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NOT GIVEN
d. STREET ADDRESS (If rural, give location): NOT GIVEN

3. NAME OF DECEASED (Type or Print)
a. (First): DAN
b. (Middle):
c. (Last): DEVINE

4. DATE OF DEATH (Month) (Day) (Year): OCT. 13 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEEPHERDER 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): AUSTRALIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES DEVINE — BIRTHPLACE: AUSTRALIA
14. MOTHER'S MAIDEN NAME: SARAH HARRIS — BIRTHPLACE: AUSTRALIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. Young — ADDRESS: Idaho Records of State Hospital South, Blackfoot.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Circulatory Failure	1 week
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	arteriosclerosis	30 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Organic	5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* AUG. 11, 1953, *to* OCT. 13, 1953, *that I last saw the deceased alive on* OCT. 13, 1953, *and that death occurred at* 2:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.13.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-14-53 05
24c. NAME OF CEMETERY OR CREMATORY: State Hospital South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 14-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR — ADDRESS: John C. Sandberg - Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3750
Local Reg. No. 166
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 8 miles south Blackfoot
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 91-191 So. Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1159 South 5th East St.

3. NAME OF DECEASED (Type or Print)
a. (First): Shirley
b. (Middle): Daun
c. (Last): Turner Vaugham

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 1, 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: cafe
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Hezekiah Turner — BIRTHPLACE: Wyoming
14. MOTHER'S MAIDEN NAME: Mary Evans — BIRTHPLACE: Samaria, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Mary DeLine — ADDRESS: Los Angeles Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

819.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on hiway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 8 mi. So. Blackfoot Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15, 1953 1:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car swerved from road and struck bridge abutment

22. *I hereby certify that I attended the deceased from* Did not see her alive, *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Brolin (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10-16-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 16-53
24c. NAME OF CEMETERY OR CREMATORY: Samaria Cemetery
24d. LOCATION (City, town, or county) (State): Oneida County, Idaho

DATE REC'D BY LOCAL REG.: Oct. 16-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3751
Local Reg. No. 181
Reg. Dist. No. 601

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, R.F.D. 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Route #1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Davis b. (Middle) c. (Last) Christensen

4. DATE OF DEATH (Month) Oct. (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert G Christensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Laurina Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Boyd Christensen — ADDRESS: R#1 Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) c̄ metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 7-6-53.
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of stomach c̄ metastases.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1953, *to* October 21, 1953, *that I last saw the deceased alive on* Oct. 21, 1953, *and that death occurred at* 7:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wendell Petty MD 618
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: 10/22/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-53
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 10-24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: Lloyd McKaldw — ADDRESS: Shelley, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 168
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (In this place): 2M 15D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): McDONALD
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): OCT. 21 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 19, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED OAA. 91
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT GIVEN — BIRTHPLACE: TENNESSEE
14. MOTHER'S MAIDEN NAME: MARGARET RULE — BIRTHPLACE: TENNESSEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Coronary Artery Fibrosis — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 6, 1953, *to* OCT. 21, 1953, *that I last saw the deceased alive on* OCT. 21, 1953, *and that death occurred at* 11:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Sprague (Degree or title): M. D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 10.21.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-22-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: Oct. 22-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Paterson
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 169
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 Y 6 M
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. So. Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 405 WILLARD AVE

3. NAME OF DECEASED (Type or Print)
a. (First): TENNIE
b. (Middle): A.
c. (Last): ANDREWS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 22 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: NOV. 25, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS BURNS — BIRTHPLACE: TENN
14. MOTHER'S MAIDEN NAME: SARAH — BIRTHPLACE: TENN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-5009
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Embolus (old)
DUE TO (c): Coronary Sclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 2 yr.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 22, 1953, *to* OCT. 22, 1953, *that I last saw the deceased alive on* OCT. 22, 1953, *and that death occurred at* 11:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.23.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 10-23-53
24b. DATE: 10-23-1953 Removal
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Oct. 23 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Fatnie
25 FUNERAL DIRECTOR: Byron B. Downard — ADDRESS: Pocatello Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 28 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3754
Local Reg. No. 170
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JENS
b. (Middle): C. M.
c. (Last): FRANK

4. DATE OF DEATH (Month) (Day) (Year): OCT. 23 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 19, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: 0/0
11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM FRANK — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: MOLLIE FRANK — BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	1 mo
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchopneumonia	2 weeks
DUE TO (c)	Peritoneal Abscesses Multiple	2 mo.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis, Toxic	2 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 1, 1953, *to* OCT. 23, 1953 *that I last saw the deceased alive on* OCT. 23, 1953, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague Sr. D. — 4/4
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.23.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2455
Local Reg. No. 171
Reg. Dist. No. 607

BIRTH NO.

OCT 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 12y 2m 28D
d. FULL NAME OF HOSPITAL OR INSTITUTION: STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BINGHAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): Rt. 2 (Moreland)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUELLA	JANE	HERRICK	OCT.	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 10 ~~1881~~ (1871)	(82) ~~72~~	5	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA (Exline, Iowa)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Thomas B. Maring NOT GIVEN) BIRTHPLACE: Belmont Co. Ohio) NOT GIVEN
14. MOTHER'S MAIDEN NAME: (Hannah Maria Marshall, NOT GIVEN) BIRTHPLACE: Harrison, Ohio) NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen Young ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 12 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY 26, 19 40, *to* OCT. 24, 19 53, *that I last saw the deceased alive on* OCT. 24, 19 53, *and that death occurred at* 5:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague M.D.	State Hosp. So. Blackfoot	10.24.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-28-53	Moreland Cemetery	Moreland, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 27 1953	Mrs Coalie E. Fahy	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

See note on back for corrected information.

State File No. 3756
Local Reg. No. 172
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 28 1953 DIVISION OF STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth, [illegible]
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 (Kimball)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 3 (Riverton)

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): N.
c. (Last): SCHROEDER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 3, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Silbach, Germany
12. CITIZEN OF WHAT COUNTRY?: Germany

13. FATHER'S NAME: Joseph Nieder, BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Menke, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lea Schroeder, ADDRESS: Rt. 3 Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

59-X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 yrs
DUE TO (c) Nephritis — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1953, *to* Oct. 25, 1953, *that I last saw the deceased alive on* Oct. 25, 1953, *and that death occurred at* 5:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. H.K. Eagan D.O.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Oct 27 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Paterson
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3757
Local Reg. No. 174
Reg. Dist. No. 600

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 22Y 4D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERTHA		MURRELL	OCT.	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	AUG. 21, 1896	57	2	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MISSOURI	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BARNEY SHRAPSHIRE	MISSOURI	LORA ROBINSON	ARKANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Clifton Young	RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Chronic Pulmonary Tuberculosis	2 mos
	ANTECEDENT CAUSES	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, ~~Toxic~~ Schizophrenia	25 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* OCT. 21, 1931, *to* OCT. 27, 1953, *that I last saw the deceased alive on* OCT. 27, 1953, *and that death occurred at* 5:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Keagy M.D.	State Hosp. So. Blackfoot	10.29.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-30-53	State Hospt. So. Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-30-53	Mrs Walter E Petrie by Margaret Barresen, Dep.	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3758
Local Reg. No. 175
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y 9M 17D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CASSIA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERT		WARD	OCT. 27 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	SINGLE	1870	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVE WARD — BIRTHPLACE: VIRGINIA
14. MOTHER'S MAIDEN NAME: AVILIER BIGGAMBOTTOM — BIRTHPLACE: VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Alton Young ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lobar Pneumonia	5 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Chronic Nephritis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Toxic	5 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 10, 19 53 *to* OCT. 27, 19 53, *that I last saw the deceased alive on* OCT. 27, 1953, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Sprague	M.D.	State Hosp. So., Blackfoot	10.29.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1953	St. Hosp. So. Cem.	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 2, 1953	Mrs Walter E Patrie Dy Registrar	Howard Packham	Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form 10-H-402a

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3759
Local Reg. No. 176
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 7 1953 DIVISION OF V STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Rt. #1
c. LENGTH OF STAY (In this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Asylum Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rt. #1
d. STREET ADDRESS (If rural, give location): So. Asylum Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alexander		Seefried	October 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 17, 1901	52	0	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Irrigator	St. Hosp. South	Bessarabia, Russia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilhelm Seefried	Russia	Maria Richter	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-32-2098	Ida Seefried	Blf't., Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-1.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 27 19 53 *to* time of death *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Hamblen M. D.	Blackfoot, Idaho	10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1953	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Nov 2 1953	Mrs Walter E Patrie by Margaret Barrus, Dep	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form OPH-63021

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3760
Local Reg. No. 177
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 13 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRWIN
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): M.
c. (Last): HAZEL

4. DATE OF DEATH (Month) (Day) (Year): OCT. 29 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 1, 1913
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 8, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEISER IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ELMER J. STOCKER — BIRTHPLACE: MISSOURI
14. MOTHER'S MAIDEN NAME: EVA MESLIN — BIRTHPLACE: OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 002X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cirrhosis of Liver & Spleen — 2 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* OCT. 16, 1953, *to* OCT. 29, 1953, *that I last saw the deceased alive on* OCT. 29, 1953, *and that death occurred at* 1:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles H. Gregory M.D.
23b. ADDRESS: State Hospital So., Blackfoot
23c. DATE SIGNED: 10.29.53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10-31-53 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: 10-30-53
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: Aland C. Buck — ADDRESS: Idaho Falls, Ida

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1958 DIVISION OF VITAL STA

Certificate of Death

STATE OF IDAHO

State File No. 3761
Local Reg. No. 178
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 17Y 8M 11D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWINFALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWINFALLS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVA	MOORE	AINWORTH	OCT.	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	JULY 22 1892	61	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BIRTHPLACE
14. MOTHER'S MAIDEN NAME: BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Brain Tumor	5 yr.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis, Toxic	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEB. 20, 19 36, *to* OCT. 31, 19 53, *that I last saw the deceased alive on* OCT. 31, 19 53, *and that death occurred at* 5:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Spraguen M.D.	State Hosp. So. Blackfoot	11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-2-53		Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-31-53	Mrs Walter E Patrie by Margaret Borresen, Dy.	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form PHS-403a

RECEIVED
NOV 7 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3762
Local Reg. No. 179
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 11mo 25 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL IDAHO FALLS, ID#.4
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle):
c. (Last): SLEPPY

4. DATE OF DEATH (Month) (Day) (Year): OCT. 31 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 27, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRESS MAKER 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: SOLOMON SHIVELY — BIRTHPLACE: U S
14. MOTHER'S MAIDEN NAME: MARY YOUNG — BIRTHPLACE: U S

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: W Lamont — ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 6, 1952, *to* OCT. 31, 1953, *that I last saw the deceased alive on* OCT. 31, 1953, *and that death occurred at* 11:15Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague 414 M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 10.31.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 10-31-53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho.

DATE REC'D BY LOCAL REG.: 11-2-53
REGISTRAR'S SIGNATURE: Mrs Walter E Patrie by Margaret Barresen, Dep.
25. FUNERAL DIRECTOR: Orland C. Beck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3763
Local Reg. No. 40
Reg. Dist. No. 410
Birth No.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: Blaine — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey — c. LENGTH OF STAY (in this place): 14 yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE — b. COUNTY — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUELLA		WARNECKE	10 - 1 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	JOHN H. W.	3-17-1871	82	6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): SULLIVAN MO. — 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEWIS E. COOPER	CANTON, OHIO,	MARY ANN MILLER	SULLIVAN MO,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: NO — 17. INFORMANT'S OWN SIGNATURE: Harry L. Warnecke — ADDRESS: HORSESHOE BEND, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Venous insufficiency of lower extremities — INTERVAL: 5 mo.

DUE TO (c) 467.2

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Oct 1, 1953, *that I last saw the deceased alive on* Sept 11, 1953, *and that death occurred at* 10:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. Morris M D	Sun Valley Idaho	10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	10-4-53	Shoshone	Shoshone, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct-21-1953	Robert H. Wright-per C.B.Orr.	Ray McGoldrick	Hailey.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
OCT 13 1953
AL

Certificate of Death

STATE OF IDAHO

State File No. 3764
Local Reg. No. 38
Reg. Dist. No. 410

REGISTRATION NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gannett
c. LENGTH OF STAY (in this place): 41 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE	ROSETTA	BARKER	10 - 2 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	B.H. BARKER	1-1-1880	73	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GUNNISON, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MALMQUIST — BIRTHPLACE: SWEEDEN
14. MOTHER'S MAIDEN NAME: ANNIE ANDERSON — BIRTHPLACE: SWEEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO,
17. INFORMANT'S OWN SIGNATURE: Leatie J Barker — ADDRESS: Bellevue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: inst-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic valvular heart lesion — 8 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1953 *to* Oct - 2, 1953, *that I last saw the deceased alive on* Sept - 24, 1953 *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Wright - M.D. - 456 per C&BW.	Hailey, Idaho	Oct - 4 - 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	10-6-1953	Bellevue	Bellevue Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct - 11 - 1953	Robert H. Wright - per C&BW.	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 1 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
c. LENGTH OF STAY (in this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Calif.
b. COUNTY Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Modesto
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) DOUGLAS c. (Last) VALENS

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BETTY
8. DATE OF BIRTH 4-8-1915
9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months 5 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SURGEON 14
10b. KIND OF BUSINESS OR INDUSTRY DR.
11. BIRTHPLACE (State or foreign country) SASKATOON, CANADA
12. CITIZEN OF WHAT COUNTRY? CANADA

13. FATHER'S NAME John Alexander Valens BIRTHPLACE ONTARIO CANADA
14. MOTHER'S MAIDEN NAME Elizabeth Adams BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S OWN SIGNATURE B. Valens 1536 Del Mar Modesto Calif. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Instantly Killed in Automobile accident - no other car involved -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) between Sun Valley & Ketchum - Ketchum -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Blaine (STATE) Idaho

21d. TIME OF INJURY (Month) Oct - (Day) 7 (Year) 1953 (Hour) 12:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car struck light pole -

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* ✓, 19__, *and that death occurred at* 12:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Wright - M.D. - Blaine Co. - Coroner - Hailey, Idaho - per C.B.W. (Degree or title)
23b. ADDRESS
23c. DATE SIGNED Oct-10-1953

24a. ~~BURIAL~~ CREMATION, REMOVAL (Specify) CREMATION
24b. DATE 10-7-53
24c. NAME OF ~~CEMETERY~~ OR CREMATORY
24d. LOCATION (City, town, or county) Modesto (State) Calif.

DATE REC'D BY LOCAL REG. Oct-11-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3766
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bo[illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lowman
c. LENGTH OF STAY (in this place) 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8½ miles East of Lowman Clear Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) Vernon b. (Middle) Andrew c. (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 7, 1903

9. AGE (In years last birthday) 50
IF UNDER 1 YEAR Months Days 5 25
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Gandy, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew M. Wright
BIRTHPLACE Nebraska

14. MOTHER'S MAIDEN NAME Della E. Moyer
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE x Vernon E. Wright
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8½ miles from Lowman

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October 1. 1953, 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Coronary Thrombosis

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Reginald John Miller 470 (Degree or title) Coroner

23b. ADDRESS Idaho City - Idaho.

23c. DATE SIGNED Oct. 2. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Riverside

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. 10-2-53

REGISTRAR'S SIGNATURE Mrs E.S. Robison

25. FUNERAL DIRECTOR Glenn W. Beatty
ADDRESS The Beatty Chapel Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

NOV 6 1953 STATE OF IDAHO

State File No. 3767
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banks
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deer Creek 10M. Ea Banks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Everett	William	Hoopes	Oct. 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov. 12, 1924	28	10	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
truckdriver	lumber	Banks, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warner Hoopes	Weston, Idaho	Annie Dolder	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWII	519 20 0404	X Mrs Everett Hoopes	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

910.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Logging Acc.	Mill Horseshoe Bend	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Oct. 9 1953 11 A m.		Main board releasing logs on truck one struck Mr. Hoops. Died

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Acting Coron	Horseshoe Bend Box 27	Oct. 9, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 11, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-4-'53	Mrs E. S. Robison	Glenn W Beatty	The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3768
Local Reg. No. # 92
Reg. Dist. No. #2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route #1 (North Boyer)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	REVA	MARIE	BEST	Oct. 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Never married	Dec. 9, 1935	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Junion student 77	Public hi-school	Clarks Fork, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence L. Best	Turtle Lake, Wisc.	Luzema Staley	Chatteroy, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Orville Best	Sandpoint Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 9 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 24, 1953, *to* Oct 1, 1953, *that I last saw the deceased alive on* Oct 1, 1953, *and that death occurred at* 8:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith	MD	109½ N. Fourth Ave., Sandpoint, Idaho	10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/53	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 7, 1953	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

State File No. 3769
Local Reg. No. 96
Reg. Dist. No. 110

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shrake's Apts. S. 1st Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Shrake's Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): WILLIAM
c. (Last): MC DONALD

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 7, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10b. KIND OF BUSINESS OR INDUSTRY: Pool hall
11. BIRTHPLACE (State or foreign country): Nova Scotia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 536-07-9297
17. INFORMANT'S OWN SIGNATURE: Earl Shrake — ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

322.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcoholism — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Chronic bronchial Asthma — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1952 *to* Sept 28, 1953, *that I last saw the deceased alive on* Sept 28, 1953, *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Smith MD
23b. ADDRESS: 169½ N. First Ave. Sandpoint, Idaho
23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 10-9-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3770
Local Reg. No. 94
Reg. Dist. No. 10

BIRTH NO.

OCT 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF RESIDENCE (in this place): 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route #1 North Boyer

3. NAME OF DECEASED (Type or Print): a. (First) EMIL b. (Middle) FRANK c. (Last) PAULET

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy farmer of
10b. KIND OF BUSINESS OR INDUSTRY: Dairy farming
11. BIRTHPLACE (State or foreign country): unknown Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Paulet — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Werner Paulet — ADDRESS: Sandpoin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/30, 1953, *to* 10/8, 1953, *that I last saw the deceased alive on* 10/8/53, 19___, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.G. Hamilton M.D.
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 10/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 10-9-53
REGISTRAR'S SIGNATURE: Grace Galph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2771
Local Reg. No. # 93
Reg. Dist. No. 110

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) VIOLET b. (Middle) VIOLA c. (Last) STREET

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Story County, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Wood
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Edith Bidwell
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: John H Street
ADDRESS: Rt.#1 Sagle, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma metastases of lung Squamous Cell — 8 weeks

DUE TO (c) Carcinoma of cervix — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma metastases to liver and abdomen — 8 mo.

19a. DATE OF OPERATION: 12/25/52

19b. MAJOR FINDINGS OF OPERATION: Cervical Biopsy - Ca of cervix - Squamous cell

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1953, *to* Oct. 8, 1953, *that I last saw the deceased alive on* Oct. 8, 1953, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wallace Hayden (Degree or title) M.D.

23b. ADDRESS: Sandpoint

23c. DATE SIGNED: 10/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/11/53

24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State): Tama Iowa

DATE REC'D BY LOCAL REG.: 10-9-53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-41021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5772
Local Reg. No. 98
Reg. Dist. No. 110

BIRTH NO. RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 907 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) WILLEY

4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 9, 1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberjack

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Arenzville, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Willey — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Lorena Miller — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-01-2729

17. INFORMANT'S OWN SIGNATURE: Leonard J. Willey — ADDRESS: Brainerd Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Renal Contusion

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint, Bonner, Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 4, (Year) 1953 (Hour) 3 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Struck by Car Crossing Street.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 47 — (Degree or title): Coroner

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: Oct 14 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/13/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 10-14-53

REGISTRAR'S SIGNATURE: Grace Leigh

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. # 97
Reg. Dist. No. 11-A

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonner

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonner

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite

d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	E	Pettit	Oct. 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 16, 1867	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General labor	Des Moines, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E.W. Pettit	unknown	Ella Kendall	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Russell E. Pettit	R.F.D. #1 Playa Vista

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/7, 1953, *to* 10/9, 1953, *that I last saw the deceased alive on* 10/8/53, 1953, *and that death occurred at* 5 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter F. Barbour	M.D.	Sandpoint Idaho	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/12/53	Post Falls Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3774
Local Reg. No. 99
Reg. Dist. No. 11-0

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 807 North 6th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ESTELLA	MAY	BELL	October 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 22, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Warsaw, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Hess	unknown	Harriet Vandermark	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Faye Faurot	Sandpoint, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* Oct 12, 1953, *that I last saw the deceased alive on* Oct 12, 1953, *and that death occurred at* 2:36 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith MD	109½ N. Fourth, Sandpoint Idaho	10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/15/53	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

101

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 101
Reg. Dist. No. 11 8

BIRTH NO.

OCT 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairgrounds-Lakeview Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colfax
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	CHESTER	HICKMAN	October 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 28, 1887	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Deputy sheriff	Law enforcement	Almota, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Hickman	Illinois	Mary Davis	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	unknown	unknown	Joseph D. Hickman	Sandpoint, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of lung — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/20/53, 1953, *to* 10/19/53, 19___, *that I last saw the deceased alive on* 10/18/53, 19___, *and that death occurred at* 12 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Michael J. Hamilton M.D.	Colfax	10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/19/53	Colfax Cemetery	Colfax Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 3557C
Local Reg. No. 104
Reg. Dist. No. 11

BIRTH NO. OCT 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): none Box 85

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) BERNHARD c. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) October 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 7, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill

11. BIRTHPLACE (State or foreign country): Smoland, Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Carlson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Lisa Carlson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-3286

17. INFORMANT'S OWN SIGNATURE: Mrs Frank Johnson
ADDRESS: Kootenai

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Stomach
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/20, 1953, *to* 10/21/53, 19___, *that I last saw the deceased alive on* 10/21/53, 19___, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Mountain Lake Clinic
23c. DATE SIGNED: 10/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 10-26-53
REGISTRAR'S SIGNATURE: Grace Deph
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3777
Local Reg. No. 110
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Hotel 319 N. 1st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 221 Pine Street

3. NAME OF DECEASED (Type or Print): a. (First) ERIK; b. (Middle) E.; c. (Last) NELSON

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown

8. DATE OF BIRTH: Oct. 16, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pole maker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber yard

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-2240

17. INFORMANT'S SIGNATURE: Art Cloyd
ADDRESS: Colburn, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — Expired Suddenly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: Oct. 26, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Grace Leach

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RF

NOV 4 1953

Certificate of Death

STATE OF IDAHO

State File No. 3778
Local Reg. No. 106
Reg. Dist. No. 110

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarks Fork
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ROBERT
c. (Last): FIELDS

4. DATE OF DEATH (Month) (Day) (Year): October 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov. 8, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Laborer
10b. KIND OF BUSINESS OR INDUSTRY: N.P. Railroad
11. BIRTHPLACE (State or foreign country): Waterville, Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Fields — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-05-6135
17. INFORMANT'S OWN SIGNATURE: Mrs. Dorian Ruen — ADDRESS: Clarks Fork

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 540.0 Pyloric Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Peptic Ulcer, duodenum — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Severe Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 27, 1953, *to* Oct 28, 1953, *that I last saw the deceased alive on* Oct 28, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J P Munson (Degree or title): MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Nov 2 - 53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3779
Local Reg. No. 109
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 Lake Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint,
d. STREET ADDRESS (If rural, give location): 401 Lake Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JULIA	ESTELLA	BOGLE	October 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Jan. 26, 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stenographer 25	General office work	Granvill, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph A. Bogle	unknown	Julia Little	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Estella P. Haag	Spokane, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Coroner	Sandpoint, Idaho	Nov. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/2/53	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-53	Grace Reph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3780
Local Reg. No. 111
Reg. Dist. No. 1-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 404 Railroad Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) c. (Last) COONS

4. DATE OF DEATH: (Month) (Day) (Year) October 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 31, 1885	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gen'l insurance man	Insurance sales	Quebec, Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Coons	unknown	Lucy unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-12-8266	W. W. Coons	Sandpoint, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus pneumonitis — 6 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* Oct 31, 1953, *that I last saw the deceased alive on* Oct 29, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 442 M D	Sandpoint Idaho	11/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/4/53	Lakeview Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-9-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3 C 4
Local Reg. No. 100
Reg. Dist. No. 10

BIRTH NO. OCT 21 1953

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	WESLEY	WRAY	October 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widower	April 6, 1871	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General labor	Marysville, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	Mary Margaret Reynolds	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	L. D. Moon	Sandpoint, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile dementia — INTERVAL BETWEEN ONSET AND DEATH: 60 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. J. Stauffer, M. D.	Priest River Idaho	10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/15/53	Evergreen Cemetery	Priest River Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 91
Reg. Dist. No. 11 a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
LENGTH OF STAY (in this place): 55yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wisconsin St. Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Wisconsin St. Residence

3. NAME OF DECEASED (Type or Print): a. (First) Ricka; b. (Middle) None; c. (Last) McLean

4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1953.

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 11, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Sundswal Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobaáinable — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dolores Campbell — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriasclerosis — 20 years
DUE TO (c) senility — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1953, *to* Oct. 2nd, 1953, *that I last saw the deceased alive on* Oct. 1, 1953, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. J. Stauffer, M.D.
23b. ADDRESS: Priest River, Idaho
23c. DATE SIGNED: 10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/3/53
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cem
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Oct 5, 1953
REGISTRAR'S SIGNATURE: Grace Krepk
25. FUNERAL DIRECTOR: Moon Mortuary — ADDRESS: Sandpoint Id

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

102

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]3
Local Reg. No. 102
Reg. Dist. No. [illegible]0

BIRTH NO.

OCT 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give OR TOWN): Rural - Dover
c. LENGTH OF STAY (in this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home-½ mi.no. of power station

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural - Dover
d. STREET ADDRESS (If rural, give location): Route #2 Sandpoint

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARGARET	TERESA	CHICHESTER	Oct. 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov.16,1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	De Moines, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Franklin	Atlantic, Iowa	Nancy Bishop	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs Roger Chichester	Kent Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural Cause — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Abdominal Carcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Coroner	Sandpoint, Idaho.	Oct. 19, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/19/53	Smith Crematory	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-19-53	Grace Ralph	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3584
Local Reg. No. 103
Reg. Dist. No. 110

Certificate of Death

BIRTH NO. 103

RECEIVED OCT 29 1953 STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH a. COUNTY Bonner	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laclede (rural) c. LENGTH OF STAY (In this place) 46 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laclede (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home-½ mi.north-Laclede	d. STREET ADDRESS (If rural, give location) at home ½ mi. north of Laclede

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle)	c. (Last) KEEHN
4. DATE OF DEATH (Month) (Day) (Year)	October 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 11, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broadaxeman	10b. KIND OF BUSINESS OR INDUSTRY Logging	11. BIRTHPLACE (State or foreign country) Waterloo, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Kuehn	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Mary Knoepfler	BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-05-3246	17. INFORMANT'S OWN SIGNATURE Claud Norman ADDRESS Laclede, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	General Arteriosclerosis	10 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 11, 1953, *to* Oct 15, 1953, *that I last saw the deceased alive on* Oct 11, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE W. F. Tyler (Degree or title) MD	23b. ADDRESS Sandpoint Idaho	23c. DATE SIGNED Oct 17 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/20/53	24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery	24d. LOCATION (City, town, or county) Sandpoint (State) Idaho
DATE REC'D BY LOCAL REG. 10-23-53	REGISTRAR'S SIGNATURE Grace Ralph	25. FUNERAL DIRECTOR Moon Funeral Home	ADDRESS Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3785
Local Reg. No. 195
Reg. Dist. No. 110

RECEIVED OCT 23 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Lakeview
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): enroute to Athol, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakeview
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) ARNIE b. (Middle) BJORN c. (Last) BENSON

4. DATE OF DEATH: October 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (?)

8. DATE OF BIRTH: Feb. 24, 1909

9. AGE (In years last birthday): 44 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto repair

11. BIRTHPLACE (State or foreign country): Milton North Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Benson — BIRTHPLACE: Iceland

14. MOTHER'S MAIDEN NAME: Jennie Johnson — BIRTHPLACE: Iceland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 536-16-8520

17. INFORMANT'S OWN SIGNATURE: Christian Benson — ADDRESS: Bellingham Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound Abdomen — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ivaneview Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 24, 1953 8 p. m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L. B. Moon (Degree or title): Coroner

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: Oct. 27, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/28/53

24c. NAME OF CEMETERY OR CREMATORY: Fjalla Cemetery (Cavalier County)

24d. LOCATION (City, town, or county) (State): Milton North Dakota

DATE REC'D BY LOCAL REG.: 10-28-53

REGISTRAR'S SIGNATURE: Grace Ralph

25 FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-45021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2956
Local Reg. No. 108
Reg. Dist. No. 11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - 1 mi. North of Sandpoint
c. LENGTH OF STAY (in this place): 15 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): enroute to hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sandpoint 2 mis.North
d. STREET ADDRESS (If rural, give location): Route #1 Highway #95

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GENE	LLOYD	REED	Oct. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 30, 1901	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 27	Carpentry	Velva, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John B. Reed	unknown	Martha Park	Minnesota

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	566-09-5540	Hazel Reed	Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 31, 1953 *to* Oct 31, 1953, *that I last saw the deceased alive on* Oct 31, 1953, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Michael J. Hamilton	MD	North Idaho Clinic	11/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/4/53	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-53	Grace Rapp	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-14512

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No.
Local Reg. No. 210
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville NOV 2 1953
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 155 So.Capitol

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Edwin c. (Last) Wheeler

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Sept.22,1953				9	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Warren H.Wheeler BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Donna Anthony BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Warren H. Wheeler ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 776 X Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. L. Farrell MD
23b. ADDRESS Idaho Falls
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/24/53
24c. NAME OF CEMETERY OR CREMATORY Shelton-Ririe Cemetery
24d. LOCATION (City, town, or county) (State) Bonneville Co. Idaho

DATE REC'D BY LOCAL REG. Oct. 29-1953
REGISTRAR'S SIGNATURE Anna Bidger
25. FUNERAL DIRECTOR Jack A. Wood ADDRESS Jack A.Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wade

RECEIVED
NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3788
Local Reg. No. 203
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle):
c. (Last): Clark

4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: never married
8. DATE OF BIRTH: Aug-28, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 84
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Benson - Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James T. Clark — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Annie Thompson — BIRTHPLACE: London England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes, War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vona Richmond — ADDRESS: 975 Cassia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1953, *to* 9-30, 1953, *that I last saw the deceased alive on* 9-30, 1953, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: S C Waidmo 679 (Degree or title)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-5-1953
24c. NAME OF CEMETERY OR CREMATORY: Teton City Cemetery
24d. LOCATION (City, town, or county) (State): Teton, Idaho

DATE REC'D BY LOCAL REG.: Oct. 11-53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3789
Local Reg. No. 200
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 12 1953

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jeannette b. (Middle) Isabelle c. (Last) Peterson

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25, 1902

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelton, Bonniville, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Willard [illegible] Moore
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Annie Morgan
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-36-6057

17. INFORMANT'S OWN SIGNATURE: C P Peterson
ADDRESS: Shelley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 199X Anaplastic Adenocarcinoma
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-2-53

19b. MAJOR FINDINGS OF OPERATION: Entire abdomen involved in above neoplastic process.

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Oct. 2, 1953, *that I last saw the deceased alive on* Oct. 2, 1953, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kendell Petty, M.D.

23b. ADDRESS: Shelley, Idaho

23c. DATE SIGNED: 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 6, 53

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest

24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Oct. 9-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Lloyd M Nalder
ADDRESS: Shelley, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-43021

State File No. 3790
Local Reg. No. 199
Reg. Dist. No. 610

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OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BONNIVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingahm
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle):
c. (Last): Robertson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edenborough Scotland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John K Robertson — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jeanett King — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John R. Robertson — ADDRESS: Firth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14, 1953, *to* 3 oct, 1953, *that I last saw the deceased alive on* 3 oct, 1953, *and that death occurred at* 6:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland K. Kranz MD.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-53
24c. NAME OF CEMETERY OR CREMATORY: Firth Cemetery
24d. LOCATION (City, town, or county) (State): Firth Bingham Idaho

DATE REC'D BY LOCAL REG.: Oct. 9-1953
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Lloyd M Waldie — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 91
Local Reg. No. 211
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuba
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joeyazzie
b. (Middle):
c. (Last): Bigman

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: Dec. 22, 1950
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Arizona
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tom Bigman — BIRTHPLACE: Arizona
14. MOTHER'S MAIDEN NAME: Zinnie Chee — BIRTHPLACE: Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wm Nielsen — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Stomatitis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 5, 1953, *to* Oct 6, 1953, *that I last saw the deceased alive on* Oct 6, 1953, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D. 329
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: Oct 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/53
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28-1953
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3792
Local Reg. No. 222
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6, years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 145 E. Crowley

3. NAME OF DECEASED (Type or Print)
a. (First): Cheryl
b. (Middle): Anne
c. (Last): Casper

4. DATE OF DEATH (Month) (Day) (Year): October 9 1953

5. SEX: Female
6. COLOR OR RACE: Female
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 20, 1947
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Earl Casper — BIRTHPLACE: Shelley Idaho
14. MOTHER'S MAIDEN NAME: Rita Ethel Sermon — BIRTHPLACE: Shelton Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Earl Casper — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — Sick 12 hrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 9, 1953, *to* Oct. 9, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M.D. — 112
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: Oct. 15.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: IdahoFalls

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
Certificate of Death
NOV 2 1953
STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. 3793
Local Reg. No. 204
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 91

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Louisiana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crowley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Alvin
c. (Last): Comeaux

4. DATE OF DEATH (Month) (Day) (Year): Oct 10, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: MAY 2, 1921.
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE OPERATOR.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MORSE LOUISIANA
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: ULYSSE COMEAUX. 57 — BIRTHPLACE: LA.
14. MOTHER'S MAIDEN NAME: ODELIA. MEAUX. — BIRTHPLACE: LA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War2, 812,4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ulysse Comeaux — ADDRESS: Morse, La.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Run over by heavy
DUE TO (c): Street Sweeping Equipment

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): On way to Hospital

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about 8;30 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: run over by heavy hiway sweeper

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo A. Williams 473 — Co Coroner (Degree or title)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 10/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Oct. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Crowley - Louisiana

DATE REC'D BY LOCAL REG.: Oct. 11-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Williams — ADDRESS: Idaho Falls,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3794
Local Reg. No. 202
Reg. Dist. No. 610

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nelson Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Byron c. (Last) Hitchcock

4. DATE OF DEATH (Month) (Day) (Year) Oct - 10, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH May 6-1860

9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months 5 Days 4 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman 08

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ? Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Hitchcock — BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Willard S. Hitchcock — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Geo A. Williams 470 C. Rogner

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED Oct-11-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 13, 1953

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) (State) Idaho Falls

DATE REC'D BY LOCAL REG. Oct. 12-1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Williams — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 213
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 2 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 10 [illegible]

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1894 Curtis Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 1894 Curtis Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 5, 1882

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Henry Jensen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Christina Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Adell Jensen — ADDRESS: Lima, Mont.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: about 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Suppurative Pancreatitis — 11 mos.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Biliary Cirrhosis due to (b) Above

19a. DATE OF OPERATION: Nov 5th

19b. MAJOR FINDINGS OF OPERATION: Abdominal Abscess

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1950, *to* Oct 16, 1953, *that I last saw the deceased alive on* Oct 9, 1953, *and that death occurred at* 6:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W. Corbett M.D.

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 10-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/20/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED — STATE OF IDAHO

NOV 2 1953

DIVISION OF VITAL STATISTICS

State File No. 3796
Local Reg. No. 206
Reg. Dist. No. 610
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edmunds
d. STREET ADDRESS (If rural, give location): Rexburg #2 Idaho

3. NAME OF DECEASED (Type or Print): a. (First) La Wanna b. (Middle) c. (Last) Robertson

4. DATE OF DEATH: (Month) (Day) (Year) October 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	January 7, 1931	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer 12-
10b. KIND OF BUSINESS OR INDUSTRY: Public Assistance
11. BIRTHPLACE (State or foreign country): Egin (Fremont Co) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Earnest Robertson — BIRTHPLACE: Malad, Ida.
14. MOTHER'S MAIDEN NAME: Margaret McCulloch Burton — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 518-34-9095
17. INFORMANT'S OWN SIGNATURE: Mrs Charles Ernest Robertson — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 090.3 Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 46 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1953, *to* Oct 16, 1953, *that I last saw the deceased alive on* Oct 16, 1953, *and that death occurred at* 11:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: Oct 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/20/53
24c. NAME OF CEMETERY OR CREMATORY: Plano
24d. LOCATION (City, town, or county) (State): Plano Madison Co. Idaho

DATE REC'D BY LOCAL REG.: Oct. 24-53
REGISTRAR'S SIGNATURE: Vera Bridges
25. FUNERAL DIRECTOR: Rolland G. Reiser — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3797
Local Reg. No. 214
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1206 Cranmer Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1206 Cranmer Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Lawrence W Garner

4. DATE OF DEATH (Month) (Day) (Year): Oct 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 29, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William F Garner — BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Sarah Furniss — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Val D. Garner — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral insufficiency — ?
DUE TO (c): Rheumatic fever — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary edema
Pleural effusion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/53
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Oct. 28-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3798
Local Reg. No. 209
Reg. Dist. No. 610

RECEIVED NOV 2 1953 STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Oxford Hotel

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) Robert c. (Last) Gordon

4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 9, 1886

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sterling Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Gordon? BIRTHPLACE ?

14. MOTHER'S MAIDEN NAME Sarah Bidlack BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Peace time - 900,8

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Warren R. Gordon ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental fall downstairs
DUE TO (c) Alcoholism - Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) Oct (Day) 17 (Year) 53 (Hour) 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Fall down stairs

22. *I hereby certify that I attended the deceased from* Oct 17, 1953 *to* Oct 19, 1953, *that I last saw the deceased alive on* Oct 18, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE N. R. Leggett (Degree or title) MD

23b. ADDRESS Idaho Falls Ida

23c. DATE SIGNED 10/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/22/53

24c. NAME OF CEMETERY OR CREMATORY Ucon Cemetery

24d. LOCATION (City, town, or county) (State) Ucon Idaho

DATE REC'D BY LOCAL REG. October 25-53

REGISTRAR'S SIGNATURE Lena Bridges

25. FUNERAL DIRECTOR Leo A. Williams ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 229
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 835 E. 13th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 835 E. 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) Nelson; c. (Last) Musselman

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 15, 1869

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Auto & Truck Equipment

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Musselman
BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. E. M. Musselman
ADDRESS: Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart disease with failure — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO (c) senility — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 52 *to* _____, 19 ____, *that I last saw the deceased alive on* 10-15, 19 53, *and that death occurred at* 11:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Halter (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 24, '53
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Nov. 17-1953
REGISTRAR'S SIGNATURE: Anna Budge
25. FUNERAL DIRECTOR: Orland LeBuck
ADDRESS: Idaho Falls. Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 215
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 2 1953 VITAL STATISTICS DIVISION STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1123 Johnson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Katherine	Mary	Marienfeld	October 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 3, 1900	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leo Ramsa	Poland	Mary ??	Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	327-28-9334	J P Forsyth	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of breast with multiple metastases to brain + bones — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 8, 1953, *to* October 21, 1953, *that I last saw the deceased alive on* 10/21/53, 19—, *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. McMullin M.D.	355 F St.	10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/22/53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 28 1953	Anna Bridges	Jack A Wood, Jr.	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 208
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 454 Iona St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Same
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Todd
c. (Last): Murdoch

4. DATE OF DEATH (Month) (Day) (Year): Oct - 21 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married -
8. DATE OF BIRTH: March 4, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Heber City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Murdoch — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Ann Steele — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vaughn Murdoch — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

454X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Femoral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senility & arteri-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Occlusions

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Oct. 19, 1953, *to* Oct. 21, 1953, *that I last saw the deceased alive on* Oct. 19, 1953, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter A. [illegible] (Degree or title)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal - burial
24b. DATE: 10/24/53
24c. NAME OF CEMETERY OR CREMATORY: Pine View Cemetery
24d. LOCATION (City, town, or county) (State): Ashton - Idaho

DATE REC'D BY LOCAL REG.: Oct. 26-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A. Gillions — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 219
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 218 So. Water Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 400 N. Eastern Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	LITTLEWOOD	MURRAY	October	22	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	January 16, 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm & Livestock	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Murray	Scotland	Emma Littlewood	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unk.	Emma McArthur	Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Cardio-Vascular Disease	several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, *1951, to* 10, 22, *1953, that I last saw the deceased alive on* 9, *1953, and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. H. Wadley	M. D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1953	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 3-1953	Emma Bridges	Orland E. Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

NOV 9 1953 STATE OF IDAHO

State File No. 3502
Local Reg. No. 22 D
Reg. Dist. No. 610

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview, Rural
d. STREET ADDRESS (If rural, give location): 1½ miles North East of Monteview

3. NAME OF DECEASED (Type or Print): a. (First) PAUL; b. (Middle) ALBERT; c. (Last) KING

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Unk.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Monteview, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 11, 1953, *to* Oct. 26, 1953, *that I last saw the deceased alive on* Oct. 26, 1953 *and that death occurred at* 7:20P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3-04
Local Reg. No. 217
Reg. Dist. No. 610

BIRTH NO. 111-53-12717

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
d. STREET ADDRESS (If rural, give location): 1 Mi West.

3. NAME OF DECEASED (Type or Print)
a. (First): JEAN
b. (Middle):
c. (Last): OLSEN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1953

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 26, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Henry Olsen. BIRTHPLACE: Rigby, Idaho.
14. MOTHER'S MAIDEN NAME: Gweneth Whittle. BIRTHPLACE: St.Anthony, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Frank H. Olsen ADDRESS: Rigby, Idaho. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26, 1953, *to* 10-26, 1953, *that I last saw the deceased alive on* 10-26, 1953, *and that death occurred at* 6:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Davis
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-53
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Oct. 31-1953
REGISTRAR'S SIGNATURE: Anna Budger
25. FUNERAL DIRECTOR: A. B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-12716

RECEIVED
NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rigby
d. STREET ADDRESS (If rural, give location): 1 Mi. West

3. NAME OF DECEASED (Type or Print)
a. (First): JULIE
b. (Middle):
c. (Last): OLSEN

4. DATE OF DEATH: (Month) (Day) (Year): October 27, 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 26, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 1 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Henry Olsen. BIRTHPLACE: Rigby, Idaho

14. MOTHER'S MAIDEN NAME: Gweneth Whittle. BIRTHPLACE: St. Anthony, Ida.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Frank H Olsen ADDRESS: Rigby, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurely — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26, 1953, *to* 10-27, 1953, *that I last saw the deceased alive on* 10-27, 1953 *and that death occurred at* 5:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-27-53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Oct. 31-1953

REGISTRAR'S SIGNATURE: Lena Rudges

25. FUNERAL DIRECTOR: W Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 230
Reg. Dist. No. 610

111-53-12723
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 39 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonn.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sydney
b. (Middle): Josephine
c. (Last): Stanger

4. DATE OF DEATH: (Month) (Day) (Year): October 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 28, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 2 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LeRoy Stanger
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Marilyn Miley
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: LeRoy Stanger
ADDRESS: Idaho Falls Rt #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7730

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) newborn atelectasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/28, 1953, *to* 10/29, 1953, *that I last saw the deceased alive on* 10/29, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack R. Carey M.D.

23b. ADDRESS: Idaho Falls Ida

23c. DATE SIGNED: 10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/53

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county) (State): Iona, Idaho

DATE REC'D BY LOCAL REG.: NOV 18 1953

REGISTRAR'S SIGNATURE: Anna Rudgers

25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 9 1953

Certificate of Death
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 223
Reg. Dist. No. 6ID

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) Loretta c. (Last) Hemsley Purcell

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 15, 1894
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sugar House, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Hemsley — BIRTHPLACE: East Mill Creek, Ut.
14. MOTHER'S MAIDEN NAME: Mary Ann Davis, — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Emma P. Steele — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma
DUE TO (c) Right hemothorax

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right lung atelectasis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident Hit by train
21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.): Railroad Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Crossing 2 miles No. of Rigby, Hiway 191
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 23, 1953 - 7:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Hit by train *Auto-train collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] Williams MD (Degree or title)
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/2/53
24c. NAME OF CEMETERY OR CREMATORY: Plano
24d. LOCATION (City, town, or county) (State): Plano Madison, Idaho

DATE REC'D BY LOCAL REG.: Nov. 3-1953
REGISTRAR'S SIGNATURE: Emma Rudges
25. FUNERAL DIRECTOR: Kenneth Stamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4902a

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3808
Local Reg. No. 225
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 613 E. College

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Adeline	Nebeker	OCT 20 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept 18 - 1916	37	1	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Idaho Falls Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Nelson	Franklin, Idaho	Mary Egbert	Fairview, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Hazel Nebeker	613 E College

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 3 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Richard Faulkner	S. Idaho Falls, Id.	21 Nov. 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov-3-1953	Rosehill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 3-1953	Anna Bridges	Leo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3809
Local Reg. No. 231
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print): a. (First) Kathleen b. (Middle) c. (Last) Garner

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: May 5, 1944

9. AGE (In years last birthday): 9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Val D Garner
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Virginia Lietzel
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Val Garner
ADDRESS: Idaho Falls Rt # 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Skull fracture c

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) intra cranial hemorrhage
DUE TO (c) lacerations +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
contusion to head chest + abdomen

INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ammon Idaho

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonn. (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: struck = car

22. *I hereby certify that I attended the deceased from* Oct 31, 19 53, *to* Oct 31, 19 53, *that I last saw the deceased alive on* 10:15 a.m. 19 53 *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Blair Edwards MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 11-6 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/3/53

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18-1953

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A Wood Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 232
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 235 I St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 235 I St.

3. NAME OF DECEASED (Type or Print): a. (First) Constance b. (Middle) Curtis c. (Last) Randall

4. DATE OF DEATH: (Month) (Day) (Year) October 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 1, 1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Alta, Wyo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George S. Young
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha Rigby
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lloyd T. Randall
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Astrocytoma of Brain — 2337X — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2-52, 19__, *to* 10-31, 1953, *that I last saw the deceased alive on* 31 Oct, 1953; *and that death occurred at* 3:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland T. Krantz MD
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18 1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OCT 15 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3811
Local Reg. No. 16
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) None
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Raymond c. (Last) Croney

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 2-1919
9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months 11 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Bancroft Ida
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Daniel Croney BIRTHPLACE Mink Creek Ida
14. MOTHER'S MAIDEN NAME Nettie Rawlins BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-20-6383
17. INFORMANT'S OWN SIGNATURE Arnold Doyle Croney ADDRESS Bancroft Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

919.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound. INTERVAL BETWEEN ONSET AND DEATH 7 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) While hunting
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caribou Basin, Bonneville, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-3-1953, 9 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidental Gunshot wound.

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased* ~~alive on~~ Dead 3 Oct, 1953, *and that death occurred at* 4:00 *pm., from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tigert 427 (Degree or title) M.D.
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 10/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 7-53
24c. NAME OF CEMETERY OR CREMATORY Bancroft Cem.
24d. LOCATION (City, town, or county) (State) Bancroft Ida

DATE REC'D BY LOCAL REG. 10-13-53
REGISTRAR'S SIGNATURE Betty Mae Burton
25. FUNERAL DIRECTOR O. D. Whitman ADDRESS Soda Springs Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 3[illegible]
Local Reg. No. 221
Reg. Dist. No. 611

BIRTH NO. NOV 9 1953

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
LENGTH OF STAY (in this place): 45, yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles East Of Irwin Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. STREET ADDRESS (If rural, give location): 3 miles East of Irwin Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Melora
c. (Last): Ford

4. DATE OF DEATH (Month) (Day) (Year): October 13, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 29, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mordecai J. Benedict — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Eliza — BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Milo Ford — ADDRESS: Irwin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A Probable Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo A. Williams Geo Coroner
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Oct-15-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 17-1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Mem. Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.: Nov. 3-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland E. Burk — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3818
Local Reg. No. 207
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) William Delore Atkinson

4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 6th, 1905
9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months x Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Employee
10b. KIND OF BUSINESS OR INDUSTRY R. R.
11. BIRTHPLACE (State or foreign country) Lyman, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Elmer Atkinson BIRTHPLACE Bountiful Utah
14. MOTHER'S MAIDEN NAME Merintha Morris BIRTHPLACE Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. W. D. Atkinson ADDRESS St. Anthony

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture - Anteriorsely
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car - train Collision
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway -
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville (STATE) Idaho
21d. TIME OF INJURY (Month) Oct (Day) 15 (Year) 1953 (Hour) 6 45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ On way to work
21f. HOW DID INJURY OCCUR? Car - train Collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo A. Williams (Degree or title) Co Coroner
23b. ADDRESS Idaho Falls, Ida.
23c. DATE SIGNED 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 19 Oct 53
24c. NAME OF CEMETERY OR CREMATORY Sutton
24d. LOCATION (City, town, or county) (State) Thornton RFD, Idaho

DATE REC'D BY LOCAL REG. Oct. 26 '53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR ADDRESS St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 2 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35-33
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Porthill
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Reland b. (Middle) Edwin c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) 10-10-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5-19-1892

9. AGE (In years last birthday) 61
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forest Supervisor

10b. KIND OF BUSINESS OR INDUSTRY U.S. Government

11. BIRTHPLACE (State or foreign country) Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edwin J. Young
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME May Melder
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-14-5589

17. INFORMANT'S OWN SIGNATURE Edwin J. Young
ADDRESS Rathdrum Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Porthill Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E. A. Whitney (Degree or title) Coroner

23b. ADDRESS Bonners Ferry, Idaho

23c. DATE SIGNED October 10, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-10-53

24c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery

24d. LOCATION (City, town, or county) (State) Rathdrum, Idaho

DATE REC'D BY LOCAL REG. 10/28/53

REGISTRAR'S SIGNATURE L. M. Bonner

25. FUNERAL DIRECTOR Gilbert Gates

ADDRESS Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

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Certificate of Death

State File No. 3615
Local Reg. No. 33-53
Reg. Dist. No. 100

BIRTH NO. 111-53-12745 OCT 19 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charlotte
b. (Middle): Diane
c. (Last): Dirks

4. DATE OF DEATH (Month) (Day) (Year): October 10 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: October 6, 1953
9. AGE (In years last birthday): 4 days — IF UNDER 1 YEAR: Months / Days: 4 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Community Hospital
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dale Harris Dirks — BIRTHPLACE: Copeland Kansas
14. MOTHER'S MAIDEN NAME: Jeanette Koehn — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dale Dirks — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atelectasis — 2 days.
DUE TO (c): Congenital heart anomaly — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 6, 1953, *to* Oct. 10, 1953, *that I last saw the deceased alive on* Oct 10, 1953, *and that death occurred at* 11:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Devrose M.D.
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 10/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/13/53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): North Bench Boundary Idah

DATE REC'D BY LOCAL REG.: Oct 13 1953
REGISTRAR'S SIGNATURE: Ruth Bowell
25. FUNERAL DIRECTOR: E. N. Whitney — ADDRESS: Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

NOV 12 1953

STATE OF IDAHO

VITAL STATISTICS DIVISION

State File No. 34-53

Local Reg. No. 34-53

Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Boundary

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry

c. LENGTH OF STAY (in this place): 6 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonners Ferry Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Montana

b. COUNTY: Lincoln

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy

d. STREET ADDRESS (If rural, give location): P.O. Box J.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Blanche	Conklin	Weidner	October 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 31, 1886	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Hartley, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas B. Conklin		Emma Frances Lemar	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Henry C. Weidner	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 16, 1953, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 22, 1953, *and that death occurred at* 12:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
✓ R. M. Burke	M.D.	Bonners Ferry, Idaho	Oct 28, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct 22, 1953	City of Libby Cem.	Libby, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 28, 1953	✓ R. M. Burke	Gompf Funeral Home by: Lura Dell Gompf owner	Libby, Montana

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

State File No. [illegible]
Local Reg. No. 36-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Alvah
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 22, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: lumber milling
11. BIRTHPLACE (State or foreign country): Hailey Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Frank Turner — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Emma Thompson — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-9367
17. INFORMANT'S OWN SIGNATURE: Mrs. Dan D. Wilson — ADDRESS: Moyie Springs

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial insufficiency — 6 months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1953, *to* Oct 28, 1953, *that I last saw the deceased alive on* Oct 22, 1953 *and that death occurred at* 2 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everett L. Ellis M.D. (Degree or title) 64
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: Oct 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/53
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: Oct 30-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: N. F. Riplinger Jr. — ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 17

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bo He
b. CITY OR TOWN Howe
LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Howe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bo He
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Howe
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) a. (First) Loyd b. (Middle) Percival c. (Last) Crowley

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH April 12 1887

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor

10b. KIND OF BUSINESS OR INDUSTRY Ranch

11. BIRTHPLACE (State or foreign country) Bicher Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Logan Crowley BIRTHPLACE Mendocino County Calif.

14. MOTHER'S MAIDEN NAME Clara Serna Ricketts BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Ross M. Crowley ADDRESS Sand Point Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — found dead in bed

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Howe (COUNTY) Bo He (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE W.S. Marvel (Degree or title) Bo He County Coroner

23b. ADDRESS P.O. 37 Arco Idaho

23c. DATE SIGNED 10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/14/53

24c. NAME OF CEMETERY OR CREMATORY Willcrest Cem.

24d. LOCATION (City, town, or county) Arco (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 28-53

REGISTRAR'S SIGNATURE Betty J. Marvel

25. FUNERAL DIRECTOR W.S. Marvel ADDRESS Arco Idaho

#670

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3-65
Local Reg. No. 3-65
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 809 Denver St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Viola c (Last) Young

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: February 22, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months: 7 Days: 9
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chatsworth, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Kerr Carson, BIRTHPLACE: Brown Co., Ohio

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth McCready, BIRTHPLACE: Wheeling, Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: /Mrs. Enola B. Humbert ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio. [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1953, *to* death, 19___, *that I last saw the deceased alive on* July 26, 1953, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 5-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/14/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [illegible] Peckham-Bakan Chapel ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 59
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Wilder Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Isaac; b. (Middle) Fielding; c. (Last) Madden

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/14/1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 2 Days 24
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Keho, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Madden
BIRTHPLACE: Keho, Ky.

14. MOTHER'S MAIDEN NAME: Mary Fisher
BIRTHPLACE: Brusheart, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary E. Madden
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent Carcinoma of stomach — 3 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1518

19a. DATE OF OPERATION: 4-6-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Oct 8, 1953, *that I last saw the deceased alive on* Oct 4, 1953, *and that death occurred at* 11 8-53 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie Shupe
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 10/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/10/53
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Caldwell Idaho
Lucy M. Flahiff

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memprial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Effie; b. (Middle) Belle; c. (Last) Franklin

4. DATE OF DEATH (Month) (Day) (Year): October 8-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 5-1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR — Months: 8 Days: 3
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Volmer County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McGuire
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Mary Maxwell,
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Delphia Evans
ADDRESS: Parma Rt.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemorrhage from Esophageal Varices — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrosis of the liver — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple Myeloma — 3-4 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 12, 1953, *to* Oct 8, 1953, *that I last saw the deceased alive on* Oct 8, 19 53 *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Hubler (Degree or title): M D
23b. ADDRESS: 221 E. Dawson St. Caldwell, Idaho
23c. DATE SIGNED: 10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 12-1953
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 10/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: E. V. Peckham
ADDRESS: Peckham-Oakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

OCT 19 1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 63
Reg. Dist. No. 360

BIRTH NO. [illegible]

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nyssa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle):
c. (Last): Finger

4. DATE OF DEATH (Month) (Day) (Year): October 9-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: October 9-1953

9. AGE (In years last birthday): --
IF UNDER 1 YEAR — Months: -- Days: --
IF UNDER 24 HRS. — Hours: 8 Min.: 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Howard Wesley Finger
BIRTHPLACE: Manawa, Wisconsin

14. MOTHER'S MAIDEN NAME: Gwen Hankins
BIRTHPLACE: Gering, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Howard W. Finger
ADDRESS: Nyssa, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Erythroblastosis Foetalis — 770.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Rh factor incompatibility

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 9, 1953, *to* Oct. 9, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Oako H. Beaver (Degree or title) M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: Oct. 16, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 9-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/17/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Daken Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3823
Local Reg. No. 61
Reg. Dist. No. 960

BIRTH NO.

OCT 19 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 41 yrs at Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) 612 5th St.

3. NAME OF DECEASED (Type or Print) — a. (First) Ellis — b. (Middle) Edwin — c. (Last) McCreight

4. DATE OF DEATH (Month) (Day) (Year) October 12, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH October 4, 1869

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months — Days 8 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hardware Merchant, Implement Dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tranquility, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph H. McCreight, — BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Louisa Dodds — BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Harold D. McCreight, — ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 3, 1953, *to* Oct 12, 1953, *that I last saw the deceased alive on* Oct 11, 1953, *and that death occurred at* 2:12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lester Clarke MD — **23b. ADDRESS** Caldwell — **23c. DATE SIGNED** 10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** October 15, 1953 — **24c. NAME OF CEMETERY OR CREMATORY** Parma — **24d. LOCATION** (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 10/17/53 — REGISTRAR'S SIGNATURE Agnes M Denman

25. FUNERAL DIRECTOR Peckham-Dahan Chapel — ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Amended Item #11-10/28/2003 sc

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3824
Local Reg. No. 61
Reg. Dist. No. 360

BIRTH NO.

OCT 19 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Higer Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): West Linden St.

3. NAME OF DECEASED (Type or Print): a. (First) Josephine; b. (Middle); c. (Last) Worland

4. DATE OF DEATH: (Month) (Day) (Year) October 15-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: March 18, 1855

9. AGE (In years last birthday): 98
IF UNDER 1 YEAR: Months 6 Days 27
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri ~~Indiana~~

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Harter
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Anna Meyers
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs C R. Higer
ADDRESS: 510 main Caldwell Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cecum — 3 mo +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 11, 1953, *to* death, 19___, *that I last saw the deceased alive on* Oct 15, 1953, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 10-16

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: October 17-1953
24c. NAME OF CEMETERY OR CREMATORY: Palco
24d. LOCATION (City, town, or county) (State): Palco, Kansas

DATE REC'D BY LOCAL REG.: 10/17/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 28 2003
VITAL STATISTICS

State of _____ } SS
County of _____ }

Certificate No. 1953 - 3824

Date Filed Oct. 19, 1953

The undersigned does solemnly swear that certain facts on the certificate of death
(Birth, Death, Marriage, etc.)
for Josephine Worland (Name on Original Certificate) who died (Was Born, Died, etc.) on October 15, 1953 (Date of Event)
in Caldwell, Canyon Co. (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
#11 - birthplace	Indiana	Missouri

Subscribed and sworn to before me this 28th day of October, 2003

Notary Public, Sue Clark

Residing at Boise, Idaho

My commission expires Feb. 16, 2006
(Seal)

NOTARY PUBLIC STATE OF IDAHO

x Deanna Higer
Signature of Applicant

x 1919 Manitou Ave., Boise Id 83706
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

Revised 03 10 03

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3825
Local Reg. No. 68
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Canyon Hill Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Holton	Albert	William		10	17	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	4/17/1863	90	6	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self	Taswell, Illnoise	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarkson Holton	New Jersey	Matilda Wentz	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	none	John A. Holton	Caldwell Ida. Route 5 -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [redacted] Cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden death many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Feb 9, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
613 W J Hubler	M D	221 E Logan St Caldwell, Ida	10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/20/53	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/30/53	Agnes M Denman	Flahiff Funeral Chapel Lucy M. Flahiff	

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 16 1953

Certificate of Death

3826

STATE OF IDAHO

State File No. 3826
Local Reg. No. 75
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belmont St. & Boise Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Arlie; b. (Middle) Kenneth; c. (Last) Chaney

4. DATE OF DEATH: (Month) (Day) (Year): October 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1926

9. AGE (In years last birthday): 27
IF UNDER 1 YEAR: Months: 3; Days: 11
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman for Idaho Power

10b. KIND OF BUSINESS OR INDUSTRY: Co.

11. BIRTHPLACE (State or foreign country): El Paso, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A.P. Chaney
BIRTHPLACE: Helena, Oklahoma

14. MOTHER'S MAIDEN NAME: Ruby M. Bowington, Texahoma, Oklahoma
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War 2

16. SOCIAL SECURITY NO.: 523 28 5842

17. INFORMANT'S OWN SIGNATURE: x Mrs. A. P. Chaney
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

914.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Electrocuted.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 22, 1953. 8:40A.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Working on power pole.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip, Jr.
(Degree or title): Coroner
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 11/8/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/13/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Pakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 2 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3827
Local Reg. No. 67
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF TIME (If in place): 1 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 304 Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Joe.
b. (Middle):
c. (Last): Anacabe

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 / 26 / 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinic 16
10b. KIND OF BUSINESS OR INDUSTRY: Brakes on Cars
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph M. Anacabe — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-38-5731
17. INFORMANT'S OWN SIGNATURE: Delin Anacabe — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exanguination

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of head of pancreas

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Generalized abdomenal carcinomatosis
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8-53, 19__, *to* death, 19__, *that I last saw the deceased alive on* 10-27, 1953 *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John F. Stecher MD (Degree or title) 560
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 10-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/1953 01
24c. NAME OF CEMETERY OR CREMATORY: Kohlerland
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 10/30/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flahiff Funeral Chapel — ADDRESS:

Lucy M. Flahiff

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC[illegible]

NOV 9 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 71
Reg. Dist. No. 860

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Greenleaf~~ Caldwell
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenleaf
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Isadore; b. (Middle); c. (Last) Craven

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: August 21, 1883

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months: 2 Days: 9 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Hurley — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Hiatt — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: E. Glen Craven — ADDRESS: Portland, Ore

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) multiple fracture of pelvis, fracture of femur; compound fracture of both legs — " "

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none — —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greenleaf Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 30 53 10½ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Hit by Auto.

22. *I hereby certify that I attended the deceased from* 30 Oct, 1953, *to* 30 Oct, 1953, *that I last saw the deceased alive on* 30 Oct, 1953, *and that death occurred at* 1:37 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Simpson — (Degree or title): M.D.

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 3 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Greenleaf

24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 11/6/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3-38
Local Reg. No. 70
Reg. Dist. No. 960

BIRTH NO.

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): Caldwell 209 Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dovie
b. (Middle): Opal
c. (Last): Peacock

4. DATE OF DEATH: October 31-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 2-1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months: 1 Days: 29
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hartville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Warren Roberts,
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Name Elizabeth Davis
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs A L Peacock
ADDRESS: Wilder, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 40+ years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-5, 1953, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* 12 50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chester O. Stevenson (Degree or title): M.D.

23b. ADDRESS: Caldwell Idaho.

23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 4-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/6/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3230
Local Reg. No. 232
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 4 yrs in Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 221 North Kimball Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Zena
b. (Middle): Fern
c. (Last): Dodson

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3, 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moulton, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William D. Horn, BIRTHPLACE: Moulton, Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth Ratchford, BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539-18-4366
17. INFORMANT'S OWN SIGNATURE: T. F. Dodson, ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage brain

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Paralysis (Throat)

DUE TO (c): Acute Dilatation heart

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

8-25-53 Hypertension.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1953, *to* 8-25, 1953, *that I last saw the deceased alive on* 8-24, 1953, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. P. Belknap (Degree or title) MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Oct 29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Peckham-Pakan Chapel, G. V. Peckham, Caldwell. Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3831
Local Reg. No. 227
Reg. Dist. No. 342

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 3 1953 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 11th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) JAMES c. (Last) MALPASS

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 4, 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Falfield, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. K. Malpass — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1953, *to* Sept 19, 1953, *that I last saw the deceased alive on* Sept 19, 1953, *and that death occurred at* 5:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesley MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/53
24c. NAME OF CEMETERY OR CREMATORY: Clovendale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 29, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuckenbruck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3832
Local Reg. No. 221
Reg. Dist. No. 362

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): F.
c. (Last): OBSTARCZYK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 21, 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Obstarczyk — BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Anna Sobata — BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mildred Obstarczyk — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis - progressive. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Aug, 1953, *to* 24 Sept, 1953, *that I last saw the deceased alive on* 23 Sept, 1953, *and that death occurred at* 12:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph B Marcusen MD
23b. ADDRESS: 1111 6th ST Nampa
23c. DATE SIGNED: 21 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3833
Local Reg. No. 231
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
NOV 10 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 19th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 608 19th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAY	BURTON	HURD	Oct. 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 25, 1879	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Veterinarian		Springfield, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank F. Hurd	No Record	Pemelia Walters	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		E Lew Hurd	Albany Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral arterio-sclerosis	2 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	General arterio-sclerosis	5 years.
DUE TO (c)	Unknown.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 46, *to* Oct. 2, 19 53, *that I last saw the deceased alive on* Oct. 2, 19 53, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. A. Kellogg, M.D.	Nampa, Idaho,	10/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/15/53	Riverside	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR	ADDRESS
Nov 4 1953	Mrs. Jane Steele	Lewis Edmunds	Namra, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2524
Local Reg. No. 223
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 Elder

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 516 Elder

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFFORD
b. (Middle): COURTLAND
c. (Last): RAYNOR

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1917
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): Galena, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis A. Raynor — BIRTHPLACE: Houston, Mo.
14. MOTHER'S MAIDEN NAME: Hettie Nichols — BIRTHPLACE: Hiawassi, Ark.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510 12 2736
17. INFORMANT'S OWN SIGNATURE: Edith Raynor — ADDRESS: Nampa

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* October, 1953, *that I last saw the deceased alive on* Sept., 1953, *and that death occurred about* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Koehne (Degree or title): M. D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Oct. 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Earl S. Clyfon Jr. E — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 216
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 521 North 9th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Lucille
c. (Last): Sloan

4. DATE OF DEATH (Month) (Day) (Year): October 7-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 19-1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 7, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burton, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lee Snyder, BIRTHPLACE: York, Nebraska
14. MOTHER'S MAIDEN NAME: Jessie Wellever, BIRTHPLACE: Clarinda, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Rev. Walter G. Sloan, ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Decompensation
DUE TO (c): Bundle Branch block.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 15, 1953, *to* Oct 7, 1953, *that I last saw the deceased alive on* Oct 6, 1953, *and that death occurred at* 12:A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-8-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: October 8-1953
24c. NAME OF CEMETERY OR CREMATORY: Springview,
24d. LOCATION (City, town, or county) (State): Springview, Nebraska

DATE REC'D BY LOCAL REG.: Oct. 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: C. V. Peckham, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3836
Local Reg. No. 217
Reg. Dist. No. 362

BIRTH NO.

OCT 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 500 6 th Ave. So.

3. NAME OF DECEASED (Type or Print)

a. (First): JOHN

b. (Middle): R.

c. (Last): MACY

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 24, 1873

9. AGE (In years last birthday): 80

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY: Railroading

11. BIRTHPLACE (State or foreign country): Bloomfield, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: O.C. Macy

BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Agnes Landes

BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Virgil L. Hughes

ADDRESS: Nampa, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Nephritis (surgical)

DUE TO (c): Prostatic (hypertrophy or Cancer)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe Salter MD 361

23b. ADDRESS: Nampa

23c. DATE SIGNED: 10/15

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 21

24b. DATE: 10/9/53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds

ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE

Certificate of Death

OCT 29 1953 STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 363

BIRTH NO.

DIV VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) Life in Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) 406 Bates Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leona	Gayle	Yadon	October 11-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	March 23-1940	13	6	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student, eighth grade,
10b. KIND OF BUSINESS OR INDUSTRY Parma
11. BIRTHPLACE (State or foreign country) Parma, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Paul E. Yadon , Twin Falls, Idaho
14. MOTHER'S MAIDEN NAME BIRTHPLACE Dorothy Leona White , Manor, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Paul E. Yadon ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

200.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 10 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1953, *to* Oct 11, 1953, *that I last saw the deceased alive on* Oct 11, 1953, *and that death occurred at* 4 00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Mangum MD	Nampa Idaho	10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	October 14-1953	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG. Oct. 20 1953
REGISTRAR'S SIGNATURE Mrs. Jane Stuck
25. FUNERAL DIRECTOR Peckham-Oakan Chapel
E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 226
Reg. Dist. No. 363

BIRTH NO.

RECEIVED NOV 3 1953 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wendel	W.	Ihli	10	14	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	2/22 1891	62	7	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Self	Sturgis, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wendel Ihli	Germany	Anna Tath	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Louis Ihli	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Spondylitis Rhizomelique

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/16, 1953, *to* 10/14, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos Foltz MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/17/53	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 29, 1953	Mrs. Jane Steck	Flahiff Funeral Chapel	Lucy M. Flahiff - Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3839
Local Reg. No. 220
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sparks Rooms

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Sparks Rooms

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JEREMIAH	(Jerry)	DWYER	Oct.	16,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Oct. 31, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Casteltown, Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 530-03-2003
17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

783.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Pulmonary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John J. Alaip (Degree or title) Coroner
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 10/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/24/53
24c. NAME OF CEMETERY OR CREMATORY St. Raymond's
24d. LOCATION (City, town, or county) (State) New York, New York

DATE REC'D BY LOCAL REG. Oct 27 1953
REGISTRAR'S SIGNATURE Mrs Jane Steck
25. FUNERAL DIRECTOR Lewis Edmunds
ADDRESS Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3840
Local Reg. No. 224
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 Ivy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 512 Ivy

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): C,
c. (Last): KEGLEY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1896
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wellston, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Thomas Kegley — BIRTHPLACE: Atkins, Virginia
14. MOTHER'S MAIDEN NAME: Mary C. Smith — BIRTHPLACE: Oak Hill, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 05 2231
17. INFORMANT'S OWN SIGNATURE: William L. Kegley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

200.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-24, 1948, *to* 10-20, 1953 *that I last saw the deceased alive on* 10-20, 1953, *and that death occurred at* 11:15am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wache M.D. — 442
23b. ADDRESS: Nampa
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cem.
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Paul S. Alsip — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 10 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3841
Local Reg. No. 230
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1215 1st St. So.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) HAROLD
c. (Last) HUMPHREYS

4. DATE OF DEATH (Month) (Day) (Year) October 21, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 6, 1892
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resterant Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salem, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Humphreys 74 — BIRTHPLACE Salem, Oregon
14. MOTHER'S MAIDEN NAME Minnie L. King — BIRTHPLACE Salem, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 544-03-5002
17. INFORMANT'S OWN SIGNATURE + Mrs. Marjorie A. Hanson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerotic C.V. Dis-yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21, 1953, *to* 10-21-, 1953, *that I last saw the deceased alive on* 10-21, 1953 *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E. Wrecke 442 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/24/53
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Nov. 4 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Lewis Edmunds — ADDRESS Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 65
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 123 Elgin St.

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle); c. (Last) Green

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27-1903

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months 6 Days 24
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laramie, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Heman Mead Thomas — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Elnora Peru — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ellen M Green — ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1577

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October 13, 1953, *to* October 21, 1953, *that I last saw the deceased alive on* 8:45, 1953, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. A. Kochne M. D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: Oct. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 23-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/24/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
C. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. 3843
Local Reg. No. 225
Reg. Dist. No. 363

BIRTH NO.

RECEIVED NOV 3 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) CHESTER BITNER

4. DATE OF DEATH: October 23 1953 (Month) (Day) (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10 1892

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Hoisington, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Bitner
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Ida Snars
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-36-2063

17. INFORMANT'S OWN SIGNATURE: John E. Bitner
ADDRESS: Midvale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 4 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jos Salter (Degree or title): MD

23b. ADDRESS: Nampa

23c. DATE SIGNED: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/23/53

24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery

24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 10/23/53

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3844
Local Reg. No. 233
Reg. Dist. No. 362

RECEIVED
NOV 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 10th Ave So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 516 10th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): PEARL STEVENS
c. (Last): OVERTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 20, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Shelton — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: ----- Atkins — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Duke Overton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Ovary bilat with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer breast left.

19a. DATE OF OPERATION: Jan 3 1951
19b. MAJOR FINDINGS OF OPERATION: Bilateral Carcinoma Ovary - Peritoneal metastasis
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1951, *to* Oct 25, 1953, *that I last saw the deceased alive on* Oct 25, 1953, *and that death occurred at* 10:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 344 (Degree or title): MW
23b. ADDRESS: Nampa Ida.
23c. DATE SIGNED: 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Gomezzi — ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3845
Local Reg. No. 236
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 14th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 916 14th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) CLAY c. (Last) DANIEL

4. DATE OF DEATH (Month) (Day) (Year): October 26, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 8, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Webster Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Clifford W. Daniel
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senility, hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: chronic nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-26-53 *19*____, *to* 10-26-53 *19*____, *that I last saw the deceased alive on* 10-26-53, *19*____, *and that death occurred at* 1030 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 241
23b. ADDRESS: 141½ 1st St. So. Nampa, Idaho
23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov 12, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3846
Local Reg. No. 229
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
NOV 3 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 307 10th Ave No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 307 10th Ave No.

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle): F
c. (Last): REEM

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 27, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner 74
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Frankford, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stockton Reem — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mrs Henry Moore — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Harriet Bullis — ADDRESS: Indiana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 11, 1953, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 6, 1953, *and that death occurred at* 6:15pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 443
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29, 53 05
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 29 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Paul S. Cytarczyk
ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

H. WESCHE

RECEIVED OCT 30 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3847
Local Reg. No. 219
Reg. Dist. No. 3[illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1 Melmont Dist.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba - Rural
d. STREET ADDRESS (If rural, give location): Rt # 1 Melmont Dist.

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): E
c. (Last): SCHROEDER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Schroeder — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Hannah Schrader — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs T. E. Schroeder — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause undetermined probably
DUE TO (c): Coronary Artery Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Present, 19__, *that I last saw the deceased alive on* Not seen at time of death or before, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Mangum MD 241
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 14, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct 27 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Carl S. Chybarczyk — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3848
Local Reg. No. 3-5
Reg. Dist. No. 36-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Parma
c. LENGTH OF STAY (in this place): 4dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 2 Parma Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 506 1St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOIS	MARIE	CARTER	10-9-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	4-9-1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R Downs	Utah	Susan Tolley	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	K Joseph W Carter	Box 363 Nyssa Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

543X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema	30 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac failure	30 min
DUE TO (c)	Strain of coughing	1 hr
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	gastritis	6 hr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/10, 1953, *to* D.O.A., 19___, *that I last saw the deceased alive on* 10/10, 1953, *and that death occurred at* 12:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Kirby M.D.	Nyssa Ore	10/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-11-1953	Rupert	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/11/53	Agnes M Denman	B B Funkhouser	Nyssa Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3849
Local Reg. No. 3-8
Reg. Dist. No. 360

BIRTH NO.

OCT 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
c. LENGTH OF STAY (in this place): 26yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Box 202

3. NAME OF DECEASED (Type or Print): a. (First) Valta b. (Middle) Joyce c. (Last) Cummings

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/14/1927

9. AGE (In years last birthday): 26 IF UNDER 1 YEAR Months: 7 Days: 27 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Parma, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis L. Hudson BIRTHPLACE: Hasting, Neb.

14. MOTHER'S MAIDEN NAME: Nora E. Stevens BIRTHPLACE: Virginia Fredeickburg,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-32-1645

17. INFORMANT'S OWN SIGNATURE: Gretchen D Johnson ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal chest injuries with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Car wreck (auto) — instant

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

825.4

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Wilder, Canyon co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 11, 1953-6pm m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car collision

22. I hereby certify that I attended the deceased from 10/11, 1953, to 10/11, 1953, that I last saw the deceased alive on 10/11, 1953, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M Montgomery MD

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/15/53

24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery

24d. LOCATION (City, town, or county) (State): Near Wilder, Idaho

DATE REC'D BY LOCAL REG.: 10/16/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR ADDRESS: Elahiff Funeral Chapel

Lucy M. Elahiff

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3850
Local Reg. No. 74
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Parma
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cross road near Apple Valley School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) Elbert
b. (Middle) Eugene
c. (Last) Lyall

4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 11-1894
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months 7 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-Parma Water
10b. KIND OF BUSINESS OR INDUSTRY Lifter Co.
11. BIRTHPLACE (State or foreign country) Charleston, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eugene Lyall 17 — BIRTHPLACE South Carolina
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1
16. SOCIAL SECURITY NO. 507-01-0552
17. INFORMANT'S OWN SIGNATURE Mrs Hellen Booth — ADDRESS Parma, Idaho Rt.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 825.4 Internal injuries rt. pleural area, and probable skull fracture in rt. temple area.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pub. Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Apple Valley School, Canyon, Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/15/53 6:50 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 6:50 P m., from the causes and on the date stated above.*

23a. SIGNATURE John F Alsip, Jr (Degree or title) Coroner
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 10/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE October 19-1953
24c. NAME OF CEMETERY OR CREMATORY Parma
24d. LOCATION (City, town, or county) (State) Parma, Idaho

DATE REC'D BY LOCAL REG. 11/18/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Peckham-Dakan Chapel — ADDRESS J. V. Peckham, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3851
Local Reg. No. 237
Reg. Dist. No. 362

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): W.
c. (Last): MAYSE

4. DATE OF DEATH (Month) (Day) (Year): October 17, 1953

5. SEX: male
6. COLOR OR RACE:
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 19, 1850
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Genevieve Wilson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage brain & Pneumonia terminal — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Oct 17, 1953, *that I last saw the deceased alive on* Oct 16, 1953, *and that death occurred at* 7:40am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 H P Belknap MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Oct 19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/19/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3852
Local Reg. No. 64
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route No.3

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) Kay; c. (Last) Watanabe

4. DATE OF DEATH (Month) (Day) (Yea): October 19, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: February 17, 1953

9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months 8, Days 2; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Watanabe — BIRTHPLACE: Garland, Utah

14. MOTHER'S MAIDEN NAME: Mary Maeda — BIRTHPLACE: Portland, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Joe Watanabe — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 753.1 Central Atrophy — INTERVAL BETWEEN ONSET AND DEATH: since birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Erythroblastosis — " "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute Respiratory Infection

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jul 21, 1953, *to* Oct 19, 1953, *that I last saw the deceased alive on* Oct 17, 1953, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. McKean — (Degree or title): M.D

23b. ADDRESS: 200 E Bannock Boise

23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 21-1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10/23/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Oakan Chapel — Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 3 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3853
Local Reg. No. 228
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2504 Broadway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MICHAEL	STEVEN	COMBS		OCT.	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Child	May 22, 1946	7				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 03
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Boise
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lemuel Combs — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Dormilee A. Moore — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Evelyn Lyle — ADDRESS: Box 531 Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus — 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Meningo-Encephalitis (and had been operated on in Portland for subdural hematoma)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Loss of vision, spasticity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): --
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, *19*53, *to* October 24 *19*53, *that I last saw the deceased alive on* Oct. 24, *19*53, *and that death occurred at* 7:35 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Wentworth M.D. (Degree or title)
23b. ADDRESS: Box 531 Nampa, Idaho
23c. DATE SIGNED: Oct. 24, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 29, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3854
Local Reg. No. 68
Reg. Dist. No. 961

BIRTH NO.

NOV 2 1953

VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho

c. LENGTH OF STAY (in this place): 44yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho

d. STREET ADDRESS (If rural, give location): Route 1 Nilder

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Genevra	Madden	10	26	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widowed	8 / 2 / 1880	73	2 24	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Ironton, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: El[redacted] Remy — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Crow — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dwight E. Madden — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis Generalized — 10 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-1, 1953, *to* 10-26, 1953, *that I last saw the deceased alive on* 10-19, 1953, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie Shute 370	Caldwell	10/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10/30/53	Agnes M Denman	Flahiff Funeral Chapel Percy M. Flahiff

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 3855
Local Reg. No. 235
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 6 Amity Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): Rt # 6 Amity Ave

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) F; c. (Last) WAGNER

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 22, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman Wagner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Raymonds
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Beulah Lundell
ADDRESS: Jone Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarct
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-29 *1953 to* 10-13 *, 1953, that I last saw the deceased alive on* 10-13 *, 1953, and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 6/3 W J Huber M.D
23b. ADDRESS: 221 E Logan Caldwell Ida
23c. DATE SIGNED: 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Earl D. Alsip
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED Certificate of Death

NOV 9 1953 STATE OF IDAHO

State File No. 3856
Local Reg. No. 69
Reg. Dist. No. 961

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunny Slope
c. LENGTH OF STAY (in this place): 27yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunny Slope
d. STREET ADDRESS (If rural, give location): Wilder Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cyril	Camiel	Lootens	10	27	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	9 / 1 / 1894	59	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self	60stkamp, Belgium	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henri Lootens	Oostkamp, Belgium	Leonie Vanden Bon Beernem	Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No	None	John H Lootens	Homedale, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* —— *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
344 W.S. Rose M.D.	Nampa Ida.	11/1/53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-30-53	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/4/53	Agnes M Denman	Flahiff Funeral Chapel	Fleey M. Flahiff Caldwell Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

OCT 27 1953

STATE OF IDAHO

State File No. 3857
Local Reg. No. 17
Reg. Dist. No. 520-521

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

STATISTICS

1. PLACE OF DEATH
a. COUNTY Caribou DIVISION ... AL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Roland
c. (Last) Reese

4. DATE OF DEATH (Month) (Day) (Year) Oct. - 19 - 53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Feby. 15-1950

9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months 8 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Small Child of

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Preston Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Bruce W. Reese BIRTHPLACE Beaver Ut.

14. MOTHER'S MAIDEN NAME LaRose Ashby BIRTHPLACE Tonopah Nev.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Bruce W. Reese ADDRESS Soda Springs, Ida.

18. CAUSE OF DEATH 9175

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of abdomen — INTERVAL BETWEEN ONSET AND DEATH 45 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In car on street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Soda Springs Caribou Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 19-53-P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Accidental Gunshot wound

22. *I hereby certify that I attended the deceased from* 19 Oct, 1953, *to* 19 Oct, 1953, *that I last saw the deceased alive on* 19 Oct, 1953, *and that death occurred at* 2:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Samuel Tigert Jr. M.D.

23b. ADDRESS Soda Springs, Idaho

23c. DATE SIGNED 20 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 23-53

24c. NAME OF CEMETERY OR CREMATORY Salt Lake Cem.

24d. LOCATION (City, town, or county) Salt Lake City (State) Utah

DATE REC'D BY LOCAL REG. Oct. 29 1953

REGISTRAR'S SIGNATURE Betty Mae Burton

25. FUNERAL DIRECTOR O.D. Whitman

ADDRESS Soda Springs Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3859
Local Reg. No. 198
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN: Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: H-2 Vets Apartments

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN: Burley
d. STREET ADDRESS (If rural, give location): H-2 Vets Apartments

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Merlin	Benjamin	Osterhout	Oct. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 28, 1895	58	4	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elba, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Osterhout, BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: Ida Elizabeth Sparks, BIRTHPLACE: Kelton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-09-6224
17. INFORMANT'S OWN SIGNATURE: Mrs. Ida Osterhout ADDRESS: Burley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Fibrosis — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Oct, 1953, *that I last saw the deceased alive on* Oct 2, 1953, *and that death occurred at* 9:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James V. Bucker M.D.	Burley, Idaho	10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 20, 1953	Declo Cemetery	Declo, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 21 1953	R F Wilson	Kenneth McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3860
Local Reg. No. 201
Reg. Dist. No. 470

BIRTH NO.

NOV 12 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas
b. COUNTY Hidalgo
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weslaco
d. STREET ADDRESS (If rural, give location) 404 North Liberty St.

3. NAME OF DECEASED (Type or Print) a. (First) Federico b. (Middle) — c. (Last) Martinez

4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1953

5. SEX Male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH Jan 31 1952
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 8 Days 19 — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Pablo Martinez. BIRTHPLACE Texas
14. MOTHER'S MAIDEN NAME Amafea Ramos. BIRTHPLACE Texas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Pablo Martinez ADDRESS Burley Ido.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH ½ Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cord injury and cervical fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chest Injury

19a. DATE OF OPERATION No
19b MAJOR FINDINGS OF OPERATION none.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Burley Idaho
21c. (CITY, TOWN, OR TOWNSHIP) Forest Labor Camp (COUNTY) Cassia (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) 10-19-53 (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile backed over child.

22. *I hereby certify that I attended the deceased from* 10-19-53, 19—, *to* 10-19-53, 19—, *that I last saw the deceased alive on* 10-19-53, 19—, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 21 - 53
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) Burley (State) Idaho

DATE REC'D BY LOCAL REG. Oct 30 1953
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] ADDRESS Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3861
Local Reg. No. 199
Reg. Dist. No. 470

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 117 West Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jose
b. (Middle): J
c. (Last): Yrigoyen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 24, 1888
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 10, Days -
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep herder
10b. KIND OF BUSINESS OR INDUSTRY: Sheep raising
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Santos Yrigoyen, ------ BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Victoria Ann Astobiza, --- BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 518-36-5982
17. INFORMANT'S OWN SIGNATURE: Mrs. Fred Itasue
ADDRESS: 24 So 1st Salt Lake City Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 525X Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary Polycythemia — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1953, *to* Oct 24, 1953, *that I last saw the deceased alive on* Oct 23, 1953 *and that death occurred at* 8:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Bircher (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-28-53
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Oct 27 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3862
Local Reg. No. 203
Reg. Dist. No. 470

RECEIVED
NOV 1 5 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Guadalupe; b. (Middle); c. (Last) Zamora

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 1, 1953

9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 6, Days 25
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Uvalde, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Adolph Zamora, BIRTHPLACE: Uvalde, Texas

14. MOTHER'S MAIDEN NAME: Consuelo Belasquez, BIRTHPLACE: Knippa, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: c/o A. J. Meeks, ADDRESS: Consuelo Velasquez Malta Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

571.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Enteritis — 72 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 25, 1953, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 26, 1953, *and that death occurred at* 1:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D. — **23b. ADDRESS**: Burley Idaho — **23c. DATE SIGNED**: 10-27-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov 2 1953
REGISTRAR'S SIGNATURE: R. A. Nilson

25. FUNERAL DIRECTOR: Vern B. McCulloch, ADDRESS: Burley Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

NOV 23 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. 3863
Local Reg. No. 207
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 15 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM		MACFARLANE	10-29-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		SEPT 7 1869	84		1	22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ASSAYAR	METALS	RUSHFORD, PENN	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John MacFarlane	SCOTLAND	SARAH Jane Phillips	Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
✓	NO.	Douglas M Jacobs	Hailey Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardiovascular disease

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 May, 1952, *to* 29 Oct, 1953, *that I last saw the deceased alive on* 27 Oct, 1953, *and that death occurred at* 10 45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Hailey Idaho	11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	11-2-53	Am Legion	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 14 1953	[illegible] Atkinson	Ray McGoldrick	Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3864
Local Reg. No. 197
Reg. Dist. No. 470

BIRTH NO.

OCT 20 1953

1. PLACE OF DEATH
a. COUNTY Cassia DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley (Nearest town)
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cotton Ridge - 22 mi W Burley

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 365 E. 18 St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Elias	Welland	Oct 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Nov 3, 1887	66	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpenter	Salt Lake City, Utah	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Joseph Welland	Utah	Frances G. Harris	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-0905	James R Welland	Seattle Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Internal Hemorrhage	5 Min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot Wound	5 Min
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Collapsed Lungs	5 Min

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Forest - Minidoka	(Above - Oakley Cassia, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 2 1953 6 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Accidentally shot while deer hunting about 22 mi above Oakley - CASSIA Div - MINIDOKA -

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* Oct 2 1953 *and that death occurred at* 6-15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J R Sutton 3911	M d	Burley Idaho	10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/3/53	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 5 1953	R. D. Wilson	Vern B. McCulloch	Burley Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3865
Local Reg. No. 202
Reg. Dist. No. 470

BIRTH NO. 111-53-12 [illegible]

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Derald
c. (Last): Mabey

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct 5, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 12; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Derald Mabey - Oakley, Idaho
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Velma Christensen - Tekamah, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: x Derald Mabey Oakley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 12 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1953, *to* Oct 17, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Burley Id.
23c. DATE SIGNED: Oct-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Marion Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Oct 30 1953
REGISTRAR'S SIGNATURE: [illegible] Wilson
25. FUNERAL DIRECTOR / ADDRESS: J. Garth [illegible] Burley

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3866
Local Reg. No. 200
Reg. Dist. No. 470

RECEIVED
NOV 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude Alma
b. (Middle): Hancock
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 15, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Edward E. Phipps - Nebraska
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Rosabelle Young - Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 507-24-4200
17. INFORMANT'S OWN SIGNATURE: Fred Sherrod — ADDRESS: Burley

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary arteriosclerosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Med. essential hypertension — Unknown

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5, 1949, *to* 12-8, 1952, *that I last saw the deceased alive on* dead on arrival, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Hutton 371 M.A. (Degree or title)
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Carroll Cemetery
24d. LOCATION (City, town, or county) (State): Carroll, Nebraska

DATE REC'D BY LOCAL REG.: Oct. 30 1953
REGISTRAR'S SIGNATURE: R. Wilson
25. FUNERAL DIRECTOR: J. Garth Payne — ADDRESS: BURLEY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3867
Local Reg. No. 205
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
LENGTH OF STAY (in this place): 65 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Addison c. (Last) Day

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23, 1867
9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months: 5 Days: 7 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Draper, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry C. Day BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Elizabeth Cottrell BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Geo. A. Day ADDRESS: Oakley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19___, *to* Oct 27, 1953, *that I last saw the deceased alive on* Oct 27, 1953, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-4-53
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley Idaho

DATE REC'D BY LOCAL REG.: Nov. 6 1953
REGISTRAR'S SIGNATURE: R D Wilson
25. FUNERAL DIRECTOR: Kenneth McCulloch ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3868
Local Reg. No. 26
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
OCT 13 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-Rural
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-Canyon Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-Rural
d. STREET ADDRESS (If rural, give location): Canyon Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Ole
b. (Middle):
c. (Last): Storholt

4. DATE OF DEATH: (Month) (Day) (Year): 10-3-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-13-1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 24

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Storholt
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mary Loseth
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Frank Storholt
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from ----------, 19--, to ----------, 19--, that I last saw the deceased alive on ----------, 19--, and that death occurred at 3:30p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Gilbert Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-5-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Wells Bench
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-5-53
REGISTRAR'S SIGNATURE: Elmer E Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED OCT 22 1953 STATE DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3869
Local Reg. No. 29
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (In this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	Arvid	Anderson	10-5-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	5-9-1888	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Log Scaler 08	Lumber	Moscow, Idaho	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charlie Anderson	Sweden	Ada Johnson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 03 1909	X Clifford L Anderson	Greer

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5 yrs

DUE TO (c) Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-1-~~49~~ *to* 10-5-53 *that I last saw the deceased alive on* 9-24-53 *and that death occurred at* 1:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Newton MD 291	Lewiston	10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-8-1953	Weippe Cemetery	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Elmer E Finley	R. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 13 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3870
Local Reg. No. 27
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canewater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Canewater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wano		Kaski	Oct	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	unk	80 (?)				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsman	Logging	Finland	unk

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unk	unk	unk	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unk	518-03-6142A	E. L. Barry MD	Orofino Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Cerebral arteriosclerosis	5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)	Senility	5 yrs
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3347

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-20 *19*51, *to* 10-6, *19*53, *that I last saw the deceased alive on* 10-6, *19*53, *and that death occurred at* 6 10 P *m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barry MD 023	Orofino Ida	Oct 7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-9-53	Riverside Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-9-53	Delmon E Dawley	W. E. Gilbert	Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3871
Local Reg. No. 28
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 704 Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Catherine
c. (Last): Pollock

4. DATE OF DEATH (Month) (Day) (Year): 10-7-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-12-1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): So. Dakota
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Curtis D. Strang — BIRTHPLACE: Wis.
14. MOTHER'S MAIDEN NAME: Rosy A. McBride — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Joe C. Pollock — ADDRESS: Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive several

DUE TO (c): years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1934, 19__, *to* 1953, 19__, *that I last saw the deceased alive on* 10-7-53, 19__, *and that death occurred at* 2:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. B. Appenhagen M.D. 364
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-9-53
REGISTRAR'S SIGNATURE: Vernon E. Farley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3872
Local Reg. No. 30
Reg. Dist. No. 210

RECEIVED OCT 22 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater AL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) A.; c. (Last) Erickson

4. DATE OF DEATH (Month) (Day) (Year): 10-10-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 12-16-1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Thief River Falls, Minn.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Elias Erickson — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Annie Olson — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 516189450
17. INFORMANT'S OWN SIGNATURE: Ella L. Kibbelar — ADDRESS: Pilot Rock Ore.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute left lobar pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 10:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert — (Degree or title): 470 Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-14-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-14-53
REGISTRAR'S SIGNATURE: Vernon E Fawley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 22 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3873
Local Reg. No. 31
Reg. Dist. No. 24

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Myrtle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): W.
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): 10-13-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8-22-1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods-work
11. BIRTHPLACE (State or foreign country): Elberton, Wash.
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Charles F. Clarke — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Jane Thompson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 519146752
17. INFORMANT'S OWN SIGNATURE: X H. O. Clarke — ADDRESS: Elberton, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza followed — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): by Cardiac failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 1953, *to* 10-13-, 1953, *that I last saw the deceased alive on* 10-13-53, 19___, *and that death occurred at* 8:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE 304 (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-15-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3874
Local Reg. No. 32
Reg. Dist. No. 210

BIRTH NO.

RECEIVED OCT 22 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	J	Stratton	10	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Unknown	Unknown	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 05
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: G. J. Caple M D — ADDRESS: Orofino

18. CAUSE OF DEATH 450.0

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1953, *to* 10-12, 1953, *that I last saw the deceased alive on* 10-13, 1953, *and that death occurred at* 930a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
5(3) G. J. Caple M D	Orofino	10-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-14-1953	Hill Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-14-53	Vernon E. Dailey	W. E. Gilbert	Orofino

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD Certificate of Death

STATE OF IDAHO

State File No. 3875
Local Reg. No. 33
Reg. Dist. No. 210

BIRTH NO.

NOV 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (In this place): Few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
d. STREET ADDRESS (If rural, give location): Frank Norris Mill

3. NAME OF DECEASED (Type or Print): a. (First) Einar; b. (Middle) Warmdahl; c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 10-18-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	1-4-1906	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 08
10b. KIND OF BUSINESS OR INDUSTRY: Woods-work
11. BIRTHPLACE (State or foreign country): S. Dakota
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519030913
17. INFORMANT'S OWN SIGNATURE: X Charlotte Warmdahl — ADDRESS: Orofino

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Affected with heart disease

DUE TO (c) for unknown period.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ---------, 19--, to ---------, 19--, that I last saw the deceased alive on ---------, 19--, and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert 470 (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 10-21-53
REGISTRAR'S SIGNATURE: Vernon E. Fowley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-49021

State File No. 3876
Local Reg. No. 34
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 54 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Arlo
c. (Last): Denney

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1953

5. SEX: Male
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 7 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired railroad
10b. KIND OF BUSINESS OR INDUSTRY: laborer
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Wesley Denney — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Agnes Jordon — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1 world war
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT'S OWN SIGNATURE: G. L. Berry MD — ADDRESS: Orofino Ida

18. CAUSE OF DEATH 415X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis (rheum) — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2, 1953, *to* 10-26, 1953, *that I last saw the deceased alive on* 10-26, 1953 *and that death occurred at* 410P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Berry MD
23b. ADDRESS: Orofino Ida
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-53
24c. NAME OF CEMETERY OR CREMATORY: Craigmont
24d. LOCATION (City, town, or county) (State): Craigmont Idaho

DATE REC'D BY LOCAL REG.: 10-29-53
REGISTRAR'S SIGNATURE: Vernon E. Dairley
25. FUNERAL DIRECTOR: C. E. Clovis — ADDRESS: Craigmont Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3877
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Mary
c. (Last): Mason

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23-1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: March 20-1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 7, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Battle Ground-Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Danial Shoup — BIRTHPLACE: Not known
14. MOTHER'S MAIDEN NAME: Elizabeth Lamar — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dorothy Lehman — ADDRESS: Mackay

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

902.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Systicemia, multiple infections — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rt. Hip Injury, unknown extent — 6 wks.
~~DUE TO~~ (c): Decubitus Ulcers, multiple — 3 wks

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Parkinsonism — 2-3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mackay, Custer, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 11, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell off chamber chair

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Barter M.D.
23b. ADDRESS: Challis, Ida
23c. DATE SIGNED: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 27-53
24c. NAME OF CEMETERY OR CREMATORY: Mt McCaleb
24d. LOCATION (City, town, or county) (State): Mackay-Idaho

DATE REC'D BY LOCAL REG.: 11-10-53
REGISTRAR'S SIGNATURE: A. Muffett
25. FUNERAL DIRECTOR: Betty J. Marvel — ADDRESS: Arco F.D. #19

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3878
Local Reg. No. 35
Reg. Dist. No. 380

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 12 1953 DIVISION OF VITAL STATISTICS IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT HOME AFB, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE
d. STREET ADDRESS (If rural, give location): PHA QUARTERS 375

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JULIA	LAVENICE	HUBBARD	OCT	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	CAUCASIAN	WIDOWED	1 NOVEMBER 1890	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOUSEWIFE	TEXAS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	TEXAS	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	UNKNOWN	Josette R. Hewett	MT HOME AFB

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 10 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 2 Oct, *19* 53, *to* 6 Oct, *19* 53, *that I last saw the deceased alive on* 6 Oct, *19* 53, *and that death occurred at* 1015P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert L. Nutt 006 ROBERT L. NUTT, 1st Lt., USAF (MC)	MOUNTAIN HOME AFB., IDAHO	7 OCT 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 8, 1953		Fort Worth, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 7 1953	H H Andrews	Earl Waggener	Boise, Idaho
		McBratney-Alden Chapel	

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3879
Local Reg. No. 36
Reg. Dist. No. 388

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERNIE
b. (Middle): FLOYD
c. (Last): NIELSON

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 6 30 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 9; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE or
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GREAT FALLS MONT
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL M. NIELSON — BIRTHPLACE: MARIDIAN IDA.
14. MOTHER'S MAIDEN NAME: CARMELITA J. THOMPSON — BIRTHPLACE: TEXAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Carl M Nielson — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

470X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found dead in crib by parents

DUE TO (c) Evidently caused by suffocation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Had bad cold.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Mtn Home (COUNTY) Elmore (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Chile F. Green Coroner (Degree or title)
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-12-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Meridian Ida

DATE REC'D BY LOCAL REG.: Oct 10, 1953
REGISTRAR'S SIGNATURE: A F Anderson
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: D. A. L. Harrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3890
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hammett
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hammett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Guy
b. (Middle): Seth
c. (Last): Heath

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 15, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pola Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Seth Heath — BIRTHPLACE: Not known
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsie Rubeney — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary sclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Oct 13, 1953, *that I last saw the deceased alive on* Sep 29, 1953, 1953, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ward A. Rubien M.D.
23b. ADDRESS: Glenn Ferry Ida
23c. DATE SIGNED: Oct 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 16
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Oct 16 - 1953
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Ida.

D. A. L. Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

13-11539

RECEIVED

Certificate of Death

OCT 21 1953 STATE OF IDAHO

State File No. 3881
Local Reg. No. 37
Reg. Dist. No. 380

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Dennis; b. (Middle) Carl; c. (Last) Amatucci

4. DATE OF DEATH: (Month) Oct. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept. 24, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 20; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Amatucci — BIRTHPLACE: Boston, Mass.

14. MOTHER'S MAIDEN NAME: Anna Viscrone — BIRTHPLACE: Boston, Mass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Joseph Amatucci — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): In Crib
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn. Home Elmore Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 14, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Suffocation in crib

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dale A. Drew Coroner — **23b. ADDRESS**: Mtn. Home Ida — **23c. DATE SIGNED**: 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 1?, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Oct 14, 1953

REGISTRAR'S SIGNATURE: A.E. Anderson

25. FUNERAL DIRECTOR: Bey Mortuary — **ADDRESS**: Mountain Home, Ida.

D.D. L'Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3882
Local Reg. No. 38
Reg. Dist. No. 380

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT HOME AFB
c. LENGTH OF STAY (in this place): 10 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MT HOME AFB, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT, HOME AFB
d. STREET ADDRESS (If rural, give location): PHA QUARTERS 21

3. NAME OF DECEASED (Type or Print)
a. (First): JOYCE
b. (Middle): ELLEN
c. (Last): FREEMAN

4. DATE OF DEATH (Month) (Day) (Year): OCT 27 1953

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 12 AUG 53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 15; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOT APPLICABLE
10b. KIND OF BUSINESS OR INDUSTRY: NOT APPLICABLE
11. BIRTHPLACE (State or foreign country): MT. HOME AFB, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JACK L. FREEMAN — BIRTHPLACE: CHICAGO, ILLINOIS
14. MOTHER'S MAIDEN NAME: BETTE L. BRISTOW — BIRTHPLACE: CHESEPEAKE CITY, MD.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jack L Freeman — ADDRESS: MT. HOME AFB, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Philo F. Green Corfine (Degree or title) — 23b. ADDRESS: Mtn Home Ida — 23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: Oct 28-53 — 24c. NAME OF CEMETERY OR CREMATORY — 24d. LOCATION (City, town, or county) (State): Aberdine Maryland

DATE REC'D BY LOCAL REG.: Oct 28, 1953 — REGISTRAR'S SIGNATURE: [signature] — 25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: D A L Herisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3283
Local Reg. No. 9
Reg. Dist. No. 5-40

BIRTH NO.

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 1st N. 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Mary Elizabeth b. (Middle) Swainsten c. (Last) Poole

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 11, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Whitney, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Albert Swainsten
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Elizabeth Ransbottem
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Cora Newbold
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 1, 1953, *to* Oct 2, 1953, *that I last saw the deceased alive on* Oct 2, 1953, *and that death occurred at* 11:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Newel G Davis Jr (Degree or title): M.D.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: Oct 4 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Whitney
24d. LOCATION (City, town, or county) (State): Whitney, Idaho

DATE REC'D BY LOCAL REG.: 10-4-1953
REGISTRAR'S SIGNATURE: Effie M Brower
25. FUNERAL DIRECTOR: Atkinson Mortuary
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AMENDED APRIL 14, 1954

Certificate of Death

STATE OF IDAHO

53-

State File No. 3884
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johnson Drug Store

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 36 So. 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Junius; b. (Middle) Homer; c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): October 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17, 1899

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Moab, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David A. Johnson
BIRTHPLACE: Santaquin, Utah

14. MOTHER'S MAIDEN NAME: Martha Hill
BIRTHPLACE: St. Charles, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Homer Johnson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Oclusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8, 1953, *to* 10-8, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Hamey, Coroner

23b. ADDRESS: Preston, Idaho

23c. DATE SIGNED: Oct.10,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct.13, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-13-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: O. Sherwin Webb
ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
APR 13 '54
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin

Certificate No. 53-3884
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Julius Homer Johnson (Name on Original Certificate) who died (Was Born or Died) on October 8, 1953 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
3a. First Name	Julius	Junius

Subscribed and sworn to before me this 9th day of April 1954

Felma Barfur
Notary Public, residing at Preston, Idaho
My commission expires 12-28-56
(Seal)

Signed Sherwin Webb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 1954

Felma Barfur
Notary Public, residing at Preston, Idaho
My commission expires 12-28-56
(Seal)

Signed Dorothy C. Johnson
(Signature of Any Credible Person)

36 So 2nd East
(Street Address, City, State)
Preston Idaho

DPH 52.155

RECEIVED
OCT 27 1953
DIV. OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3884
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johnson Drug Store

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 36 So. 2nd East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Julius	Homer	Johnson	Oct 8 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	June 17, 1899	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist 46	Drug Store	Moab, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David A. Johnson	Santaquin Utah	Martha Hill	St Charles Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War I		Homer E. Johnson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-8, 1953 *to* 10-8, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Coroner	Preston, Idaho	Oct. 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13, 1953	Preston	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-13-1953	Eppie M. Brewer	Atkinson Webb	Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3885
Local Reg. No. 11
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gemeral Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 136 East Oneida

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Z
c. (Last): Foss

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.7, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ezra Carter Foss — BIRTHPLACE: Saco., Maine
14. MOTHER'S MAIDEN NAME: Emily Cheeney — BIRTHPLACE: Centerfield, Utah.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 9 Hoffman St. San Diego, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10-14-53 (1 hr.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 10-14, 1953, *that I last saw the deceased alive on* 10-14, 1953, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): M D
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.19,1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-19-1953
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: Sherwin Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D OCT 23 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 3886
Local Reg. No. 12
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Janette b. (Middle) D. c. (Last) Bosworth

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 27, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Middle River, Canada

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Horne
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Rebecca Ann Turnbull
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: A L Bosworth
ADDRESS: Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15, 1953, *to* 10-20, 1953, *that I last saw the deceased alive on* 10-20, 1953 *and that death occurred at* 2-0 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler 064 (Degree or title): MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-23-1953
REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Peterson Mort
ADDRESS: Preston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3887
Local Reg. No. 49
Reg. Dist. No. 650

BIRTH NO.

RECEIVED OCT 7 1953 VITAL STATISTICS DIVISION

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 426 W 1st N.

3. NAME OF DECEASED (Type or Print): a. (First) ALMA; b. (Middle) COLLINS; c. (Last) McCONNELEE

4. DATE OF DEATH (Month) (Day) (Year): Oct., 2, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept., 12, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Xenia, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Collins
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ruth Kyle
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Earl C McConnelee
ADDRESS: St. Anthony Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

159X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC COMA — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis, original site unknown, presumably — 6 mos.

DUE TO (c) gastrointestinal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-14-53

19b. MAJOR FINDINGS OF OPERATION: Metastatic nodules in liver, body of pancreas.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-53, 19___, *to* 10-2-53, 19___, *that I last saw the deceased alive on* 10-2-53, 19___ *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert R. Klamt, M. D.

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6 October 53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Fresno, California

DATE REC'D BY LOCAL REG.: 6 Oct 53

REGISTRAR'S SIGNATURE: M. S. Hansen

25. FUNERAL DIRECTOR: M. S. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 26 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3888
Local Reg. No. 54
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) MARTHA ELIZABETH JORDAN OLIVER

4. DATE OF DEATH (Month) (Day) (Year) Oct., 7, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct., 2, 1887
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Groves Spring, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE William P. Jordan
14. MOTHER'S MAIDEN NAME BIRTHPLACE Suzan Randolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Oliver ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca
DUE TO (c) Carcinoma of Breast, Left, Chron

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulo Nephritis

170X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3-53, 19___, *to* 10-7-53, 19___, *that I last saw the deceased alive on* 10-7-53, 19___, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS St. Anthony Ida
23c. DATE SIGNED 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 9, 1953
24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 21 Oct 53
REGISTRAR'S SIGNATURE M L Hansen
25. FUNERAL DIRECTOR ADDRESS M L Hansen St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 3889
Local Reg. No. 50
Reg. Dist. No. 651

RECEIVED
OCT 21 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harry. b. (Middle) Lloyd. c. (Last) Woodburn.

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11. 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 20th 1878.

9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired City Clerk

10b. KIND OF BUSINESS OR INDUSTRY City Employee

11. BIRTHPLACE (State or foreign country) Kansas.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME 62 John. A. Woodburn.

BIRTHPLACE Ind.

14. MOTHER'S MAIDEN NAME Mary Roberts

BIRTHPLACE Ky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY 528-03-6434

17. INFORMANT'S OWN SIGNATURE Frances M. Neve ADDRESS Ashton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Artery Disease — 25 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 60 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 7th, 1953, *to* Oct. 11th, 1953, *that I last saw the deceased alive on* Oct. 11, 1953, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Spencer Parkinson M.D.

23b. ADDRESS Ashton, Idaho

23c. DATE SIGNED 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 13th 1953.

24c. NAME OF CEMETERY OR CREMATORY Pineview

24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. Oct 19 1953

REGISTRAR'S SIGNATURE M. L. Hansen

25. FUNERAL DIRECTOR Lewis K. Kiser ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3890
Local Reg. No. 53
Reg. Dist. No. 651

Certificate of Death

BIRTH NO.

RECEIVED
OCT 26 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): OTIS
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): Oct., 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 9, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 3, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chester, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Brown, BIRTHPLACE: North Ogden, Utah
14. MOTHER'S MAIDEN NAME: Lovina Clifford, BIRTHPLACE: North Ogden, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hyrum S. Brown, ADDRESS: Chester, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 541.0 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic Ulcer
DUE TO (c) hemorrhage — 4 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* October, 1953, *that I last saw the deceased alive on* Oct. 1, 1953, *and that death occurred at* 5 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Kr Hamm (Degree or title) M.D.
23b. ADDRESS: St. Anthony, Ida.
23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct., 23, 53
24c. NAME OF CEMETERY OR CREMATORY: Rigby (Pioneer)
24d. LOCATION (City, town, or county) (State): Rigby, Jefferson County, Idaho

DATE REC'D BY LOCAL REG.: 21 Oct 53
REGISTRAR'S SIGNATURE: M. D. Hansen
25. FUNERAL DIRECTOR: M. D. Hansen, ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3891
Local Reg. No. 55
Reg. Dist. No. 650

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
c. LENGTH OF STAY (in this place): C
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) BRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Oct., 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept., 16, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR Months: 1 Days: 6
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Constrcution worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac P. Bright BIRTHPLACE: Hancock County, Ill.

14. MOTHER'S MAIDEN NAME: Cordelia Brower BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-10-2618

17. INFORMANT'S OWN SIGNATURE: C. A. Bright ADDRESS: Teton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility of Arteriosclerosis — V Yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 2011

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/22, 19 53, *to* 10/22/53 19____, *that I last saw the deceased alive on* 10/22/53, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Hansen (Degree or title) M.D.
23b. ADDRESS: St. Anthony, Ida.
23c. DATE SIGNED: 10/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 Oct 53
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Sugar City, RFD, Madison, Idah

DATE REC'D BY LOCAL REG.: Oct 23, 1953
REGISTRAR'S SIGNATURE: Mal Hansen
25. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St. Anthony, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3892
Local Reg. No. 21
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem — OCT 22 1953
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

DIVISION OF VITAL STATISTICS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Edwin	Goslin	Oct. 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed	Feb. 14, 1880	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	farm	Seward Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Goslin	England	Martha E. Roberts	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	540-30-0120	Adeline M. Osborne	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Colon — 3mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Oct., 1953, *that I last saw the deceased alive on* 7 Oct, 1953 *and that death occurred at* 6:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. A. Godwin, M. D.	Emmett Ida.	9 Oct. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 9, 53	Riverside	Emmett Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 9, 1953	Jean A. Beatty	The Beatty Chapel	Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3803
Local Reg. No. 22
Reg. Dist. No. 340-341

RECEIVED OCT 22 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): All
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beacon Apts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Beacon Apts

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Leslie c. (Last) Knox

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 5, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: auto

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clayton B. Knox
BIRTHPLACE: Emmett, Idaho

14. MOTHER'S MAIDEN NAME: Minnie A. Knouse
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): II

16. SOCIAL SECURITY NO.: 519-12-3200

17. INFORMANT'S OWN SIGNATURE: X Howard D Knox
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* Oct. 16, 1953 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Emmett Ida.
23c. DATE SIGNED: 19 Oct 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: October 19, 1953
REGISTRAR'S SIGNATURE: Jan C. Beatty

25 FUNERAL DIRECTOR: John W. Beatty
ADDRESS: The Beatty Chapel Emmett, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 3894
Local Reg. No. 24
Reg. Dist. No. 340-341

BIRTH NO.

NOV 4 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 653 Lincoln Ave

3. NAME OF DECEASED (Type or Print): a. (First) Lynch b. (Middle) Alexander c. (Last) Curran

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 21, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 22, 1879
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): steamfitter
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Pulaska, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Phillip Curran — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: 712 03 1831
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

59.2X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Oct 21, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Lawhun M.D.
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: October 26, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3895
Local Reg. No. 23
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Newel Abram
b. (Middle):
c. (Last): Romriell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 2, 1898
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months 5 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): McCammon Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George H. Romriell
BIRTHPLACE: Laketown Utah
14. MOTHER'S MAIDEN NAME: Martha Lewis
BIRTHPLACE: Brigham City Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Vern H. Romriell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute dilatation of the Heart — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial asthma — 40 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Emphysema — 20 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* October, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M.D.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: Oct 26, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon Idaho

DATE REC'D BY LOCAL REG.: October 26, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Gilman W. Beatty
ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 3996
Local Reg. No. 25
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Grace b. (Middle) Irene c. (Last) Hetherington

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 29, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 1, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Amboy City, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Hammack — BIRTHPLACE: Greenville, Texas
14. MOTHER'S MAIDEN NAME: Amber Cooley — BIRTHPLACE: Edgewood, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Herbert G. Hetherington — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive C.V. disease — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19___, *to* _____, 1953, *that I last saw the deceased alive on* 28 Oct., 1953, *and that death occurred at* 3 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 6 Nov. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: Nov 6-1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3897
Local Reg. No. 26
Reg. Dist. No. 340-34

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Wallace b. (Middle) Aubrnn c. (Last) Cannon

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 13, 1880

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 11 | Days: 17 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Dawson Co. Georgia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Thomas Cannon — BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Emily Matilda Taylor — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Rebecca Cannon — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Chronic Heart with high Blood pressure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage

DUE TO (c) Chronic Cerebral pressure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Many years, 19___, *that I last saw the deceased alive on* Oct 30, 1953, *and that death occurred at* 3:42 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Reynolds 331 (Degree or title) MD

23b. ADDRESS: Emmett Idaho

23c. DATE SIGNED: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov. 2, 1953

24c. NAME OF CEMETERY OR CREMATORY: New Plymoth

24d. LOCATION (City, town, or county) (State): New Plymoth, Idaho

DATE REC'D BY LOCAL REG.: Nov 5, 1953

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3898
Local Reg. No. 18
Reg. Dist. No. 340-341

BIRTH NO.

OCT 22 1953

1. PLACE OF DEATH
a. COUNTY: Gem DIVISIONAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Albert		Hooper	Sept. 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	Widowed	Mar. 16, 1876	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner	mining	BigRapids, Mich.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William W. Hooper	Maine	Unknown	

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Ed Bottin	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty	coronor	Emmett, Idaho	9/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 30, 1953	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 28, 1953	Jean A. Stattly	The Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 22 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3899
Local Reg. No. 19
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Russell	Bishop	Oct. 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed	July 28, 1892	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm	Falks Store, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edson Bishop	New York	Sarah Russell	Deshler, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 18 0230	X [signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Corronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 470	coronor Gem Co.	Emmett, Idaho	Oct6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 5, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
October 6, 1953	[signature]	[signature] The Beatty Chapel	Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rawlins Co. (copy)

Certificate of Death

STATE OF IDAHO

State File No. 3900
Local Reg. No. 20
Reg. Dist. No. 340-341

BIRTH NO. RECEIVED OCT 22 1953

1. PLACE OF DEATH

a. COUNTY: Gem DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hester	Elmira	Morris	Oct 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Mar. 3, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home	Fairfield, Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A, Graham		Hannah M. Surlett	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Marie Jacobsen	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic myocarditis — years

DUE TO (c)

II. OTHER SIsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10, 19 47, *to* Oct 2, 19 53, *that I last saw the deceased alive on* Sept 31, 19 53 *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howell P. Rawlins M.D.	Emmett Idaho	10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 5, 1953	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
October 8, 1953	Jean A. Beatty	The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

State File No. 3901
Local Reg. No. 1623
Reg. Dist. No. 420

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): private home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Antonia
b. (Middle):
c. (Last): Berriochoa

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 - 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 14 - 1875
9. AGE (In years last birthday): ~~167~~ 78 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY? U.S. naturalized
13. FATHER'S NAME: ? Capistan — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: ? — BIRTHPLACE: Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Grace Letellier — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Oct. 1, 1953, *that I last saw the deceased alive on* Oct. 1, 1953, *and that death occurred at* 5:42 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson, M.D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct - 5 - 53
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone - Idaho

DATE REC'D BY LOCAL REG.: Oct 4-53
REGISTRAR'S SIGNATURE: J H Connell
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3902
Local Reg. No. 1629
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 20 & California St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PAUL	M.	BEELER	Oct. 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 18, 1918	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning Plant
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. II 9176X
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: From Personal Effects — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot wound in head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gooding — Gooding — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stanley D. Legg	Justice of the Peace	Gooding, Idaho	9/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/14/53	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10-23-53
REGISTRAR'S SIGNATURE: J. A. Cornwall Registrar
25. FUNERAL DIRECTOR: Geo. Jensen Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Amended

BIRTH NO. 11-16-53

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3903
Local Reg. No. 1628
Reg. Dist. No. 420

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State TB Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HERMAN
b. (Middle) W
c. (Last) HODGES

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 6, 1913
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wappapello, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm A. Hodges, BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Sarah Lee Corner, BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 544-12-2271
17. INFORMANT'S OWN SIGNATURE Eloise M. Larson, M.D., ADDRESS Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Pulmonary tuberculosis — several years

19a. DATE OF OPERATION 10/16/53
19b. MAJOR FINDINGS OF OPERATION Wedge resection rt. upper lobe for TBc.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1953, *to* Oct. 19, 1953, *that I last saw the deceased alive on* Oct. 19, 1953, *and that death occurred at* 5:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Eloise M. Larson, M.D.
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/21/53
24c. NAME OF CEMETERY OR CREMATORY Klamath Falls
24d. LOCATION (City, town, or county) (State) Klamath Falls, Oregon

DATE REC'D BY LOCAL REG. 10-23-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. J. Mead Jr.
ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

EST. 1908

THOMPSON CHAPEL

Funeral Directors

737 MAIN GOODING, IDAHO

PHONE 235

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Nov. 13, 1953

Dept. of Vital Statistics
State House
Boise, Idaho

Gentlemen:

In regard to Herman W. Hodges who passed away in Gooding on Oct. 19, 1953, we put on the death certificate that the removal and burial was in Merrill, Oregon that is incorrect it should be Klamath Falls, Oregon.

Would you kindly change this for us, or inform us as to the prceedure as to make this correction.

Very truly yours,

Thompson Chapel

Les Jensad Jr.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3904
Local Reg. No. 1627
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 533 E. 5th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): H.
c. (Last): STICKLEY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flour Miller 09
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: R. B. Stickley — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Annie Mayland — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Sterb Ormond — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of bowel + liver

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1953, *to* Oct 21, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Cornwall MD
23b. ADDRESS: Gooding Ida
23c. DATE SIGNED: Oct 22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct 23 53
REGISTRAR'S SIGNATURE: J H Cornwall
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Lewis Edmunds Mortuary Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3905
Local Reg. No. 1630
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 1st Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 610 1st. Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) BYRL b. (Middle) M. c. (Last) CASADAY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1899

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: F. H. Winters — BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Alma Smith — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. J. Casaday — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

199X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: June 19, 1953

19b. MAJOR FINDINGS OF OPERATION: Metastatic Cancer in Lt. groin

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 1953 19___, *to* death, 19___, *that I last saw the deceased alive on* 10-27, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold H. Holsinger, M.D.

23b. ADDRESS: Pendelly Idaho

23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53

REGISTRAR'S SIGNATURE: J. H. Cromwell

25. FUNERAL DIRECTOR: Geo. Jensen Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3906
Local Reg. No. 1625
Reg. Dist. No. 426

BIRTH NO.

OCT 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SILAS
b. (Middle): D.
c. (Last): CONDIT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier 30
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malta, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Condit — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Frances Parks — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] Stokes — ADDRESS: Hagerman

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic carcinoma — 4 months
DUE TO (c) Carcinoma of the bladder — 18 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Oct 4, 1953, *that I last saw the deceased alive on* Oct 4, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry S. Berg, M.D. (Degree or title)
23b. ADDRESS: Hagerman, Idaho
23c. DATE SIGNED: Oct 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cmetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 10-10-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3907
Local Reg. No. 74
Reg. Dist. No. 240

BIRTH NO.

OCT 12 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): W.
c. (Last): Sotin

4. DATE OF DEATH (Month) (Day) (Year): Oct 2. 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5. 1919
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 4, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Harpster Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: A.M. Sotin — BIRTHPLACE: Whitebird, Ida
14. MOTHER'S MAIDEN NAME: Flora McEvers — BIRTHPLACE: Forest Center Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World II 919.8
16. SOCIAL SECURITY NO.: 544-12-2644
17. INFORMANT'S OWN SIGNATURE: Alice Sotin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound - perforation of calm, jejunum; int. hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) destruction of 5th lumbar vertebra.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 22 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): mountains
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Newsome station, Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): oct 1, 1953 6A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? accidental gunshot wound while hunting

22. *I hereby certify that I attended the deceased from* 1 oct, 1953, *to* 2 oct, 1953, *that I last saw the deceased alive on* 2 oct, 1953, *and that death occurred at* 5:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Altman M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 2 oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-53
24c. NAME OF CEMETERY OR CREMATORY: Whitebird
24d. LOCATION (City, town, or county) (State): Whitebird Ida Ida

DATE REC'D BY LOCAL REG.: Oct. 4, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Glenn Arlor — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 3908
Local Reg. No. 79
Reg. Dist. No. 240

BIRTH NO. [illegible] 363

1. PLACE OF DEATH
a. COUNTY IDAHO DIVISION OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. Idaho Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) HENRY c. (Last) SCHOO

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb. 25, 1922

9. AGE (In years last birthday) 31
IF UNDER 1 YEAR Months 7 Days 19
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick mason

10b. KIND OF BUSINESS OR INDUSTRY construction

11. BIRTHPLACE (State or foreign country) Falmouth, Mich

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fred Schoo, BIRTHPLACE Falmouth, Mich

14. MOTHER'S MAIDEN NAME Henrietta Vis, BIRTHPLACE Falmouth, Mich

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 547-24-6319

17. INFORMANT'S OWN SIGNATURE Henry Schoo ADDRESS Grangeville

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation, Traumatic — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Weight struck on Neck & Chest — ?
DUE TO (c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Nezperce Idaho

21c. (CITY, TOWN, OR TOWNSHIP) Grangeville (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 16 1953 9:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? His truck left the road.

22. I hereby certify that I attended the deceased from _____, 19___ to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE J. M. Sutherland (Degree or title) M.D.

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) Grangeville, (State) Idaho.

DATE REC'D BY LOCAL REG. Oct. 20, 1953

REGISTRAR'S SIGNATURE Irma Cone

25 FUNERAL DIRECTOR [illegible]

ADDRESS Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2009
Local Reg. No. 78
Reg. Dist. No. 240

BIRTH NO.

OCT 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
LENGTH OF STAY (in this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) Sweet

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Dec. 19, 1857

9. AGE (In years last birthday) 95
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY nome

11. BIRTHPLACE (State or foreign country) Garden Point, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Miller, BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Margaret Scott, BIRTHPLACE U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE General McKinney Pettit ADDRESS Grangeville

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Atherosclerosis

DUE TO (c) advanced age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Oct, 19 53, *to* 16 Oct, 19 53 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE William H. Cone (Degree or title) M. D.

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Oct. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) Grangeville (State) Idaho.

DATE REC'D BY LOCAL REG. Oct. 19 1953

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Jesse Roberson ADDRESS Grangeville.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3910
Local Reg. No. 81
Reg. Dist. No. 240

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville. Ida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) H c. (Last) Lyons

4. DATE OF DEATH (Month) (Day) (Year): Oct 19. 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec 10 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 10, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stockman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ottumu. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gladys Lovle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Myocarditis chronic.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Grangeville Idaho, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1940, *to* Oct 18, 1953, *that I last saw the deceased alive on* Oct 18, 1953 *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. H. E. Kale Do.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: Oct. 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-53
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Ida

DATE REC'D BY LOCAL REG.: Oct. 23, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2911
Local Reg. No. 82
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY in this place: 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITEBIRD,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) NMN c. (Last) FRANKLIN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 22, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tool sharpener

10b. KIND OF BUSINESS OR INDUSTRY: Mines

11. BIRTHPLACE (State or foreign country): Clackamas Co., Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Franklin, BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Frankie Zumwalt, BIRTHPLACE: Portland, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Jas Peterson Grangeville ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (1) Cystitis
Conditions contributing to the death but not related to the disease or condition causing death. (2) Prostatic hypertrophy + urinary reti

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1950, *to* 21 Oct, 1953, *that I last saw the deceased alive on* 21 Oct, 1953, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald R. Altman (Degree or title) M.D.

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 22 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 26 1953

REGISTRAR'S SIGNATURE: Inna Cone

25. FUNERAL DIRECTOR: Jas Peterson ADDRESS: Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3912
Local Reg. No. 29
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferdinand
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Herman c. (Last) Schaeffer

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 3, 1933
9. AGE (In years last birthday) 20 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 11
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ferdinand Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Schaeffer BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Mary Gehring BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Henry J. Schaeffer ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Fever — 16 yrs.
DUE TO (c) ~~Cerebral Embolism~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolism — 16 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Sept 1, 1953, *that I last saw the deceased alive on* Sept 1, 1953, *and that death occurred at* 4:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE K. H. Collins (Degree or title) MD.
23b. ADDRESS Craigmont Idaho
23c. DATE SIGNED 9.3.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 4. 1953
24c. NAME OF CEMETERY OR CREMATORY Ferdinand
24d. LOCATION (City, town, or county) Ferdinand (State) Idaho

DATE REC'D BY LOCAL REG. 10-6, '53
REGISTRAR'S SIGNATURE Wesley F. Orr, M.D. Agt. M.
25. FUNERAL DIRECTOR Jess Roberts on Grangeville ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 3913
Local Reg. No. 30
Reg. Dist. No. 242

BIRTH NO.

OCT 24 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) Michael
b. (Middle)
c. (Last) Geis

4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 53

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 29 1906
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Bavaria Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ferdinand Gies — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S OWN SIGNATURE Mrs Josepha Geiss — ADDRESS Cottonwood

18. CAUSE OF DEATH 416X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Sept. 5, 1953, *that I last saw the deceased alive on* Sept. 5, 1953, *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard E. Orr M.D. (Degree or title)
23b. ADDRESS Cottonwood, Idaho
23c. DATE SIGNED 10-6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 7-53
24c. NAME OF CEMETERY OR CREMATORY Catholic
24d. LOCATION (City, town, or county) Cottonwood (State) Ida

DATE REC'D BY LOCAL REG. 10-6, '53
REGISTRAR'S SIGNATURE Wesley F. Orr M.D. by [illegible]
25. FUNERAL DIRECTOR Clifford Ahlam — ADDRESS Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3914
Local Reg. No. 31
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek. 1/2 Mi North
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): STOLZ

4. DATE OF DEATH (Month) (Day) (Year): Sept 17 53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 8 - 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 1 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Urhaar
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Rieland
BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Henry Stolz
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of Urinary Bladder
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with complication
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 28, 19 53, *to* Sept. 17, 19 53, *that I last saw the deceased alive on* Sept. 17, 19 53, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr MD
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 10-6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 19-1953
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Greencreek Idaho

DATE REC'D BY LOCAL REG.: 10-6, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, MD. by TN
25. FUNERAL DIRECTOR: Cletus Uhlorn
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3915
Local Reg. No. 32
Reg. Dist. No. 242

BIRTH NO. OCT 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (in this place) 8 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Craigmont
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) DELL c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH January 11 1879
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Woodburn, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CYRUS NORTON, BIRTHPLACE MISSOURI.
14. MOTHER'S MAIDEN NAME MARY ANN STROHM, BIRTHPLACE MISSOURI.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Harry Hill, ADDRESS Ferdinand

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs.
DUE TO (c) Chronic Nephritis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 20, 1952, *to* Sept. 22, 1953, *that I last saw the deceased alive on* Sept. 22, 1953, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wesley F. Orr MD 299
23b. ADDRESS Cottonwood, Idaho.
23c. DATE SIGNED 10-6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-25-53 01
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho.

DATE REC'D BY LOCAL REG. 10-6, '53
REGISTRAR'S SIGNATURE Wesley F. Orr MD. by IN
25. FUNERAL DIRECTOR C. E. Clovis ADDRESS Craigmont, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

OCT 24 1953

STATE OF IDAHO

State File No. 3916
Local Reg. No. 33
Reg. Dist. No. 242

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) THOMAS c. (Last) BERRY

4. DATE OF DEATH (Month) (Day) (Year): September 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 18 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dray line operator
10b. KIND OF BUSINESS OR INDUSTRY: General draying
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. BERRY, 52 BIRTHPLACE: IOWA.
14. MOTHER'S MAIDEN NAME: DICEY McCLANNAHAN, BIRTHPLACE: IOWA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Lora E Gehrke — ADDRESS: Nezperce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio-vascular disease c̄ Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes & Senility — ? years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pt had arteriosclerotic epilepsy —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Nezperce (COUNTY) Lewis (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Sept, 1953, *that I last saw the deceased alive on* Sept 28, 1953 *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Kobler M.D. (Degree or title) M. D.
23b. ADDRESS: Nezperce, Idaho.
23c. DATE SIGNED: 10-6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Nezperce Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Idaho.

DATE REC'D BY LOCAL REG.: 10-6, '53
REGISTRAR'S SIGNATURE: Wesley F. Orr, M.D. Ay7M
25. FUNERAL DIRECTOR: T. E. Clovis — ADDRESS: Craigmont, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2017
Local Reg. No. 34
Reg. Dist. No. 242

BIRTH NO.

NOV 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Greencreek
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek 3½ N
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pauline	Baerlocher		Oct	2	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female.	White.	never married	May 4 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper		Switzerland	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fixton Baerlocher.	Switzerland	Sophia Niessmer.	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None.	x Otto Baerlocher	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age & vascular Changes — Sudden Death
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Not attended, 19___, *to* ____, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. C. Orr M.D.	Cottonwood, Idaho	10-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 5-53	Catholic	Greencreek Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-4-53	Wesley J. Orr, M.D. by TM	Cletus Ahlborn	Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3918
Local Reg. No. 83
Reg. Dist. No. 240

BIRTH No.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moose Creek
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Cali
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego
d. STREET ADDRESS (If rural, give location) Cali

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) c. (Last) Peritz

4. DATE OF DEATH (Month) (Day) (Year) 10-5-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 3. 1906
9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leopold Peritz BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown. BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Grangeville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Suffication
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Area
21c. (CITY, TOWN, OR TOWNSHIP) Shearer Landing (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5 1953 3:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Plane Crash & Fire

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Never, *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) A. Farrell Coroner
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-6-53
24c. NAME OF CEMETERY OR CREMATORY Los Angeles
24d. LOCATION (City, town, or county) (State) Los Angeles Cali

DATE REC'D BY LOCAL REG. Oct. 26 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3919
Local Reg. No. 78
Reg. Dist. No. 240

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KOOSKIA
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nez Perce Nat'l Forest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILDER,
d. STREET ADDRESS (If rural, give location): R.F.D. 1

3. NAME OF DECEASED (Type or Print)
a. (First): SILLUS
b. (Middle): P
c. (Last): HIBBARD

4. DATE OF DEATH (Month) (Day) (Year): Oct.5,1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec.13,1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Diversified
11. BIRTHPLACE (State or foreign country): Laurel Co., Ky
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Hibbard, Laurel Co, Ky — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Lydia Hammonds Laurel Co., Ky — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Carl Merritt — ADDRESS: Wilder, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

919.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severed Cervical Cord — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural Area
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Goddard Point Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 5th 1953 5:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Accidently Shot in neck

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard A. Crowell 470 — (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Oct.7,1953 01 14
24c. NAME OF CEMETERY OR CREMATORY: Peckham-Dakan Chapel
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho.

DATE REC'D BY LOCAL REG.: Oct. 8, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3020
Local Reg. No. 77
Reg. Dist. No. 240

BIRTH NO.

OCT 22 1953

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Moose Creek
c. LENGTH OF STATE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Calif
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) L c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) 10 - 5 - 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 30 1921
9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months 9 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) San Diego Calif
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Augustus Williams BIRTHPLACE Mexico
14. MOTHER'S MAIDEN NAME Josephine McCune BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Grangeville

18. CAUSE OF DEATH 866X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull & Brain Injury Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burns
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Area
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shearer Landing, Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5th 1953 2:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Plane Crash & Fire

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Thereon *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-7-53
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) San Diego Calif

DATE REC'D BY LOCAL REG. Oct 19 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS [signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3921
Local Reg. No. 75
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lucille
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane.
d. STREET ADDRESS (If rural, give location) Wash.

3. NAME OF DECEASED (Type or Print) a. (First) Vincent b. (Middle) c. (Last) Wakeley

4. DATE OF DEATH (Month) (Day) (Year) 10-7-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 3. 1915
9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grangeville Ida
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Newey Wakeley BIRTHPLACE Wis
14. MOTHER'S MAIDEN NAME Anne Grossman BIRTHPLACE Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. II 9748
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STRANGULATION — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM
21c. (CITY, TOWN, OR TOWNSHIP) Lucile (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 7th 53 4 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Hanging

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Never *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-8-53
24c. NAME OF CEMETERY OR CREMATORY Spokane Wash.
24d. LOCATION (City, town, or county) (State) Spokane Wn

DATE REC'D BY LOCAL REG. Oct 8, 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR [signature] ADDRESS Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

REG Certificate of Death

STATE OF IDAHO

State File No. 3922
Local Reg. No. 631
Reg. Dist. No. 24

BIRTH NO. OCT 27 1953

VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL) Kamiah - rural
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On Nevada Creek - 27 mi from Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Glen	None	Reed	October 12 '53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 18, 1905	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woods work 08	lumber	Ottumwa Iowa	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin F. Reed	Ottumwa, Iowa	Myrtle Adamson	Sigourney Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-6807	Aaron M. Reed	Kamiah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fell under wheels of moving truck-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) across abdomen

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 Min.

$25.00

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	logging road	Kamiah-	Idaho	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct.	12	'53	10:30 a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fell under wheels of moving truck

22. *I hereby certify that I attended the deceased from* 10/12/53, *19* dead at this time, *that I last saw the deceased alive on* —, *19* —, *and that death occurred at* 10.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.H. Bryan M.D.	Kamiah, Idaho	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 15 1953	Tahoe Cem.	Kooskia	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/15/53	Claude Tenary	Claude Tenary	Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

OCT 24 1953 STATE OF IDAHO

State File No. 3923
Local Reg. No. 80
Reg. Dist. No. 240

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shearer Landing
c. LENGTH OF STAY (in this place): 5 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Selway Primitive Area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Ravalli
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton
d. STREET ADDRESS (If rural, give location): Skeels Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Merle
b. (Middle): Dean
c. (Last): Bumgarner

4. DATE OF DEATH (Month) (Day) (Year): Oct- 16- 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov-15- 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 11, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire guard
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
11. BIRTHPLACE (State or foreign country): Belgrade, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Bumgarner — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lelia Weir — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 516-16-6011
17. INFORMANT'S OWN SIGNATURE: Katherine Bumgarner — ADDRESS: Hamilton, Mont

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Shearer Landing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shearer Landing Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 16 1953 11:50 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Nov 6 *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] A. Crowell (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idah
23c. DATE SIGNED: 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/16/53
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Hamilton- Ravalli- Montana

DATE REC'D BY LOCAL REG.: Oct. 20 1953
REGISTRAR'S SIGNATURE: Isma Cone
25. FUNERAL DIRECTOR: John W. Dowling — ADDRESS: Hamilton - Mont.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3024
Local Reg. No. 632
Reg. Dist. No. 244

Certificate of Death

BIRTH NO. NOV 7 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harpster
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ida-Pine saw mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater - rural
d. STREET ADDRESS (If rural, give location): About 1 mile South of Clearwater

3. NAME OF DECEASED (Type or Print)
a. (First): Clifford
b. (Middle): Roger
c. (Last): [illegible]

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 15 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Pleasant Valley - Stites Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Lynn — BIRTHPLACE: Piney Creek, N.C.
14. MOTHER'S MAIDEN NAME: May Amelia Messinger — BIRTHPLACE: Peach, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 519-26-5860
17. INFORMANT'S OWN SIGNATURE: Jesse Walker — ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Instan

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Skull Fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lumber Mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Harpster Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m.: Oct 22 1953 12:45
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Log Jammer Upset in Mill Pond

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Never *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] A. Cordell Mit. — (Degree or title): Coroner
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Clearwater Cem.
24d. LOCATION (City, town, or county) (State): Clearwater Idaho

DATE REC'D BY LOCAL REG.: Oct. 24, 1953
REGISTRAR'S SIGNATURE: Claude Trevary
25. FUNERAL DIRECTOR: Claude Trevary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2025
Local Reg. No. 633
Reg. Dist. No. 244

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile South of Kooskia - Hiway 13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): 2 miles East of Kooskia on road to Lowell

3. NAME OF DECEASED (Type or Print)
a. (First): Douglas
b. (Middle): Monroe
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): October 26, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 27, 1948
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Grangeville Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Russell Davis — BIRTHPLACE: Kooskia Idaho
14. MOTHER'S MAIDEN NAME: Annette Guetzloe — BIRTHPLACE: Kamiah Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Si Johnson — ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severed Cervical Cord — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Cervical Spine
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kooskia Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 26 1953 6:20 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Never, *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Michael A. Lowell (Degree or title): M.T. Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30 1953
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Oct. 29 1953
REGISTRAR'S SIGNATURE: Claude Trenary
25. FUNERAL DIRECTOR: Claude Trenary — ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1953

Certificate of Death

STATE OF IDAHO

State File No. 3926
Local Reg. No. 240
Reg. Dist. No. 640

BIRTH NO. 111-53-1[illegible]

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 17hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maturnity Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) Lundquist; c. (Last) Muir

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 8, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ross James Muir — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Betty Jean Lundquist — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ross J. Muir — ADDRESS: Swan Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1953, *to* Oct. 9, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* 7:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Tall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-31-53
REGISTRAR'S SIGNATURE: Mrs A B Cokersell
25. FUNERAL DIRECTOR: Jack A Wood, Jr. — ADDRESS: Idaho Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3927
Local Reg. No. 97
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 134 W 2nd N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 134 W 2nd N.

3. NAME OF DECEASED (Type or Print)
a. (First): JANIE
b. (Middle): LOUISE
c. (Last): OLSON

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 20, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Centerville, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James H. Campbell — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary E. Portlock — BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John C. Olson — ADDRESS: Rte. #1 Lorenzo Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 yrs
DUE TO (c) Arteriosclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19__, *to* Oct. 15, 1953, *that I last saw the deceased alive on* Oct. 15, 1953, *and that death occurred at* 5:45 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE 422 Asael Tall (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: Oct. 19 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 19, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cem.
24d. LOCATION (City, town, or county) (State): Rigby Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: 10-19-53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 5 1953
STATE OF IDAHO

Certificate of Death

State File No. 2228
Local Reg. No. 6
Reg. Dist. No. 6

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 3 1/2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1116 North Main Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) ARDEN c. (Last) WATERS

4. DATE OF DEATH: (Month) October (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 28, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher, Abstract & Insurance business

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burrville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George B. Waters
BIRTHPLACE: Springville, Utah

14. MOTHER'S MAIDEN NAME: Laura Burr
BIRTHPLACE: Burrville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 519-07-1345

17. INFORMANT'S OWN SIGNATURE: Anna Greenwood Waters
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Paralysis due to previous Stroke 2 yrs.ago.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1953, *to* Oct. 16, 1953, *that I last saw the deceased alive on* Oct. 15, 1953, *and that death occurred at* 5:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael T. Hall, M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 10-25-53
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: 510 North Twelfth, Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED NOV 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3339
Local Reg. No. 10
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. N.E. of Menan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Menan
d. STREET ADDRESS (If rural, give location): 3 Mi. N.E. of Menan

3. NAME OF DECEASED (Type or Print): a. (First) JEANIE b. (Middle) WALLACE c. (Last) GRAY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 9, 1878

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): Scotland,

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Grant. BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Jane Wallace. BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: James Gray ADDRESS: Lorenzo, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertension & Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* General, 19 53, *to* _____, 19____, *that I last saw the deceased alive on* 10-12, 19 53, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**: Oct. 30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 31, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Little Butte — **24d. LOCATION** (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: Oct 30 1953 — REGISTRAR'S SIGNATURE: Myra Eckersell

25. FUNERAL DIRECTOR: C B Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3930
Local Reg. No. 137
Reg. Dist. No. 440

BIRTH NO.

OCT 16 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 520 N. Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Micheal b. (Middle) Dennis c. (Last) Rentelman

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 31 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby 02
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: Chales L. Rentelman BIRTHPLACE: S.D.
14. MOTHER'S MAIDEN NAME: Lucille Humphrey BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs H.D. Rentelman ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 91 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1953, *to* Oct 2, 1953, *that I last saw the deceased alive on* Sept 1, 1953 *and that death occurred at* 1004 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 3 1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct. 12/1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: Glen Buehler ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
OCT 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3931
Local Reg. No. 254
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Bernardino
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Bernardino
d. STREET ADDRESS (If rural, give location): 774 D St.

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) WINIFRED c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 19, 1889
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Barger — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Marston — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: L. S. Shields — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis---Acute — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio vascular disease — Chronic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Adenoma[illegible] of Thyroid --Chronic

19a. DATE OF OPERATION: 10-22-53
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 12, 1953, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 22, 1953, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon D. Oedker
23b. ADDRESS: 204 4th Ave. E., Twin Falls, Ida.
23c. DATE SIGNED: 10-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/24/53
24c. NAME OF CEMETERY OR CREMATORY: San Bernardino
24d. LOCATION (City, town, or county) (State): San Bernardino, California

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3932
Local Reg. No. 140
Reg. Dist. No. 440

Certificate of Death

RECEIVED
NOV 6 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 11 East of Jerome

3. NAME OF DECEASED (Type or Print)
a. (First): Joesph
b. (Middle): Oleen
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): Oct 29 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 8 1909
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 11 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Oakly Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joesph — BIRTHPLACE: Martin —
14. MOTHER'S MAIDEN NAME: Emma Worthington — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-8854
17. INFORMANT'S OWN SIGNATURE: Max Martin — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James E. Hoat (Degree or title) M.D. 349
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Marion Cem
24d. LOCATION (City, town, or county) (State): Oakly Idaho

DATE REC'D BY LOCAL REG.: Oct. 31, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2023
Local Reg. No. 141
Reg. Dist. No. 440

BIRTH NO. NOV 6 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 707 N Elm

3. NAME OF DECEASED (Type or Print)
a. (First): Audrey
b. (Middle): Gail
c. (Last): Briggs

4. DATE OF DEATH (Month) (Day) (Year): Oct 30 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 6 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 24; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Gail Briggs — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Laura Hansen — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Gail T. Briggs — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

471X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure secondary

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) to acute Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* any, 1953, *to* oct 15, 1953, *that I last saw the deceased alive on* Oct 15, 1953 *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 311 James E. Sloat MD.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 10/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 2.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 2/53
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 29 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3224
Local Reg. No. 138
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Since birth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma		Giltner	Oct 20 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Single	Aug 19 1860	93	2 / 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework & retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warrensburg Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joe Giltner — BIRTHPLACE: Not known
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs E L Riddle — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18, 1953, *to* 10-20, 1953, *that I last saw the deceased alive on* 10-18, 1953 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 22. 53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Oct. 22, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: J.P. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 6 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3935
Local Reg. No. 139
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Frederick
c. (Last): Gross

4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5. 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Gross — BIRTHPLACE: Bulgaria
14. MOTHER'S MAIDEN NAME: Elizabeth Roetkger — BIRTHPLACE: Holland, Ind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wesley H. Gross — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina Pectoris — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1949, *to* 10-26, 1953, *that I last saw the deceased alive on* 10-26-, 1953, *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 29.1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct 28, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 12 1953 DIVIS.

State File No. 3936
Local Reg. No. 197
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene S
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 1012 Lakeside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Asa	White	Oct 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug 21, 1884	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 62
10b. KIND OF BUSINESS OR INDUSTRY: State Hghwy Dept
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John White — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lura Smith — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO. 518-03-4796
17. INFORMANT'S OWN SIGNATURE: Bernice White — ADDRESS: Cd'A, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 10 yrs
DUE TO (c) Chronic Endocarditis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Electric Shock — 2½ hrs before death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940 *to* Oct. 1, 1953 *that I last saw the deceased alive on* Oct. 1, 1953, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Hamilton H. Greenwood M.D.	Coeur d'Alene Ida	10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 3, 1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-9-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Husted

Certificate of Death

State File No. 3937
Local Reg. No. 202
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
OCT 30 1953
STATE OF IDAHO
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Appleway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Appleway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	Perl	Bailey	Oct. 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 2, 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman ok	Ohio Match Co.	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Bailey	Unknown	Orlie Light	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-8461	Mrs A. P. Bailey	Coeur d' Alene Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Chronic Myocarditis.	3 years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis -	12-15 years
DUE TO (c)	Coronary Occlusion	10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/2, 1933, *to* Oct 2, 1953, *that I last saw the deceased alive on* 10/2, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
175 O M Husted MD	Coeur d'alene Idaho	10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-5-53	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-21-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2038
Local Reg. No. 187
Reg. Dist. No. 126

BIRTH NO.

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gladys Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Sheridan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheridan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eureka	Rebecca	Johnson	Oct 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 9, 1867	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public Schools	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Hughes	Unknown	Mary Waters	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Byron A. Johnson	Cd'A, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute upper respiratory infection	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Old age	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Oct. 2, 1953, *that I last saw the deceased alive on* Oct 4, 1953 *and that death occurred at* 4:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. J. Richardson M.D.	Coeur d'Alene	10-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct 4, 1953	Sheridan Cemetery	Sheridan, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-9-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. W. Lindahl

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3939
Local Reg. No. 190
Reg. Dist. No. 120

BIRTH NO.

OCT 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 1119-Spokane ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1119-Spokane

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	F.	Weaver	Oct. 2 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1-27-1872	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction work	N. Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown Weaver	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Jessie Weaver	Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 3, 1953, *to* October 2, 1953 *that I last saw the deceased alive on* October 2, 1953, *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. A. Lindahl, D. C.	1107 4th St. Cd'a Ida	10/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-53	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-9-53	Lorraine K. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3940
Local Reg. No. 197
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 812-Cda ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 812-Cda ave

3. NAME OF DECEASED (Type or Print)
a. (First): INGEBORG
b. (Middle):
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 27, 1858
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Olaf Nielson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Olson Ingeborg — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Oscar W Nelson — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — about 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* 10/3, 1953, *that I last saw the deceased alive on* 10/3, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: O M Schuster M.D. (Degree or title)
23b. ADDRESS: Coeur d'Alene Id
23c. DATE SIGNED: 10/3 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3941
Local Reg. No. 198
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): RTe #2

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): E.
c. (Last): Parriott

4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-1-1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeramie Brees — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Celestia Kesslering — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Stanley Parriott — ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma - abdominal (probable site of origin in pancreas) — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): with metastases to lung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Seen day of death only *to* ____, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard A Hughes (Degree or title) 172
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-4-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Riverside Washington

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Hawkins

Certificate of Death

STATE OF IDAHO

State File No. 3012
Local Reg. No. 193
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): AL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2301-cd'a ave.

3. NAME OF DECEASED (Type or Print): a. (First) Heloise b. (Middle) Gertrude c. (Last) Hopson

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26, 1890

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William P. Fuller
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 479-09-3333

17. INFORMANT'S OWN SIGNATURE: Luella M. McFetters ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition — 2 months
DUE TO (c) Bowel Obstruction — 2½ ..

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/22/53 9/11/53
19b. MAJOR FINDINGS OF OPERATION: Resected small bowel - adhesions, malignant. Ileostomy. Closure
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/7, 1949, *to* 10/3, 1953, *that I last saw the deceased alive on* 10/3, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Hawkins M.D. (Degree or title)
23b. ADDRESS: Coeur d' Alene Ida
23c. DATE SIGNED: 10/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-6-53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Rock Island, Illinois

DATE REC'D BY LOCAL REG.: 10-12-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3043
Local Reg. No. 194
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai — OCT 21 1953
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene — DIVISION OF VITAL STATISTICS
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 928 7th St

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur 'Alene,
d. STREET ADDRESS (If rural, give location) 928 7 th St.

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) E c. (Last) HUSSA

4. DATE OF DEATH (Month) (Day) (Year) Oct 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 5, 1887	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Blacksmith 54	Saw Mill	Finland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eliel Hussa	Finland	Unknown	Finland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-34-1620	Irene Wheelock	Nespelem Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Ward, M.D. Coroner	Coeur d'alene, Idaho	10-8-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 10, 1953	Forest Cemetery	Coeur d 'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3944
Local Reg. No. 192
Reg. Dist. No. 120

BIRTH NO.

OCT 21 1953

1. PLACE OF DEATH

a. COUNTY Kootenai DIVISIONAL STATISTICS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene

c. LENGTH OF STAY (in this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.C.G.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho b. COUNTY Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene

d. STREET ADDRESS (If rural, give location) 706 Garden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	A	HART	Oct 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov 23, 1880	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Confectioner	Own shop	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JohnL Hart	Conn	Mary Reynolds	Mich.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	x H H Hart	Coeur d'Alene, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 10 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Dis. 8 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/11, 1951, *to* 10/6, 1953, *that I last saw the deceased alive on* 10/6, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
180 W Hawkins MD		10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 9, 1953	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Lorraine K. Brush	Don English	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2945
Local Reg. No. 195
Reg. Dist. No. 12

RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): All 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 Locust Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1218 N 9th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jennie	Mary	Keller	10	7	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Wiowed	August 7th 1868	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Attica Mich	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lemman	N.Y.	Caroline Leman	N. Y.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mrs. Warren Powers	Coeur d'Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Changes of old age
DUE TO (c) also had diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 7 last, attend, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Preston Knight 627	M. D.	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-10-53	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-16-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 21 1953
VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2946
Local Reg. No. 199
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai DIVIS.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksfork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth	Esther	Peterson	10	10	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	12-19-1915	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Westfork Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Holliday	Unkown	Mary Unkow N	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Donald Peterson	Hope Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma Cervix	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-11-53	Recurrent Ca Cervix - Rad Irradiation	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-10, 1953, *to* 10-10, 1953, *that I last saw the deceased alive on* 10-10, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins	M.D.	Coeur d'Alene Idaho	10/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-14-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-16-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 3947
Local Reg. No. 200
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 21 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 12 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 733 Military Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 733 Military Dr

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): L.
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): 10 10 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 12 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand 70
10b. KIND OF BUSINESS OR INDUSTRY: G.N. Railroad
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown v
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr. Walter Oveson — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes, exact nature unknown. Prior history of "heart disease" with chest pain. probable coronary thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: {abrupt}

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* have never cared for patient *to* _____, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard A Hughes (Degree or title) M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 10-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3948
Local Reg. No. 207
Reg. Dist. No. 120

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d 'Alene
c. LENGTH OF STAY (In this place): 1 HR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d 'Alene
d. STREET ADDRESS (If rural, give location): 410 Linden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	B	FOLTZ	October 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	January 21, 1875	78	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
wood carving	retired	Indiana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Mrs Blanche Foltz Powell	Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not. *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'alene, Idaho	10-20-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/19/53	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-29-53	Lorraine K. Brush	Graham Funeral Home	Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3949
Local Reg. No. 203
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1619-N-7th, street

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) L; c. (Last) Cogswell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 10, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Miles Cogswell
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Anna Lee
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-0460

17. INFORMANT'S OWN SIGNATURE: Homer Cogswell
ADDRESS: R 2 Cd'a Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Advanced Arteriosclerosis — 10 yrs.
DUE TO (c): Influenza — 2 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-4, 1953, *to* 10-20, 1953, *that I last saw the deceased alive on* 10-20, 1953, *and that death occurred at* 4:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): I.C. Hawkins MD
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 10-22-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don Engard
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3950
Local Reg. N 275
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 12 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 810 3rd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 810 3rd St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Fred		Williams	10	23	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	July 16, 1879	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (State or foreign country): Port Daniel Quebec Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. C. B. Williams	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10-5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Arterio Sclerosis — 31 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13, 19 49, *to* 10/23, 19 53, *that I last saw the deceased alive on* 10/23, 19 53, *and that death occurred at* 10:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 175	M.D.	Coeur d'Alene Idaho	10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-26-53	St Thomas	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3951
Local Reg. No. 216
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

c. LENGTH OF STAY (in this place): 4 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Spokane

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane

d. STREET ADDRESS (If rural, give location): 3927 N. Lincoln

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Evelyn	L. M.	Liljegren	Oct.	24	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Never Married	11-15-34	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sunshine Biscuit Co.	Bakers	Havelock, N. Dakota	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stanley Liljegren	Unknown	Gladys Burke	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		536-30-3182	R. E. Larsen	Deer Park, Wash.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe trauma to brain and lungs — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fractured right clavicle, laceration of scalp

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident		

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct.	23	1953	11:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car swerved off road and turned over

22. *I hereby certify that I attended the deceased from* Oct. 24, 1953 *to* Oct. 24, 1953 *that I last saw the deceased alive on* Oct. 24, 1953, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Theron Knight, M.D.	Coeur d' Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-27-53	Forest City Cemetery	Forest City, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-27-53	Lorraine K. Brush	R. E. Larsen, Deer Park, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3952
Local Reg. No. 210
Reg. Dist. No. 120

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 Sherman Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 219 Sherman Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LeClair	W.	Stoddard	10	28	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divoreed	March 19, 1906	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver 13	Trucking Industry	Rathdrum, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.W. Stoddard	South Dakota	Mary Dutton	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Lee Stoddard	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

0027

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Tuberculosis of Lungs — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. M.D.	Coeur d'Alene, Idaho	10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	10-30-53	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-29-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 2953
Local Reg. No. 218
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couer d'Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G.Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1004 So. Logan

3. NAME OF DECEASED (Type or Print): a. (First) Lena; b. (Middle); c. (Last) Lundquist

4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 5, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Walfred L Lundquist
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

***MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infectious Hepatitis — 10 days
DUE TO (c) Fracture R Hip — 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/13, 1953, *to* 10/29, 1953, *that I last saw the deceased alive on* 10/29, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 [illegible] M D
23b. ADDRESS: Couer d'alene Ida
23c. DATE SIGNED: 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-2-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. D. Moseley

Certificate of Death

STATE OF IDAHO

State File No. 3954
Local Reg. No. 211
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211-2nd street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 221-2nd, street

3. NAME OF DECEASED (Type or Print): a. (First) Bertha; b. (Middle) May; c. (Last) Arnold

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 22, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Hartley — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alivera M. Lewon — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Viola Cook — ADDRESS: Cd'a Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Occasions of Paroxysmal ventricular Tachycardia — 1 yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 10-28, 19 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don Moseley M.D. — 23b. ADDRESS: Coeur d'Alene — 23c. DATE SIGNED: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3955
Local Reg. No. 221
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 519 Garden Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 519 Garden Ave

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): T.
c. (Last): Switzer

4. DATE OF DEATH (Month) (Day) (Year): 10- 30 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-6-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Dowagiac Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Switzer — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Jane McKinnley — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Miss. Fern Switzer — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralysis Agitans — 5 years
DUE TO (c): Arterio-sclerosis — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/19, 1953, *to* 10/30, 1953, *that I last saw the deceased alive on* 10/26, 1953, *and that death occurred at* 12:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 O M Hustad M D
23b. ADDRESS: Coeur d'alene, Ida
23c. DATE SIGNED: 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-1-53 02
24c. NAME OF CEMETERY OR CREMATORY: Conrad Memorial
24d. LOCATION (City, town, or county) (State): Kalispel Montana

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25 FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene Idaho
Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2056
Local Reg. No. 209
Reg. Dist. No. 126

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charley	Eugene	Roberts	10	1	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	8-29-1859	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Roberts	New York	Eunice Whitney	New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None 43X	None	Mrs. Mina Sathchwell	Rathdrum.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis, Chronic	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension, Chronic	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1948, 19___, *to* 10/1/53, 19___, *that I last saw the deceased alive on* 10/1/53, 19___, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dickinson M.D.	Spirit Lake, Idaho	10/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-3-53	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-29-53	Lorraine K. Brush	Gilbert Gates	Rathdrum, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2057
Local Reg. No. 2817
Reg. Dist. No. 120

BIRTH NO.

OCT 21 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Milw aukee R.R. Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) M. c. (Last) Wolf
4. DATE OF DEATH (Month) (Day) (Year) 10-4-53
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-24-1907
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY Kaiser Aluminum
11. BIRTHPLACE (State or foreign country) Preshol South Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Anthony Wolf
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Grace Simmons
BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-03-1618
17. INFORMANT'S OWN SIGNATURE Mrs. Ione Wolf ADDRESS Rathdrum, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe trauma of neck, chest, abdomen pelvis, extremities — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Being struck by train — instant
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rathdrum
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rathdrum Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 4 1953 2.45pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck by a train

22. I hereby certify that I attended the deceased from 4 Oct, 1953, to 4 Oct, 1953, that I last saw the deceased alive on 4 Oct, 1953, and that death occurred at 2.45 p m., from the causes and on the date stated above.

23a. SIGNATURE D. Trevon Knight (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 15 Oct. 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-7-53
24c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery
24d. LOCATION (City, town, or county) (State) Rathdrum, Idaho

DATE REC'D BY LOCAL REG. 10-16-53
REGISTRAR'S SIGNATURE Lorraine K. Brush
25 FUNERAL DIRECTOR Gilbert Yates Coeur d'Alene Idaho ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. L. C. Fredrikson

RECEIVED

OCT 30 1953

Certificate of Death

STATE OF IDAHO

State File No. 3258
Local Reg. No. 204
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathrum
c. LENGTH OF STAY (in this place): 41-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Rathdrum

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Id-ho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Antonio	John	Scarcello	Oct.	11,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 28, 1883	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Italy	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Angelo Scarcello	Italy	Unknown	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-18-8111	Anthm S Scarcello	Rathdrum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	Acute Coronary occlusion	minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Hypertension	6 mo.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Oct. 11, 1953, *that I last saw the deceased alive on* Oct. 9, 1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyman C. Fredrikson M.D.	Spirit Lake, Idaho	10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-15-53	St. Thomas Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-21-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3059
Local Reg. No. 208
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Berniece	E.	Greenwald		10	13	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	10-24-03	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Des Moine Iowa	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustaf E. Ahlstedt	Sweeden	Matilda Tullin	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None None		Mr. Glen Saunders	Richmond Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 8 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pelvic Tumor Of Undetermined Origin — Not Known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

239X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/12/53, 19___, *to* 10/13/53, 19___, *that I last saw the deceased alive on* 10/13/53, 19___, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyman C. Dedrickson MD.	Spirit Lake Idaho	10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-17-53	Riverside Cemetery	Spokane Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-29-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3950
Local Reg. No. 206
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 7 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CLARK b. (Middle) c. (Last) COLLINS

4. DATE OF DEATH (Month) (Day) (Year) 10-20-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 6-15-1879

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 74

10b. KIND OF BUSINESS OR INDUSTRY Liquor Store

11. BIRTHPLACE (State or foreign country) UNKNOWN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME UNKNOWN BIRTHPLACE

14. MOTHER'S MAIDEN NAME UNKNOWN BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Personal Papers ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* October 20, 1953, *that I last saw the deceased alive on* 10-20, 1953, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Lynn C. Dedrickson MD (Degree or title) M.D.

23b. ADDRESS Spirit Lake, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-23-53

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) (State) Spirit Lake, Idaho

DATE REC'D BY LOCAL REG. 10-30-53

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Gilbert Yates ADDRESS Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3901
Local Reg. No. 205
Reg. Dist. No. 120

Dr. Fox

BIRTH NO.

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Lena c. (Last) Sweeney

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 1, 1869
9. AGE (In years last birthday): 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clement Arpan BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Lena Provanchi BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Eliza L. Thrust ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/22, 19 53, to 10/22, 19 53, *that I last saw the deceased alive on* ——, 19—— *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Fox (Degree or title) M.D.
23b. ADDRESS: Coeur d Alene Idaho
23c. DATE SIGNED: 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-23-53
24c. NAME OF CEMETERY OR CREMATORY: Putman Funeral Home
24d. LOCATION (City, town, or county) (State): Ekalaka, Montana

DATE REC'D BY LOCAL REG.: 10-23-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3962
Local Reg. No. 106
Reg. Dist. No. 200

RECEIVED OCT 16 1953 L

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Burden

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 5, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Levi Burden — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Edes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Iva Lang — ADDRESS: Pierce Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility & Myocarditis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1945 *to* Oct 1, 1953, *that I last saw the deceased alive on* Oct 1, 1953 *and that death occurred at* 3 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 208 C. J. Klaaren M.D.
23b. ADDRESS: Moscow Ida
23c. DATE SIGNED: 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-53 01
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: R. E. Kimball — ADDRESS: Palouse, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 2 1953
DIVIS. STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3963
Local Reg. No. 109
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): Rural Potlatch-Palouse Hghy.

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle):
c. (Last): Trotter

4. DATE OF DEATH (Month) (Day) (Year): Oct 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 15, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Francis, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Mendenhall — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Catherine Carol — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mable Clyde — ADDRESS: Palouse, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): amputation left leg - gangrenous
DUE TO (c): diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1946, *to* October, 1953, *that I last saw the deceased alive on* October 4, 1953, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Doy C M Loehr MD (Degree or title) 228
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Mendenhall Cemetery
24d. LOCATION (City, town, or county) (State): Near Potlatch Idaho

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Stephens

Certificate of Death

STATE OF IDAHO

State File No. 3964
Local Reg. No. 707
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 16 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 848 East 8th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 848 East 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Agnes
c. (Last): Harrington

4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Marie, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel Sullivan — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x J. Harrington — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with spread to whole body 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Femoral Fractures

19a. DATE OF OPERATION: 6-1-50
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Moscow (COUNTY) Latah (STATE) Idaho
21d. TIME OF INJURY (Month) Feb. (Day) (Year) 1953 (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 9-12, 1953, *to* 10-5, 1953, *that I last saw the deceased alive on* 10-4-53, 19__, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 345 Lakele J. Stephens MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Tate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Fuchs NOV 18 1953

Certificate of Death

STATE OF IDAHO

State File No. 3965
Local Reg. No. 195
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 75 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 533 No. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 533 No. Main

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Manurva
c. (Last): Strohm

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 28, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Whiskey Creek, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald Ward — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 4 or 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. patient was bedridden for 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1950, *to* October, 1953, *that I last saw the deceased alive on* October 6, 1953, *and that death occurred at* 3:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle M Fuchs MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11/13/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: Donald R Fuchs — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3066
Local Reg. No. 114
Reg. Dist. No. 200

BIRTH NO. Culp

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 412 So. Asbury

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alfred	George	Ellefson	Oct	14	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	March 30, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer ob
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 531-16-2297
17. INFORMANT'S OWN SIGNATURE: Inga Blake — ADDRESS: Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 4 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/29, 1952, *to* 10/14, 1953, *that I last saw the deceased alive on* 13 Oct, 1953 *and that death occurred at* 7:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm Kelly	MD	Moscow Idaho	10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-28-1953	Moscow, Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/5/53	Lois E. Angel	E A Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3967
Local Reg. No. 173
Reg. Dist. No. 200

BIRTH NO. Wilson

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 East Fifth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 303 East Fifth St.

3. NAME OF DECEASED (Type or Print): a. (First) Rufus; b. (Middle) K.; c. (Last) Nicholson

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 26, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamstown, W. Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elisha Nicholson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Julia ?
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: * Mrs. W. A. Mortensen
ADDRESS: R. Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10-14-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 10-15-53

DUE TO (c) generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis with Senile psychosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 14, 1953, *to* Oct 15, 1953, *that I last saw the deceased alive on* Oct 14, 1953, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Wilson MD

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-17-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Lois E. Engel

25. FUNERAL DIRECTOR: A. Smith Jr.
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Wilson

Certificate of Death

STATE OF IDAHO

State File No. 3968
Local Reg. No. 1/2
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
NOV 2 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 117 No. Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 117 No. Jackson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ada	Ann	Gourley	Oct	15	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan 6, 1877	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): The Dalles, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.C. Ward — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Williams — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Moscow, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 422.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-15- , 1953, *to* 10-15- , 1953, *that I last saw the deceased alive on* 10-5 , 1953, *and that death occurred at* 8.05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack L. Wilson, M.D.	Moscow, Idaho	10-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct 16, 1953	Sumner Cemetery	Sumner Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/26/53	Lois E. Angel	David F. Lee	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3969
Local Reg. No. 115
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 45 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 503 So. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Christina
b. (Middle): Rosella
c. (Last): Huntback

4. DATE OF DEATH (Month) Oct (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 29, 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hampton, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Jones — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Jane Creighton — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Pearl Huntback — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile debility - Extreme age. — INTERVAL BETWEEN ONSET AND DEATH: 60 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Failure of left hip. — 8/27/53
DUE TO (c) Extreme age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow Idaho. Latah.

21d. TIME OF INJURY (Month) 8 (Day) 27 (Year) 53 (Hour) — m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tripped - + fell in house.

22. *I hereby certify that I attended the deceased from* 8-27, 1953, *to* Oct 17, 1953, *that I last saw the deceased alive on* Oct 17, 1953, *and that death occurred at* 10 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Moscow, Idaho.
23c. DATE SIGNED: 10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David K. Hare — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3970
Local Reg. No. 116
Reg. Dist. No. 200

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Prosper
c. (Last): Distash

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 6, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad, ret. 70
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oconto, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Labeau — BIRTHPLACE: Belgium
14. MOTHER'S MAIDEN NAME: Matilda Lacourt — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Rose Kistash — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion, cardiac infarct — About 3 years.

DUE TO (c) and cardiac failure.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, *19* 52, *to* October 24, *19* 53, *that I last saw the deceased alive on* Oct. 24, *19* 53, *and that death occurred at* 1:00 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Doris M Loehr (Degree or title) MD.
23b. ADDRESS: Box 402, Moscow, Idaho
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Marinette Cemetery
24d. LOCATION (City, town, or county) (State): Marinette Wisconsin

DATE REC'D BY LOCAL REG.: 11/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3971
Local Reg. No. 117
Reg. Dist. No. 200

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 908 So. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): W.
c. (Last): French

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug 24, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Readville, N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Daniels — BIRTHPLACE: N.C.
14. MOTHER'S MAIDEN NAME: Caroline Hudson — BIRTHPLACE: N.C.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Walter S. French — ADDRESS: Spokane

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary embolism — 1 minute

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1947, *to* 8-26, 1953, *that I last saw the deceased alive on* 8-26, 1953, *and that death occurred at* 11 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N Dunn MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11/5/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David K. Lee — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 2 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3972
Local Reg. No. 108
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J.B. Nelson home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Matilda
b. (Middle):
c. (Last): Mathiesen

4. DATE OF DEATH (Month) (Day) (Year): Oct 3 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 23, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ousby, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Svenson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Bernt S. Peterson — ADDRESS: Troy, Idaho

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — years
DUE TO (c): Essential hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26, 1952, *to* 10-3, 1953, *that I last saw the deceased alive on* 9-22, 1953, *and that death occurred at* 2:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lewis H. Hart (Degree or title): M.D.
23b. ADDRESS: Troy, Idaho
23c. DATE SIGNED: 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-1953
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Tate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Christensen

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3973
Local Reg. No. 111
Reg. Dist. No. 200

BIRTH NO.

NOV 2 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Southwick

c. LENGTH OF STAY (in this place): 12 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Southwick

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): William

b. (Middle): L.

c. (Last): Babb

4. DATE OF DEATH (Month) (Day) (Year): Oct 9 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 27, 1878

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 54

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenville, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Babb — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Eliza Fox — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-5667

17. INFORMANT'S OWN SIGNATURE: X Mrs William Babb. — ADDRESS: Southwick, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Two previous occlusions — 2 yrs.

DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1941, to Oct. 9, 1953, that I last saw the deceased alive on Oct 8, 1953, and that death occurred at 6:20 a m., from the causes and on the date stated above.*

23a. SIGNATURE: D A Christensen M D (Degree or title) 057

23b. ADDRESS: Kendrick, Idaho

23c. DATE SIGNED: Oct 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Colfax Cemetery

24d. LOCATION (City, town, or county) (State): Colfax Wash.

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Lois E. Angel

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 19 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3071
Local Reg. No. 204
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fred	William	Hadley	Oct. 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 6, 1901	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Wheat raising	Uniontown Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Fredrick Hadley	Walla Walla Wn.	Anna Kline	Uniontown, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-10-9842	X Rose E. Hadley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis — INTERVAL BETWEEN ONSET AND DEATH: 27 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever — 27 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1921, *to* Oct 10, 1953, *that I last saw the deceased alive on* Oct 8, 1953, *and that death occurred at* 10:12 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. Christensen M.D.	Kendrick Idaho	Oct 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/11/53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Oct 14 1953	Jean Wegelius	L.E. DeBaun Brower-Wann	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 21 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3975
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silbaugh Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): M
c. (Last): Bradshaw

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 20, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crumber City, Michigan
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: Hugh M. Coiner — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to 10-5, 1953, that I last saw the deceased alive on 10-4, 1953, and that death occurred at 3:45P m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mulder M.D. (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Oct-19-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 13 1953 VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 5576
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hubert	Solon	Prosser	Oct. 25, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 20, 1890	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-City 6		Albert Lee, Minnesota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Prosser	unknown	Julia unknown	unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-14-9658	Alice M. Prosser	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach & Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Primary site: Lung

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-13-53, *to* 10-25-53, *that I last saw the deceased alive on* 10-25-53, *and that death occurred at* 4:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. L. Mulder M.D	Salmon Ida	10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-27-53	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-2-53	Viola E Johnson	Kenneth Klingler	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

ED Certificate of Death

STATE OF IDAHO

State File No. 3977
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DR VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): few hrs. in Hosp.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Stanton b. (Middle) Merritt c. (Last) Van Camp

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1878

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Challis, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Van Camp — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Esther Reese — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-38-4753

17. INFORMANT'S OWN SIGNATURE: Stanton Van Camp — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulated femoral Hernia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): femoral hernia

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-29-53

19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-29, 1953, *to* 10-30, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack F. Johnson (Degree or title): M.D. — **23b. ADDRESS**: Salmon Idaho — **23c. DATE SIGNED**: 10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-3-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Salmon — **24d. LOCATION** (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-10-53 — **REGISTRAR'S SIGNATURE**: Viola E. Johnson

25. FUNERAL DIRECTOR: Gilbert C. Jones — **ADDRESS**: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

NOV 13 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3978

Local Reg. No. 690

Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Lemhi

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon

c. LENGTH OF STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Lemhi

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Fork

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Sarah

b. (Middle): Ollie

c. (Last): Moore

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 22, 1869

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memphis, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Noland — BIRTHPLACE: Memphis, Mo.

14. MOTHER'S MAIDEN NAME: Eugenie Noble — BIRTHPLACE: Memphis, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ethel E Shaw — ADDRESS: North Fork, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c) Chronic Valvular disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-27, 19 53, *to* 10-30, 19 53, *that I last saw the deceased alive on* 10-29, 19 53, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. K. Mulke M.D.

23b. ADDRESS: Salmon Ida.

23c. DATE SIGNED: 10-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-2-53

24c. NAME OF CEMETERY OR CREMATORY: Gibbonsville

24d. LOCATION (City, town, or county) (State): Gibbonsville, Idaho

DATE REC'D BY LOCAL REG.: 11-10-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Wilbert C. Jones — **ADDRESS**: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC'D NOV 5 1953

Certificate of Death

STATE OF IDAHO

State File No. 3979
Local Reg. No. 2
Reg. Dist. No. 232

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) GEORGE c. (Last) AMMER

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 14 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist 46

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES AMMER., BIRTHPLACE: West Virginia.

14. MOTHER'S MAIDEN NAME: ANN MARIE SCHULTZ., BIRTHPLACE: Germany.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Justin Ammer ADDRESS: Craigmont, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-26, 1953, *to* 10-11, 1953, *that I last saw the deceased alive on* 10-10, 1953, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H Collins (Degree or title): MD.
23b. ADDRESS: ~~Cottonwood~~ Craigmont, Idaho.
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-14-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 10/13/53
REGISTRAR'S SIGNATURE: C. E. Clovis
25 FUNERAL DIRECTOR: C. E. Clovis ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
OCT 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3990
Local Reg. No. 1287
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
c. LENGTH OF STAY (in this place) 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) SULLIVAN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 24 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Macon County, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME PATRICK HENRY SULLIVAN, BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Catherine Conley, BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 518-36-1833
17. INFORMANT'S OWN SIGNATURE Louise Donaldson ADDRESS Nezperce Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

44-3X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 20 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile arteriosclerosis +

DUE TO (c) Hypertension Cardiovascular disease — Indefinite

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) Nezperce (COUNTY) Lewis (STATE) Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1952, *to* Oct, 1953, *that I last saw the deceased alive on* Oct 9, 1953, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl D Kobler M.D. 644 (Degree or title) M.D.
23b. ADDRESS Nezperce, Idaho.
23c. DATE SIGNED 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-19-53
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. 10-16-1953
REGISTRAR'S SIGNATURE Albert Huff
25. FUNERAL DIRECTOR C. E. Clovis ADDRESS Craigmont, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3981
Local Reg. No. 366
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
NOV 3 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 mi. N.W. of Richfield ?
c. LENGTH OF STAY (At this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Big Wood Canal - N.W. of Richfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richfield Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lon b. (Middle) c. (Last) Woods

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 7 - 1898

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months: Days: 4 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 27

10b. KIND OF BUSINESS OR INDUSTRY: Big Wood Canal

11. BIRTHPLACE (State or foreign country): Norwood Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: G. Clay Woods — BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Nancy Jane Walker — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 1918

16. SOCIAL SECURITY NO.: 518-22-9390

17. INFORMANT'S OWN SIGNATURE: Donnie Lee Woods — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suffocation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): being buried by dirt

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Buried alive in dirt from cave-in of big dirt fill.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 10 mi. N.W. of Richfield

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Richfield - rural - Lincoln Idaho

21d. TIME OF INJURY (Month) Oct (Day) 11 (Year) 1953 (Hour) about 2:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: dirt caved in on the worker

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Oct 12, 1953, *and that death occurred at about* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 564 — (Degree or title) — **23b. ADDRESS**: Thorn Lake — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct-15-53

24c. NAME OF CEMETERY OR CREMATORY: Shoshone

24d. LOCATION (City, town, or county) (State): Shoshone - Idaho

DATE REC'D BY LOCAL REG.: Oct. 4-53

REGISTRAR'S SIGNATURE: Myrtle C. Burdett

25. FUNERAL DIRECTOR ADDRESS: Myrtle C. Burdett - Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
NOV 3 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3962
Local Reg. No. 361
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Run home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joshua	Sweat		Oct - 19 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hrs. Min.
M	W	widowed	Dec. 27-1883	69	9	22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	retired	Heber City Utah	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshua J. Sweat	Provo	Ellen Broadhead	Heber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Erma Flavel	Richfield

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Congestive heart failure, left	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension Chronic Nephritis	several yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatoid Arthritis several yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 1953, *to* Oct 1953, *that I last saw the deceased alive on* Oct 18, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Hailey Idaho	Oct 23

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 22-53	Richfield	Richfield - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 22 53	Myrtle C. Burdett	Myrtle C. Burdett	Shoshone Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

NOV 9 1953

STATE OF IDAHO

State File No. 3983
Local Reg. No. 362
Reg. Dist. No. 43

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 8 mi E. of Shoshone
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Silverbow
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butte
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Schultz

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22 - 53

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May-16 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calumet - Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: ? BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: ? BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles D. Schultz — ADDRESS: 618 N. Virginia Reno, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Contusion of brain and of liver	1 or 2 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(Dead upon arrival at hosp. where I saw her.)	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Compound fract rt ankle	1 or 2 hrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): acc.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Shoshone, Lincoln, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 / 22 / 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident - overturned

22. *I hereby certify that I attended the deceased from* 0, 19__, *to* 0, 19__, *that I last saw the deceased alive on* 0, 19__, *and that death occurred at* 5 30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle Smail 372
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 23-53
24c. NAME OF CEMETERY OR CREMATORY: Butte
24d. LOCATION (City, town, or county) (State): Butte - Montana

DATE REC'D BY LOCAL REG.: 10/26-53
REGISTRAR'S SIGNATURE: Myrtle C Burdett
25. FUNERAL DIRECTOR: Myrtle C. Burdett — ADDRESS: Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 3084
Local Reg. No. 43
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 27 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Mem.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
d. STREET ADDRESS (If rural, give location): Thornton RFD 1

3. NAME OF DECEASED (Type or Print)
a. (First): Colleen
b. (Middle):
c. (Last): Niederer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1953

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: April 12, 1948
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 52
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gordon Niederer — BIRTHPLACE: Archer, Idaho
14. MOTHER'S MAIDEN NAME: Donna Marie Sherd — BIRTHPLACE: Grand Rapids, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gordon Niederer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

912.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Crushed Chest — 1/2 hour
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Archer - Madison, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 11, 1953 11A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Run over by Combine Harvester wheel

22. *I hereby certify that I attended the deceased from* 10-11-53 D. O. A., *19*___, *to* ___, *19*___, *that I last saw the deceased alive on* ___, *19*___, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Hoffman, M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/15/53
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer, Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Russel Flamm — ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3985
Local Reg. No. 479
Reg. Dist. No. 6-30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Theo	Ross	Nelson	Oct. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	May 24, 1914	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Swanty Wm. Nelson — BIRTHPLACE: Grantsville, Utah
14. MOTHER'S MAIDEN NAME: Sarah N. Betteridge — BIRTHPLACE: Grouse Creek Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Nellie L Nelson — ADDRESS: Rexburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of mouth — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Met. Metastasis to Brain

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Cancer.	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1953, *to* Oct 13, 1953 *that I last saw the deceased alive on* Oct 13, 1953 *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. F. Rigby 337	MD	Rexburg Idaho	10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/15/53	Oakley	Oakley Idaho

DATE REC'D BY LOCAL REG.: 10-15-53
REGISTRAR'S SIGNATURE: Leona Hamm
25. FUNERAL DIRECTOR: Russell Adamson — ADDRESS: Rexburg

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3956
Local Reg. No. 49
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 230 Cornell Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Richard
c. (Last): Andersen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1926
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Farm Supplies
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Omar R. Andersen — BIRTHPLACE: ~~Rexburg, Ida~~ Ephraim Utah
14. MOTHER'S MAIDEN NAME: Harriett Ricks — BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wm Ralph Andersen — ADDRESS: Rexburg,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

275X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Abdominal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemophilia — 26 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* Oct 20, 1953, *that I last saw the deceased alive on* Oct 20, 1953, *and that death occurred at* 9:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine H Passey MD
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/23/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

State File No. 3007
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Angelo
c. (Last): Baroletti

4. DATE OF DEATH (Month) (Day) (Year): Sept 23 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 14 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 1, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tyrol, Italy.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 721-14-3106
17. INFORMANT'S OWN SIGNATURE: Idaho Dept of Public assistance — ADDRESS: Rupert

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis. 422.2 — INTERVAL BETWEEN ONSET AND DEATH: 10 ~~weeks~~ months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate. — 2 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1953, *to* Sept 24, 1953, *that I last saw the deceased alive on* Sept 23, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 258 (Degree or title): MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-9-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney G Goodman — ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 3988
Local Reg. No. 58
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
NOV 12 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY IN THIS PLACE: 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laverne	Oran	Griswold.	Oct	5	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar 25 1909	44	6	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber 56		Whalen Co Texas.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Russel W. Griswold	Mo.	Sudla Bradley	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mrs. Violet Griswold	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* 9/30, 1953, *that I last saw the deceased alive on* 9/30, 1953, *and that death occurred at* 1:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Oswald H. Elmore, M.D. 115	Rupert, Idaho	11/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-8-53	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/9/53	Ott Elmore	Rodney Richardson	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

m.

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO. 111-53-13286 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Norman
b. (Middle) Hutton
c. (Last) (Baby)

4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child
8. DATE OF BIRTH Oct 8 1953
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 0 — IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rupert Idaho
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Norman Hutton — BIRTHPLACE Rock Springs Wyoming
14. MOTHER'S MAIDEN NAME Billie Vipperman — BIRTHPLACE Heyburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Norman Hutton — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) not known

DUE TO (c) not known.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1953, *to* Oct 8, 1953, *that I last saw the deceased alive on* Oct 8, 1953, *and that death occurred at* 7:9 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED Oct 31 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
24b. DATE 10-9-53
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 11/4/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Rodney Goodman — ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3220
Local Reg. No. 55
Reg. Dist. No. 452

BIRTH NO.

NOV 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Feliciana b. (Middle) Flores c. (Last) Aguinaga

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: May 2 1944

9. AGE (In years last birthday): 9
IF UNDER 1 YEAR: Months 5 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bromfield Texas.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Manuel Aguinaga BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Juanita Flores BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Julio Aguinaga ADDRESS: Meadow Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tired mind myself.

INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9 53 8 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: car struck accident seen

22. *I hereby certify that I attended the deceased from* Oct 9, 1953, *to* dead, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS: Rupert Idaho.

23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-13-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-2-1953

REGISTRAR'S SIGNATURE: E. A. Edmonds

25. FUNERAL DIRECTOR: Hodgins Gardner ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

2da

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 3991
Local Reg. No. 56
Reg. Dist. No. 450

BIRTH NO.

NOV 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Minidoka

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Texas

b. COUNTY: Hidalgo Co

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pharr.

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Antonio

b. (Middle):

c. (Last): Vaquero

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16 1953

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE (In years last birthday): 66

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor. Contractor.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Pedro Mexico

12. CITIZEN OF WHAT COUNTRY?: Mexico

13. FATHER'S NAME: Eusevio Vaquero

BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Julio Nino

BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Sebastián Vaquera

ADDRESS: Pharr Texas

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriolar sclerosis

DUE TO (c): Cause unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 16, 1953, *to* Oct 16, 1953, *that I last saw the deceased alive on* never saw him alive, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A F Dalley M.D.

23b. ADDRESS: Rupert, Ida

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-17-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-1-53

REGISTRAR'S SIGNATURE: E H Elmore

25. FUNERAL DIRECTOR: Rodney G Goodman

ADDRESS: Rupert

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2000
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
NOV 12 1953
DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nea Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Eugene	Thomas.	Oct.	22	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White.	Married	Sept. 13, 1883	70	1	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Payson, Utah.	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Thomas	Wales.	Hannie Jufts.	England.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-28-9407	Mrs Louis Bott	Rupert Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension

INTERVAL BETWEEN ONSET AND DEATH: 10 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 10, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Rupert Idaho	10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-26-53	Paul Cemetery	Paul Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
11-2-1953	[signature]	Rodney Boardman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3993
Local Reg. No. 50
Reg. Dist. No. 452

BIRTH NO.

OCT 7 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
c. LENGTH OF STAY (In this place) 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) Heyburn Route 1.

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) David c. (Last) Hallenbeck

4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 14 1879

9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 1 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lexington Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward J. Hallenbeck BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Cynthia Elliott BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Le D. Hallenbeck ADDRESS Heyburn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Surgery at Idaho Falls, Idaho Dr. Corbett.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 16, 1952, *to* Oct 2, 1953, *that I last saw the deceased alive on* Oct 2, 1953, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James A. Bricker M.D.

23b. ADDRESS Burley, Idaho

23c. DATE SIGNED 10-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-6-1953

24c. NAME OF CEMETERY OR CREMATORY Heyburn Cemetery

24d. LOCATION (City, town, or county) Heyburn (State) Idaho

DATE REC'D BY LOCAL REG. 10/6/53

REGISTRAR'S SIGNATURE A T Elmore

25. FUNERAL DIRECTOR Rodney B Goodman ADDRESS Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 2004
Local Reg. No. 54
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
NOV 12 1953
VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Esteban	Flores	Aguinaga	Oct.	9	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Child.	July 14 1952	1	2	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lexington Nebraska
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Manuel Aguinaga	Mexico	Juanita Flores	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Julio Aguinaga ADDRESS Meadow Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injury — 835 X
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chest Injury.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ruptured diaphram - ruptured spleen
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9 1953 8 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* Oct 9, 1953, *to* Oct 9, 1953, *that I last saw the deceased alive on* Oct 9, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[redacted] MD	Rupert Idaho	10-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-53	Rupert Cem	Rupert Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/4/53	[redacted]	[redacted] Goodman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 2005
Local Reg. No. 52
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert- rural
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Big Bend district

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle):
c. (Last): Sabin

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 19, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virgin, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME / BIRTHPLACE: Horace Burr Owens, Clay Co., Missouri
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Olive Fisher, Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 519-14-3937-D
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Olive Strauss Heyburn Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 10 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large ovarian tumor.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-4, 1953, *to* 10-28, 1953 *that I last saw the deceased alive on* 10-22, 1953, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-2-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 11-2-1953
REGISTRAR'S SIGNATURE: E N Elmore
25. FUNERAL DIRECTOR: Vern B. McCullach
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

State File No. 2906
Local Reg. No. 220
Reg. Dist. No. 220

111-53-13299
BIRTH NO.

NOV 14 1953 STATE OF IDAHO

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 524-12th St.

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) c. (Last) McCOY

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 10-1-53

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: C. W. McCoy
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Margaret Drolet
BIRTHPLACE: Bremerton, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C. W. McCoy
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 761.5 Prematurity (6½ mo)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Post-mortem cesarean section; mother died of bulbar polio

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1953 *to* Oct 1, 1953, *that I last saw the deceased alive on* Oct 1, 1953 *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Lewiston, Ida
23c. DATE SIGNED: 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 10-5-53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 11-2-53
REGISTRAR'S SIGNATURE: Jean Wigelius
25. FUNERAL DIRECTOR: Vassar-Rawls
ADDRESS: Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

OCT 19 1953 STATE OF IDAHO

State File No. 2007
Local Reg. No. 200
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 524-12th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Margaret		McCoy	10-1-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	8-18-1920	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Bremerton, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Drolet	Bay City, Michigan	Laura Cosgrove	Bellingham, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	C. W. McCoy	Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

080.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior poliomyelitis, bulbar type — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pregnancy, 6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-1-53	Post-mortem cesarean section	YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 9-29 *, 19*53*, to* 10-1 *, 19*53*, that I last saw the deceased alive on* 10-1 *, 19*53*, and that death occurred at* 4:10 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Newton	MD	Lewiston Ida	10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-5-53	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 5 1953	Jean Wegelius	Vassar-Rawls	Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 3908
Local Reg. No. 198
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3429 N 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) Jettie b. (Middle) Drew c. (Last) Brown

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/4/1881

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Goshen, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Brice Stewart — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Hurt — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Irvin Brown — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Cancer of Pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 20, 1952, *to* Oct. 2, 1953, *that I last saw the deceased alive on* Oct. 1, 1953, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M Stover M.D.

23b. ADDRESS: 527 Burrell Ave. Lewiston, Idaho

23c. DATE SIGNED: 10/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/3/1953

24c. NAME OF CEMETERY OR CREMATORY: Kooskia

24d. LOCATION (City, town, or county) (State): Kooskia, Idaho

DATE REC'D BY LOCAL REG.: Oct 3 1953

REGISTRAR'S SIGNATURE: Jean Vegelius

25. FUNERAL DIRECTOR — ADDRESS: W. C. Merchant, Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

OCT 19 1953

State File No. 2999
Local Reg. No. 202
Reg. Dist. No. 220

BIRTH NO. 111-53-13313

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Box 902

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle) Claire; c. (Last) Millage

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10/5/1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 4 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Curtis Millage — BIRTHPLACE: Nezperce, Idaho

14. MOTHER'S MAIDEN NAME: Cleo Skinner — BIRTHPLACE: Berwin, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Curtis Millage — ADDRESS: Lewiston Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

761.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Premature birth. (Beginning of 6th month)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature placental separation and spontaneous rupture of membranes.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-5-, 1953, *to* 10-9-, 1953, *that I last saw the deceased alive on* 10-8-, 1953, *and that death occurred at* 4:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. White M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/9/1953

24c. NAME OF CEMETERY OR CREMATORY: Vineland

24d. LOCATION (City, town, or county) (State): Clarkston Washington

DATE REC'D BY LOCAL REG.: Oct. 10 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT

Certificate of Death

OCT 19 1953

STATE OF IDAHO

State File No. 4000
Local Reg. No. 206
Reg. Dist. No. 220

BIRTH NO. 111-53-13320

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Idaho~~ Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 436-6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): June
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): 10-11-53

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 10-10-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lehi P. Larsen
BIRTHPLACE: Kimberly, Idaho
14. MOTHER'S MAIDEN NAME: Normal Kitchen
BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lehi P. Larsen
ADDRESS: Clarkston, Was

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): gestation

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/10, 1953, *to* 10/11, 1953, *that I last saw the deceased alive on* 10/11/53, 19__, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Pierce M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 10/13/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-13-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 15, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4901
Local Reg. No. 207
Reg. Dist. No. 220

BIRTH NO.

OCT 30 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (in this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards

d. STREET ADDRESS (If rural, give location): 18th. & Powers

3. NAME OF DECEASED (Type or Print): a. (First) William — b. (Middle) Daniel — c. (Last) Brooks

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 24, 1878

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Truck farming

11. BIRTHPLACE (State or foreign country): Lincoln County South Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard E. Brooks — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Fannie McNeil — BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Effie C. Haggey — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial degeneration with cardiac** — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) **decompensation** — **Myocardial infarction** — 2½ yrs

DUE TO (c) **Generalized arteriosclerosis** — 2½ yrs plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1951, *to* Oct 14, 19 53 *that I last saw the deceased alive on* Oct 14, 19 53, *and that death occurred at* 4.55P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.S. Douglas M.D. — (Degree or title): MD — 23b. ADDRESS: Lewiston, Idaho. — 23c. DATE SIGNED: Oct 15 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 10/16/53 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 16, 1953 — REGISTRAR'S SIGNATURE: Jean Wegelius — 25. FUNERAL DIRECTOR: Brower-Wann L.E. De Bauw — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. W.S. Douglas

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4002
Local Reg. No. 211
Reg. Dist. No. 220

BIRTH NO.

OCT 30 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1026 F. Street Court

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Timothy; c. (Last) Smithwick

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 1, 1890

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Comm. Painting

11. BIRTHPLACE (State or foreign country): Graceville, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Micheal Smithwick — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary Ann Condon — BIRTHPLACE: Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World-War No. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Clifford Quigley — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bleeding gastric ulcer
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute bronchitis

540.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-10, 1953 *to* 10-18, 1953 *that I last saw the deceased alive on* 10-18, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. W. Eastwood M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 21, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 20 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: L. E. DeBaun — Brower-Wann Co. — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Eas

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4003
Local Reg. No. 210
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1708 - 18th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Debra
b. (Middle): Ann
c. (Last): Porter

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 8, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 10; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Ignatious, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ross Porter
BIRTHPLACE: Great Falls, Mont.
14. MOTHER'S MAIDEN NAME: Eva Hendrickson
BIRTHPLACE: Florence, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ross Porter, wars.
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypoplasia of adrenals

INTERVAL BETWEEN ONSET AND DEATH: a few hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1953, *to* Oct 18, 1953, *that I last saw the deceased alive on* 8-6, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.W. Eastman [illegible] 114
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/20/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Missoula, Montana

DATE REC'D BY LOCAL REG.: Oct 19, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann
ADDRESS: L.E. DeBaun, Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4004
Local Reg. No. 212
Reg. Dist. No. 220

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 419 Miller St.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): DORSEY
c. (Last): LEACH

4. DATE OF DEATH (Month) (Day) (Year): October 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 8-18-1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 16
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Engineer
11. BIRTHPLACE (State or foreign country): Alva, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ambrose Leach — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sarah Simmons — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Arthur H. Leach WSB — ADDRESS: Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

540.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage eroding Peptic Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma allergic — 6 days
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/16/53, 19__, *to* 10/20, 1953, *that I last saw the deceased alive on* 10/20, 1953, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M J McRae 251 (Degree or title) Ant
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-26-53
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann K H Malcom — ADDRESS: Lewiston, Idaho
Dr. M. J. McRae

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS STATE OF IDAHO

Certificate of Death

State File No. 4005
Local Reg. No. 215
Reg. Dist. No. 220

111-53-13342
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): For Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 723 - 16th Street

3. NAME OF DECEASED (Type or Print): a. (First) Baby; b. (Middle) Boy; c. (Last) Sennett

4. DATE OF DEATH: (Month) (Day) (Year): October 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 21, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.: 10 / 08

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Karl Sennett — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Della Lynn Parrish — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Della Sennett — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atelectasis, bilateral

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 21, 1953 *to* Oct. 21, 1953 *that I last saw the deceased alive on* Oct. 21, 1953 *and that death occurred at* 6:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. C. Morbey, M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: Oct-23, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/26/1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 26 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann Co. by - K. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr. Mac

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OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4006
Local Reg. No. 216
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406-1st Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 406 1st Ave

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) S.; c. (Last) Caldwell

4. DATE OF DEATH: (Month) (Day) (Year): Oct, 23 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct, 27, 1875

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Cattle Ranch

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Caldwell
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Maria
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Betty J. Greenhow
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emphysema — 3+ years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-25-52.

19b. MAJOR FINDINGS OF OPERATION: Resolving liver infection (non specific hepatitis)

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 23, 1953, *and that death occurred at* 9 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Stein 383 M.D. (Degree or title)

23b. ADDRESS: 707 S. St John Way Lewiston

23c. DATE SIGNED: 10-27-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 27, 53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Oct 27 1953

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4007
Local Reg. No. 217
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 531, Snake River Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 531, Snake River Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	S.	Bond	Oct 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	Never Married	April 20 1866	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	self	Wapâo County Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	x Mrs. Floyd Rogers	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 162X Pneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 19, 1953, *to* Oct. 23, 1953, *that I last saw the deceased alive on* Oct 19, 1953, *and that death occurred at* DOA m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. [illegible] Mosby, M.D.	Lewiston, Idaho	10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 28, 1953	Normal Hill	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 27, 1953	Jean Wegelius	Andrew H. Vassar	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4008
Local Reg. No. 214
Reg. Dist. No. 220

BIRTH NO. 00 [illegible] 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elisha
b. (Middle): Nathaniel
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Oct, 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct, 28, 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retireded Lumberman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lockhaven, Pennsylvania.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles O. Brown — BIRTHPLACE: Patten, Maine
14. MOTHER'S MAIDEN NAME: Scribner — BIRTHPLACE: Maine.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 560-10-1396
17. INFORMANT'S OWN SIGNATURE: Charles O. Brown — ADDRESS: Fairchild Air Force [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Insufficiency.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): inhaters!
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None.

INTERVAL BETWEEN ONSET AND DEATH: yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no Surgery
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1st, 1953, *to* Oct 25, 1953 *that I last saw the deceased alive on* Oct 25, 1953 *and that death occurred at* 2.8 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): [illegible]
23b. ADDRESS: 707 [illegible] St. Lewiston Idaho
23c. DATE SIGNED: 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct, 26, 53
24c. NAME OF CEMETERY OR CREMATORY: Moscow
24d. LOCATION (City, town, or county) (State): Moscow, Idaho.

DATE REC'D BY LOCAL REG.: Oct 26, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. 4009
Local Reg. No. 221
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 128 "C" St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clyde	E.	Wright	10-27-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	1-28-1899	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Club Manager	Tavern	Orange, Mich.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Wright	Mich.	Della Rabedew	Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518035909	[illegible] Sullivan	Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

584X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Pancreatitis

DUE TO (c) Common duct obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 12, 1953	Common duct obstruction 2) underlying pancreatitis, cholelithiasis	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Oct 12, 1953, *to* Oct 27, 1953, *that I last saw the deceased alive on* Oct 27, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
586 John F. Barnes, M.D.	307 S. Johnson Lewiston Id.	Oct 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10-28-1953	Riverside Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-2-53	Jean Vegelins	W. E. Gilbert	Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death
RECEIVED
STATE OF IDAHO

State File No. 4010
Local Reg. No. 219
Reg. Dist. No. 320

BIRTH NO.

NOV 14 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston (Rural)
d. STREET ADDRESS (If rural, give location): Dustan Loop

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): E
c. (Last): MASON

4. DATE OF DEATH (Month) (Day) (Year): Oct 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9, 1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Nelson, England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Mason — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Alice R Millam — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mervin Mason — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

357X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spinal paralysis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* Oct 30, 1953, *that I last saw the deceased alive on* Oct 30, 1953, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes, M.D. 586
23b. ADDRESS: 307 St Johns Way Lewiston Id.
23c. DATE SIGNED: Oct 30. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 10-30-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W.C. Merchant — ADDRESS: Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4011
Local Reg. No. 223
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 - 16th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 106 - 16th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	URIAH	DENNY	October	31,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Dec. 24, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pratt County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Denny — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Gammon — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Darlene McAllister — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:30 P. m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.H. Malcom M.D.	Coroner	Lewiston, Idaho	11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-4-53	Vineland Cemetery	Clarkston, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-4-53	Jean Wegelius	Brower-Mann K.H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPHS-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4012
Local Reg. No. 224
Reg. Dist. No. 220

BIRTH NO.

NOV 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 719 - 5th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HALIVER		KETTLESON	October 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	October 27, 1886	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 73	Building	Underwood, Minn	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Neils Kettleson	Norway	Delia Daniels	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		Unknown	Mrs Harold Cook	Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-30, 1953, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kenneth Eastwood M.D. 114	Lewiston Idaho	11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 3 1953	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/4/53	Jean Wegelius	Brower-Wann K.H. Malcom	Lewiston, Idaho

Dr. Eastwood

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

OCT 19 1953

DIVISION OF VITAL STATISTICS

State File No. 4013
Local Reg. No. 203
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leland
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA		COOK	October 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	August 15, 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Soderhann, Sweden	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erick Erickson	Sweeden	Katherine	Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	None	× Claude Cook	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

33 2X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, *19*51, *to* Oct 10, *19*53, *that I last saw the deceased alive on* Oct 9, *19*53, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
057 01 D. Christensen M.D.	Kendrick, Idaho	Oct 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-1953	Leland Cemetery	Leland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 13 1953	Jean Wegelius	Brower-Wann L.E. DeBauw	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 4014
Local Reg. No. 213
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	JOHN	THAIN	October 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	10-20-1953	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Peck, Idaho (rural)	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Thain	Scotland	Elsie Loimer	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Raymond Thain	Peck, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable Coronary Occlusion	5 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes	15 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.H. Malcom M.D. Coroner	Lewiston, Idaho	10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-25-53	Melrose Cemetery	Melrose, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 22, 1953	Jean Wegelius	Brower-Nann K.H. Malcom	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Certificate of Death

STATE OF IDAHO

State File No. 1115
Local Reg. No. 218
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Idaho Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
d. STREET ADDRESS (If rural, give location) Smile West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Broncheau	Oct	24	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	married	Dec 24 1871	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Broncheau BIRTHPLACE
14. MOTHER'S MAIDEN NAME Millie BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE ADDRESS Camille Broncheau

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure complicated 420.1 — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1953, *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 23, 1953, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E Carson M.D.	Lenore Idaho	10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 28-53	Family cemetery	North Lapwai, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Oct 30, 1953	Jean Wegelius	C. R. Vassar, Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4016
Local Reg. No. 38
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Utah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spanish Fork
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HANNAH	HUGHES	SWENSON	Oct. 14, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe.	wh.	widowed	Aug. 14, 1890	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Spanish Fork, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John B. Hughes	Spanish Fork, Ut.	Katherine Banks	Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	None	Jack N. Swenson	Spanish Fork, Ut.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9-16 to 10-14

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 16, 1953 *to* Oct 14, 1953, *that I last saw the deceased alive on* Oct 14, 1953 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. A. Mabey M.D.	Malad Idaho	10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 17, 1953	Spanish Fork Cemetery	Spanish Fork, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 15-1953	J. Guy Hansen	Raiford G. Benson	Malad, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED

NOV 9 1953

Certificate of Death

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 4017
Local Reg. No. 29
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 268 N. 200 West

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): DALTON
c. (Last): GODDARD

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 5, 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George A. Dalton — BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: Sarah Jane McKay — BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Goddard — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 15 years of a heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hurdle mitral.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
X Ray's Cancer Adhesion about bowels.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 26, 1953, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE 238 O. H. Mabey (Degree or title) M.D.
23b. ADDRESS Malad Idaho
23c. DATE SIGNED 10-27

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-53 01
24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: Oct 27. 1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4018
Local Reg. No. 59
Reg. Dist. No. 33

BIRTH NO. NOV 19 1953

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) 10 Oregon Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Joan b. (Middle) - - - - c. (Last) Eismann

4. DATE OF DEATH (Month) October (Day) 22, (Year) 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 16, 1925

9. AGE (In years last birthday) 27 yrs 11 Mo. IF UNDER 1 YEAR Days and 6 days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm

11. BIRTHPLACE (State or foreign country) Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME C.V. Signor BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Freda Glover BIRTHPLACE Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE Richard B. Eismann ADDRESS Homedale, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Snake River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Homedale, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 22, 1953

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy only *to* Nov. 5, 1953, ~~*that I last saw the deceased alive on*~~ ~~, 19~~, *and that death occurred at* ~~m.~~, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Leeman MD

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 5 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 5 1953

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill

24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Nov. 5, 1953

REGISTRAR'S SIGNATURE Roberta E. Hoffman

25. FUNERAL DIRECTOR T.W. Dakan ADDRESS Caldwell Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 4019
Local Reg. No. 53
Reg. Dist. No. 330

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 520 River Street

3. NAME OF DECEASED (Type or Print): a. (First) LENORA b. (Middle) JANE c. (Last) HENDRICKS

4. DATE OF DEATH: (Month) (Day) (Year): October 12, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 30, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Coffey, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amos Foster
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Hester Prindle
BIRTHPLACE: Coffey, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: R. E. Hendricks
ADDRESS: Ontario, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Vascular Accident
DUE TO (c): Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Residual paralysis

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — — —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — —

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) — — — — —m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2 Oct, 19 53, *to* October 12, 19 53 *that I last saw the deceased alive on* October 12, 19 53, *and that death occurred at* 10:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Gessele (Degree or title) M.D.

23b. ADDRESS: Fruitland, Idaho

23c. DATE SIGNED: 10/12/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Oct. 14-1953

REGISTRAR'S SIGNATURE: Robert E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4826
Local Reg. No. 55
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 North 10th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 219 North 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) AIMOR b. (Middle) BATES c. (Last) KIRKENDALL

4. DATE OF DEATH (Month) (Day) (Year): October 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1885
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months: 4 Days: 6 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brickmason
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Logan, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Kirkendall BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Jeanette Branson BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Daisy L. Kirkendall ADDRESS: Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: less than 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis with decompensation — appx 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding duodenal ulcer and mod. severe secondary anemia — appx 1 week before death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1953, *to* Oct. 14, 1953, *that I last saw the deceased alive on* Oct. 14, 1953, *and that death occurred at* 6:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter S. Kolas M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Oct 15, 1953
REGISTRAR'S SIGNATURE: Gifford R. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer ADDRESS: Payette, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4021
Local Reg. No. 57
Reg. Dist. No. 330

BIRTH NO.

OCT 28 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 North 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 610 North 6th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PURL	R.	CLAUSE	October 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 4, 1870	83	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired miner	Rock miner, retired	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Clause	Missouri	Sarah Elizabeth Purl	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - - -	Mrs. R. T. Epperson	New Plymouth, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - - - - -

RECEIVED

Certificate of Death

OCT 28 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

LENGTH OF STAY (in this place): 10 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 North 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): 515 North 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	BENTLY	MILNOR	October 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 19, 1873	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Retired, farm	Fancy Gate, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mary E. Milnor	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Old Age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Organic heart disease of many years standin

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* Oct. 20, 19 53, *that I last saw the deceased alive on* 10/10/53 19__, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Payette, Idaho	Oct. 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 23, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 23, 1953	Roberta E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4023
Local Reg. No. 52
Reg. Dist. No. 330

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 Park Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 308 Park Avenue

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) RANDALL c. (Last) BENJAMIN

4. DATE OF DEATH: (Month) (Day) (Year) October 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 28, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 7 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter, retired 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter, retired

11. BIRTHPLACE (State or foreign country): Petersburg, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Benjamin
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Emmalina Palmer
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred Jarvis
ADDRESS: New Plymouth, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic cardiac degeneration & failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with Cerebral degeneration and cerebral thrombosis — one month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1953 *to* Oct 12, 1953 *that I last saw the deceased alive on* Oct 12, 1953, *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. E. Davis M.D.

23b. ADDRESS: New Plymouth Idaho

23c. DATE SIGNED: Oct. 12 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Oct 12-1953

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. FUNERAL DIRECTOR: Gifford R Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4024
Local Reg. No. 54
Reg. Dist. No. 32

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): RFD # 1

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) BLAINE c. (Last) STRAWN

4. DATE OF DEATH (Month) (Day) (Year): October 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 28, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months: — Days: 15
IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): New Philadelphia, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Irwin Strawn
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Alice Wallick
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-3741

17. INFORMANT'S OWN SIGNATURE: Nellie L Strawn
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

411X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Embolism

DUE TO (c) Aortic Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Rheumatic Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Jan, 1953, *to* October 13 1953, *that I last saw the deceased alive on* October 13, 1953, *and that death occurred at* 4:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Howell M.D.
23b. ADDRESS: Fruitland, Idaho
23c. DATE SIGNED: 10/13/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Oct. 14, 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3025
Local Reg. No. 56
Reg. Dist. No. 330

BIRTH NO. [illegible] 1953

1. PLACE OF DEATH
a. COUNTY Payette DIVISION VITAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Plymouth
c. LENGTH OF STAY (in this place) 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Plymouth
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	HENRY	BOEHM	October 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 11, 1887	66	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Beecher City, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Boehm	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs C. H. Boehm	New Plymouth, Ida.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardiac decompensation and fibrillation. — one years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 1952 *to* Oct. 18, 1953, *that I last saw the deceased alive on* Oct. 18, 1953, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo E. Davis, M.D.	New Plymouth, Idaho	Oct. 18 '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 21, 1953	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 21, 1953	Gabriel E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 26
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek
LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek Reservation
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Gary	Dennis	Nevada		7	5	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	indian	single	March 9, 1953		3	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Pocatello, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Nevada	Salmon City, Idaho	Margaret Nevada	Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Walter Nevada	Tyhee, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-8-, 1953, *to* 7-8-, 1953, *that I last saw the deceased alive on* 7-8-, 1953, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W E Dennis	Coroner	Am Falls, Ida	11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-8-53	Fort Hall Cemetery	Indian Reservation Fort Hall

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-5-53	Gertrude Thornhill	None	Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 402[illegible]
Local Reg. No. 24
Reg. Dist. No. 500

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arbon
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arbon
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): H.
c. (Last): Meyers

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 26, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Providence Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Joseph Meyers — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Sophia Beri — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Merle Meyers — ADDRESS: Arbon Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 430.1 Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis & insufficiency — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 195 , 19 , *to* 10 1 , 1953 *that I last saw the deceased alive on* Sept , 1953 , *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10 10 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-13-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello Idaho
G. John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 4 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4028
Local Reg. No. 25
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AmericanFalls
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle):
c. (Last): Rast, Sr.

4. DATE OF DEATH (Month) (Day) (Year): 10 27 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 29, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months: 1 Days: 28
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Alt Elft, Bessarabia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Rast
BIRTHPLACE: Rumania
14. MOTHER'S MAIDEN NAME: Fredericka Weiler
BIRTHPLACE: Rumania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Daniel Rast Jr.
ADDRESS: Am.Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 2 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 24, 1953, *to* Oct 27, 1953, *that I last saw the deceased alive on* Oct 27, 1953, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Henry Rock, M.D.
23b. ADDRESS: Aberdeen, Idaho.
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: Oct. 29-1953
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H. Davis
ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1095
Local Reg. No. 27
Reg. Dist. No. 140

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 11 W. Mullan Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes	Kirkwood	Hopper	Oct. 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 26	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home-retired	U.S. Govt.	Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kirkland	Scotland	Margaret Malcolm	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	535-22-3604A	X Eugene L. Hopper	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* November, 1952, *to* Oct 7, 1953, *that I last saw the deceased alive on* Oct 7, 1953, *and that death occurred at* 11 45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Cordwell, MD	Kellogg Idaho	Oct 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 11-1953	Mullan	Mullan Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 11-1953	Hale L. Cornell	Hale L. Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form PHS-4001

State File No. 4030
Local Reg. No. 72
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 26 1953 DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Reese c. (Last) Gittinger

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metalurgist
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Elgin Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William P Gittinger — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Ella Frost — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I 163X
16. SOCIAL SECURITY NO.: 518-03-2467
17. INFORMANT'S OWN SIGNATURE: Evelyn Gittinger — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca of lung c̄ Generalized
DUE TO (c): Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1953, *to* Oct 16, 1953, *that I last saw the deceased alive on* Oct 15, 1953, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 10-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10/19/53
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 10-19-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 172

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 122 N. Division

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 122 N. Division

3. NAME OF DECEASED (Type or Print)
a. (First) Elizebeth
b. (Middle) Bess
c. (Last) Erickson

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 3, 1895
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Dubuque, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME No Record — BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME No Record — BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 534-01-3604
17. INFORMANT'S OWN SIGNATURE Oscar Erickson — ADDRESS Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Neck with Metastasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20, 1953, *to* 10-20, 1953, *that I last saw the deceased alive on* 10-20, 1953 *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. L. Peterson M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 10-24-53
24c. NAME OF CEMETERY OR CREMATORY Smith & Company
24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. 10/24/53
REGISTRAR'S SIGNATURE Joe Sinne
25. FUNERAL DIRECTOR Grant McGlade — ADDRESS Kellogg, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4032
Local Reg. No. 75
Reg. Dist. No. 142

BIRTH NO. 111-53-13403

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 323 -E. Portland

3. NAME OF DECEASED (Type or Print)
a. (First): Glen
b. (Middle): Michael
c. (Last): Gilbert

4. DATE OF DEATH (Month) Oct. (Day) 21 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NM
8. DATE OF BIRTH: Oct.18,1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Kellogg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank E. Gilbert — BIRTHPLACE: Idaho Falls, Ida.
14. MOTHER'S MAIDEN NAME: Helen N. Racich — BIRTHPLACE: Butte, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

762.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Atelectasis Lung

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cremeturity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19, 1953, *to* Oct 21, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stacey 382
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10-27-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant McGlade — ADDRESS: 102 S. Main, Kellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4023
Local Reg. No. 26
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 16 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): Gordon
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): Oct 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 12
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SchoolTeacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dallas, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Gordon — BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Leidia Ferguson — BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Natalie Thomlinson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with failure — INTERVAL BETWEEN ONSET AND DEATH: 3 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & senility. — yrs —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Sept, 1953, *to* 10 Oct 53, 19___, *that I last saw the deceased alive on* 10 Oct, 1953, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 347 Robert J. Russell MD.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 2 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 3-1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Spokane Wash

DATE REC'D BY LOCAL REG.: Oct 8-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 6024
Local Reg. No. 29
Reg. Dist. No. 140

BIRTH NO.

OCT 29 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 121 Cypress St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 121 Cypress St.

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Peter c. (Last) Batchelor

4. DATE OF DEATH: (Month) (Day) (Year): Oct 14 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 12 1869

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months: 9 Days: 2 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 38

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): New London, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jack Batchelor
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-14, 1953 *to* 10-14, 1953 *that I last saw the deceased alive on* 10-14, 1953 *and that death occurred at about* 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas C Carlson M.D.

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 20-1953

24c. NAME OF CEMETERY OR CREMATORY: Holy Cross

24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: Oct 21-1953

REGISTRAR'S SIGNATURE: Dale L Cornell Reg

25. FUNERAL DIRECTOR: Dale L Cornell

ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 30
Reg. Dist. No. 140

BIRTH NO. RE

OCT 29 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Wesley c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): Oct 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 1888

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer & Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 17, 1953 *to* Oct 17, 1953, *that I last saw the deceased alive on* Oct 16, 1953, *and that death occurred at* about 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21-1953
24c. NAME OF CEMETERY OR CREMATORY: Murray
24d. LOCATION (City, town, or county) (State): Murray Idaho

DATE REC'D BY LOCAL REG.: Oct 21-1953
REGISTRAR'S SIGNATURE: Wade L. Cornell
25. FUNERAL DIRECTOR: Wade L. Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48[illegible]

State File No. 4036
Local Reg. No. 33
Reg. Dist. No. 140

Certificate of Death

RECEIVED
OCT 30 1953
DIVIS.

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ellis
b. (Middle): J
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Oct 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X R. J. Anderson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular Renal disease — 10 days
DUE TO (c) Carcinoma of Stomach — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post operative Wound ~~[illegible]~~ disruption — 6 wks

19a. DATE OF OPERATION: 9-8-53
19b. MAJOR FINDINGS OF OPERATION: Carcinomatous ulcer of stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1953, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 22, 1953, *and that death occurred at* 12:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Parmenter Ellis MD 109
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 25-1953
24c. NAME OF CEMETERY OR CREMATORY: United I.O.O.F
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Oct 26-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

REC

Certificate of Death

STATE OF IDAHO

State File No. 40
Local Reg. No. 32
Reg. Dist. No. 140

BIRTH NO.

OCT 30 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone DIVIS.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): STATE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Mineral
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saltese
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle):
c. (Last): Cruzan

4. DATE OF DEATH (Month) (Day) (Year): Oct, 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr 6-1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Haugan Montana
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Fred Cruzan — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lila Springer — BIRTHPLACE: Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): WW 2 9/9/8
16. SOCIAL SECURITY NO.: 517-16-2167
17. INFORMANT'S OWN SIGNATURE: X Ethel Geory E — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound Chest + Abdomen. — INTERVAL BETWEEN ONSET AND DEATH: 2½ days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 10-19-53
19b. MAJOR FINDINGS OF OPERATION: Severe Gunshot Wound. Liver And. Rt. Kidney.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hunting - Woods
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Saltese Mineral Montana.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 19 53 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Stray Rifle Bullet.

22. *I hereby certify that I attended the deceased from* 10-19, 1953, *to* 10-22, 1953, *that I last saw the deceased alive on* 10-22, 1953, *and that death occurred at* 10:50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis B. Hunter M.D.
23b. ADDRESS: Wallace, Idaho.
23c. DATE SIGNED: 10-26-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 25-1953
24c. NAME OF CEMETERY OR CREMATORY: De Borgia
24d. LOCATION (City, town, or county) (State): De Borgia Montana

DATE REC'D BY LOCAL REG.: Oct 26-1953
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L Cornell — ADDRESS: Wallace Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 40 [illegible]
Local Reg. No. 28
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gem
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sibby	Kelly	Smith	Oct, 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	12-22-1870	82	9	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Ireland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Kelly		Mary Kelly	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	George L Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 yrs

DUE TO (c) 4 20.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* Oct 4, 1953, *that I last saw the deceased alive on* Oct 4, 1953 *and that death occurred at* 1:55 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] McWeis Coroner		Wallace Ida	Oct 5 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 8-1953	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 9-1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 4039
Local Reg. No. 40
Reg. Dist. No. 130

BIRTH NO.

OCT 15 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nugget Creek Road Camp
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nugget Creek Road Camp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): St Maries Hotel

3. NAME OF DECEASED (Type or Print)

a. (First): E.
b. (Middle): Curtis
c. (Last): Rhodes

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-17-1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Forest Service
11. BIRTHPLACE (State or foreign country): Brookville, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-05-0804
17. INFORMANT'S OWN SIGNATURE: Forest Service Records — ADDRESS: David R Kyle St Maries Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic aortic aneurysm — 2 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1953, *to* Aug, 1953, *that I last saw the deceased alive on* Aug 3, 1953, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp — (Degree or title): M.D. — 23b. ADDRESS: St. Maries, Idaho — 23c. DATE SIGNED: 10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 10-12-53 — 24c. NAME OF CEMETERY OR CREMATORY: Woodlawn — 24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 10-12-53. — REGISTRAR'S SIGNATURE: Aileen J. Scott — 25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St Maries Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4040
Local Reg. No. 73
Reg. Dist. No. 172

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 26 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pinecreek
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinecreek
d. STREET ADDRESS (If rural, give location): Pinecreek Rural Rt.

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) L.; c. (Last) Swango

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 12, 1912
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-9838
17. INFORMANT'S OWN SIGNATURE: His records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

910.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Pull [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, Tibia Right
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nelson Sawmill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pinecreek Shoshone Idaho

21d. TIME OF INJURY: (Month) Oct. (Day) 15 (Year) 1953 (Hour) 2:15P
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Unloading logs from truck

22. *I hereby certify that I attended the deceased from* After death *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10-20-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 31
Reg. Dist. No. 140

BIRTH NO.

OCT 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place of abode):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) Puumala

4. DATE OF DEATH (Month) (Day) (Year): Oct 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Finland	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		None	County Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-19, 1953, *to* 10-19, 1953, *that I last saw the deceased alive on* 10-19, 1953, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Peterson M.D.	Wallace Idaho	10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 23-1953	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 21-1953	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form D-H-1 (Rev.)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 5 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4012
Local Reg. No. 1
Reg. Dist. No. 172

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 8 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinecreek
d. STREET ADDRESS (If rural, give location): Pinecreek

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) J. c. (Last) Besly

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: July 11, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Bunker Hill
11. BIRTHPLACE (State or foreign country): Calhoun, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.: 518-03-2632
17. INFORMANT'S OWN SIGNATURE: Zenas L. Besly — ADDRESS: Worcester Massachusetts

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency & Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21, 1953, *to* 10-21, 1953 *that I last saw the deceased alive on* 10-21, 1953 *and that death occurred at* 6:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. W. Peterson, M.D. (Degree or title)
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grant M. Glade — ADDRESS: 102 S. MainKellogg

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 24 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1043
Local Reg. No. 15
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia
d. STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print)
a. (First) GERALD
b. (Middle) VERNON
c. (Last) BEESLEY

4. DATE OF DEATH (Month) (Day) (Year) October 1, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept., 24, 1930
9. AGE (In years last birthday) 23 — If under 1 year: Months 0, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home and Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lawrence Beesley — BIRTHPLACE Driggs, Idaho
14. MOTHER'S MAIDEN NAME Ursula Ure — BIRTHPLACE Kamas, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Henry McCracken — ADDRESS Tetonia, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Field
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Tetonia Teton Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidental Shot Self with gun

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 47 Jack Lawson County Coroner
23b. ADDRESS Driggs Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct., 5, 1953
24c. NAME OF CEMETERY OR CREMATORY Haden Cemetery
24d. LOCATION (City, town, or county) (State) Tetonia, RFD, Idaho.

DATE REC'D BY LOCAL REG. Oct 7-53
REGISTRAR'S SIGNATURE Stella Griggs by Ray Griggs
25. FUNERAL DIRECTOR M. S. Hansen — ADDRESS St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4044
Local Reg. No.
Reg. Dist. No.

BIRTH NO. OCT 26 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LYDIA b. (Middle) MANETTE c. (Last) ROBISON HILLMAN

4. DATE OF DEATH: (Month) Oct., (Day) 20, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 9, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Robison — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Louisa Kirk — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. E. Hillman — ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs.

DUE TO (c) Generalized Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture, femur, right — 2 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Oct 20, 1953, *that I last saw the deceased alive on* Oct 20, 1953, *and that death occurred at* 11:55 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: T. Grande C. Jensen M.D. (Degree or title)
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 October 53
24c. NAME OF CEMETERY OR CREMATORY: Darby
24d. LOCATION (City, town, or county) (State): Driggs RFD, Teton, Idaho

DATE REC'D BY LOCAL REG.: 10/23-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: N. L. Hansen — ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4045
Local Reg. No. 243
Reg. Dist. No. 46

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls

c. LENGTH OF STAY (in this place) 6 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho

b. COUNTY Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls

d. STREET ADDRESS (If rural, give location) 106 Buchanan

3. NAME OF DECEASED (Type or Print)

a. (First) Dora

b. (Middle) Marie

c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 20, 1898

9. AGE (In years last birthday) 55

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Charles H. Eldred

BIRTHPLACE Kansas

14. MOTHER'S MAIDEN NAME Clemence Leatard

BIRTHPLACE Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE G. R. Eldred

ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metastatic carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of stomach (type still undetermined) — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19, 19 53, *to* 10-4, 19 53, *that I last saw the deceased alive on* 10-4-53, 19____, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE George F. Brown, M.D. FACP (Degree or title)

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-6-1953

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 10-9-53

REGISTRAR'S SIGNATURE Viola A. Richardson

25. FUNERAL DIRECTOR

ADDRESS Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4046
Local Reg. No. 244
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 730 All St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 730 All St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): THOMAS
c. (Last): MORSE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. George, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C L Morse — ADDRESS: Sandy, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 15 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: BRONCHO PNEUMONIA — ONE MO.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1953, *to* 10-4, 1953, *that I last saw the deceased alive on* 10-2, 1953, *and that death occurred at* 9 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. V. Telford, M.D. 655
23b. ADDRESS: TWIN FALLS, IDAHO
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/8/53 03
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-10-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4047
Local Reg. No. 245
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 313 5th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
d. STREET ADDRESS (If rural, give location): 313 5th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): WILMA
b. (Middle): JEAN
c. (Last): KEMPER

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 4, 1950
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kemper — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Vernice Braddy — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Wm Kemper — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

231X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Teratoma of lung - rt. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 29, 1953
19b. MAJOR FINDINGS OF OPERATION: Teratoma of lung - rt.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Oct, 1953, *that I last saw the deceased alive on* 10/15, 1953, *and that death occurred at* 2:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 671 Ben E Kutz — (Degree or title): M.D.
23b. ADDRESS: 519 Main West
23c. DATE SIGNED: 10/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-10-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
15. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 20 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4048
Local Reg. No. 246
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 block 2nd Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 400 block 2nd Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Dave
b. (Middle):
c. (Last): Scherbinske

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 27, 1894
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kulum, North Dadota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Scherbinske — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Lydia Miller — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Richmond Cabiff — ADDRESS: Gottfried Scherbinsky

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* did not see alive, *19*___, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson 073 Creed, MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/16/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Home-Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 1953

Certificate of Death

STATE OF IDAHO

State File No. 4049
Local Reg. No. 248
Reg. Dist. No. 460

BIRTH NO.

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print): a. (First) Inez; b. (Middle) G.; c. (Last) Barnes

4. DATE OF DEATH: (Month) October (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 21, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smithfield, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Theodore Gyllenskog
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Catherine Smith
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Ephraim Barzee
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paro Pneumonia — 1- months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 8, 1953, *to* Oct 8, 1953, *that I last saw the deceased alive on* Oct 9, 1953, *and that death occurred at* 1:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard C. Link MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/12/53

REGISTRAR'S SIGNATURE: Viola G. Richardson

25. FUNERAL DIRECTOR: C. J. Phillips
ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 20 1953
DIVISION OF VITAL STATISTICS
BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4050
Local Reg. No. 250
Reg. Dist. No. 460

Instructions: Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1861 Highland Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	E.	Kinder	October 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 16, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Statesville, N. Car.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kinder	No Information	No Information	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-05-9438	Mrs J E. Kinder	Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	190X Malignant Melanoma left Inguinal & Femoral	2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Neoplasm	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-6, 1953, *to* 10-9, 1953 *that I last saw the deceased alive on* 10-9, 1953, *and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W A Drake M D	Twin Falls, Idaho	10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-1953	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/17/53	Violet A. Richardson	S. C. Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4051
Local Reg. No. 247
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Phillip c. (Last) Lohnes

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Implement & automobile dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ness county, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Lohnes
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-22-3599

17. INFORMANT'S OWN SIGNATURE, ADDRESS: Mrs. Edward Linder, Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Infarction of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary thrombosis. — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 21, 1952, *to* 10/11/, 1953, *that I last saw the deceased alive on* Oct 11, 1953, *and that death occurred at* 9:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard C. Kuelhamp M.D.

23b. ADDRESS: 519 Main Ave. E. Twin Falls

23c. DATE SIGNED: Oct 13 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/13/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/16/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR, ADDRESS: James C. Reynolds, Reynolds Funeral Home - Twin Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4052
Local Reg. No. 251
Reg. Dist. No. 460

BIRTH NO.

OCT 20 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 114 Polk Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CORNELIA	ELIZABETH	MATSON	October 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 8th, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Florence, Iowa	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harroson	New York	Lavina Drake	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	Laurena Upton	TwinFalls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ascites with pelvic phlebothrombosis secondary to No. C. — Undetermined

DUE TO (c) Cystadeno carcinoma of the ovary. — Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. - - -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1 *19* 53, *to* Oct. 15, *19* 53, *that I last saw the deceased alive on* Oct. 15, *19* 53, *and that death occurred at* 9:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vaughn M. Ford M.D.	Twin Falls, Idaho	10/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10.19.1953	Sunset Memorial Park Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/17/53	Viola A. Richardson	Ray H. Sullivan	White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 253
Local Reg. No. 253
Reg. Dist. No. 46-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place: 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 120 11th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) W. c. (Last) Fisher

4. DATE OF DEATH: (Month) (Day) (Year) October 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 21, 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Sec. & Treas.

10b. KIND OF BUSINESS OR INDUSTRY: of Mutual Fire Ins.

11. BIRTHPLACE (State or foreign country): New Brunswick, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Fisher
BIRTHPLACE: New Brunswich, Canada

14. MOTHER'S MAIDEN NAME: Mary Ahern
BIRTHPLACE: New Brunswich, Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxxxxxxxxxx

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mary R. Walsh Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis & arteriosclerosis — several yrs
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1953, *to* Oct 16, 1953, *that I last saw the deceased alive on* Oct 16, 1953, *and that death occurred at* 8:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D.

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 19, '53

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 10/23/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: D. T. Albertson

ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4054
Local Reg. No. 255
Reg. Dist. No. 760

BIRTH NO. OCT 27 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 955 2nd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) GIBNEY

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 26, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 65

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eden Valley, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Timothy Gibney
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Catherine Ryan
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 517-26-9655

17. INFORMANT'S OWN SIGNATURE: Joseph B. Gibney
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 157X Metastatic Cancer of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of the Pancreas (Carcinoma)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 8, 1948, *to* October, 1953, *that I last saw the deceased alive on* Oct 21, 1953 *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rowland M Peterson MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: Oct 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/23/53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Viola G. Richardson

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
OCT 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4055
Local Reg. No. 260
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 917 4th Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Lillis
c. (Last): Francis

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 15, 1953
9. AGE (In years last birthday): If under 1 year: Months 3, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Merle Francis
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Harriet Sawyer
BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: 917 4th Ave W Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

525X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INTERSTITIAL PNEUMONIA

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7 30/A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. V. Belford 6-5 M. D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/29/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4056
Local Reg. No. 262
Reg. Dist. No. 460

BIRTH NO.

NOV 4 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 204 Fillmore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) Glenns Ferry

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) ELLEN c. (Last) BUFFINGTON

4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 12, 1869
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Harris BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Jane Jones BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE C. E. Buffington ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage - 4 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile changes - years
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/23, 1953, *to* 10/23, 1953, *that I last saw the deceased alive on* 10-23, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Affleck M.D. (Degree or Title)
23b. ADDRESS Twin Falls
23c. DATE SIGNED 27 Oct

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/25/53
24c. NAME OF CEMETERY OR CREMATORY Glenns Ferry Cemetery
24d. LOCATION (City, town, or county) (State) Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG. 10/30/53
REGISTRAR'S SIGNATURE Viola A. Richardson
25. FUNERAL DIRECTOR Arthur Smith ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 267
Local Reg. No. 46
Reg. Dist. No.

BIRTH NO.

NOV 4 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 21 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 201 11th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) Oliver; c. (Last) Shark

4. DATE OF DEATH: October 25, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1898

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delta, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Shark
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Black
BIRTHPLACE: Marysville, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXXXXXXXX

16. SOCIAL SECURITY NO.: Unable to find.

17. INFORMANT'S OWN SIGNATURE: X Retta Moore
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

414X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Ventricular Failure — 5 days
DUE TO (c) Chronic Rheumatic myocarditis — 5 years.
Valvular heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral embolic accidents to Auricular Fibrillation — 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1953, *to* Oct 25, 1953, *that I last saw the deceased alive on* Oct. 24, 1953 *and that death occurred at* 7:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. McBratney (Degree or title): M.D.
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/28/53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl (State): Idaho

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4058
Local Reg. No. 266
Reg. Dist. No. 460

RECEIVED NOV 4 1953 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 43 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 Harrison St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 213 Harrison St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	L.	Kelso	Oct. 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 5, 1901	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Operator 13		Ralston, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Lee Kelso	Unknown	Lucy E. Struller	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	655-12-1115	A E. Kelso	Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Acute Myocardial infarction L. ventricle;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed 073	M.D.	Twin Falls Idaho	10/26/1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/31/53	Viola A. Richardson	Jensen-Pugsley FUNERAL HOME	Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
OCT 31 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4059
Local Reg. No. 259
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	C.	HANSEN	Oct. 27 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	Nov. 5, 1872	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Bloomington, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John O. Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mettie Anderson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Emma Hansen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1942, *to* Oct-27, 1953, *that I last saw the deceased alive on* Sept. 15, 1953, *and that death occurred at* 7.00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn 435 R Voyles M.D.	Twin Falls, Idaho	10/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1953	Hillcrest Cemetery	Shelley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/29/53	Viola A. Richardson	L. C. Quiggle	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

REC Certificate of Death

STATE OF IDAHO

State File No. 4060
Local Reg. No. 263
Reg. Dist. No. 460

BIRTH NO.

NOV 4 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Filer Rt. # 1
d. STREET ADDRESS (If rural, give location): Rural Rt. # 1, Filer

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) FRANKLIN c. (Last) BEVER

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 26, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Hillsboro, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen Bever
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary Brant
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Carl Hendrix
ADDRESS: Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Failure — 1 hr.
DUE TO (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION: Oct 5, 1953

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy with Urinary Retention

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Sept, 1953, *to* 27 Oct, 1953, *that I last saw the deceased alive on* 27 Oct, 1953, *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George T. Davis M.D.

23b. ADDRESS: 1535 Addison Ave E, Twin Falls, Id

23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-31-53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/30/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4061
Local Reg. No. 263
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 4 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 830 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 830 Jackson

3. NAME OF DECEASED (Type or Print): a. (First) MRS. SARAH b. (Middle) MOHR c. (Last) SCHNEIDER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 20, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Otis, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip Mohr
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Katherine Darmer
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Clarence Schneider
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Rupture of abdominal viscus probably gall bladder
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Cholecystitis
DUE TO (c): Chronic cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
a. Cachexia
b. Senility

INTERVAL BETWEEN ONSET AND DEATH: 17 hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 28 Oct., 1953, *to* 28 Oct, 1953, *that I last saw the deceased alive on* 28 Oct, 1953, *and that death occurred at* 6:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray M. Kellogg M.D.
23b. ADDRESS: 313 Shoshone St. North Twin Falls
23c. DATE SIGNED: 10-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/30/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Keith B. Bird
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

RECEIVED
NOV 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 4002
Local Reg. No. 271
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1855 Dorian Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1855 Dorian Drive

3. NAME OF DECEASED (Type or Print): a. (First) PHYLLIS b. (Middle) JEAN c. (Last) RIGDON

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	Aug. 19, 1925	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 25
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl O. Rigdon — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Theodora McKean — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-22-1656
17. INFORMANT'S SIGNATURE: Mrs Theodora Rigdon — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Embolism, Acute — INTERVAL BETWEEN ONSET AND DEATH: 7 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 8 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4168

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 19 51, *to* Oct 26, 19 53, *that I last saw the deceased alive on* Oct 26, 19 53, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bernard C. Kreilkamp M.D	519 Main Ave W. T.F.	Nov 2 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/2/53	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 38-205.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4063
Local Reg. No. 269
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 10 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 160 Quincy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 160 Quincy

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GUY		OBERSHAW	Oct. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 13, 1898	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: TF School District
11. BIRTHPLACE (State or foreign country): Mason City, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Curtis Obershaw
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Ethel May Streeter
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-01-9814
17. INFORMANT'S OWN SIGNATURE: Lillie L. Obershaw
ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteria decending branch L. Ventricle
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed M.D.	Twin Falls	Nov. 2, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-4-53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-7-53	Viola A. Richardson	Arthur Smith	White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 242
Reg. Dist. No. 460

RECEIVED
OCT 12 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence in McCollum

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Mc Collum Addition

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mayme	Donai	Quire	October 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Oct. 26, 1879	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Pella, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L. M. Donai	Pella, Iowa	Mary Dingman	Pella, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No xxxxxxxxxxxx	None	X F. L. Quire	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of breast (c metastasis) — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1949	Carcinoma	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 10-3, 1953, *and that death occurred at* 12:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. A. Drake M.D.	Buhl, Ida	10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/7/53	Buhl City Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-10-53	Viola A. Richardson	D. Albertson	Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

RECEIVED

OCT 20 1953

DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4065

Local Reg. No. 249

Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
c. LENGTH OF STAY (in this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) 234 North Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ida	C.	Welsh	Oct. 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 12, 1900	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Walnut Grove, Minn.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Godfried Gullickson	Norway	Mary	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Anita W. Manolopoulos	Richland, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	592 x Pericardial Effusion	One wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Athesia Pericardii	Several yrs
DUE TO (c)	Chronic Interstitial Nephritis	Several yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1953 to Oct 12, 1953, that I last saw the deceased alive on Oct 10, 1953 and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard M. Peterson M.D. 309	Twin Falls, Idaho	10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16.53	IOOF Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/17/53	Viola A. Richardson	J. C. Phillips	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4066
Local Reg. No. 252
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ W. & ½ So. of Kimberly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Kimberly
d. STREET ADDRESS (If rural, give location): ½ W. & ½ So. of Kimberly

3. NAME OF DECEASED (Type or Print)
a. (First): BURTON
b. (Middle): ALVIN
c. (Last): BANNING

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 14, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Union County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Banning — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: Mathilda Bolteman — BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ralph B. Banning — ADDRESS: Kimberly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Extensive charring burns of head, thoracic, abdominal areas and extremities
ANTECEDENT CAUSES — DUE TO (b): Asphyxiation
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

916.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kimberly - Rural, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 19, 1953 5:30A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fire

22. *I hereby certify that I attended the deceased from* Did not, ~~to~~ see, ~~to~~ alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Justice of Peace, Acting Coroner
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 10-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/19/53
24c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery
24d. LOCATION (City, town, or county) (State): Creston, Iowa

DATE REC'D BY LOCAL REG.: 10/20/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 27 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4007
Local Reg. No. 25-7
Reg. Dist. No. 46.0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Rt. # 3, Twin Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuttle
d. STREET ADDRESS (If rural, give location): Tuttle

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) JANE c. (Last) GOULD NEWBERRY

4. DATE OF DEATH (Month) (Day) (Year): October 20, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 20, 1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Tyro, Montgomery co., Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: G. O. Gould
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Alma Snell
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-25-5649

17. INFORMANT'S OWN SIGNATURE: Ralph R. Newberry
ADDRESS: Jerome

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W. Marshall 243
(Degree or title): M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/26/53
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: White Mortuary
Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1953

Certificate of Death

DIVISION OF VITAL STATISTICS — STATE OF IDAHO

State File No. 40588
Local Reg. No. 12586
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Murtaugh - Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh - Rural
d. STREET ADDRESS (If rural, give location): Murtaugh - Rural South

3. NAME OF DECEASED (Type or Print): a. (First) JUDSON b. (Middle) MICHAEL c. (Last) TOLMAN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 5, 1941

9. AGE (In years last birthday): 11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roger Tolman — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: June McKinster — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roger Tolman — ADDRESS: Murtaugh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severed spinal cord-base of skull; — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple lacerations
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Murtaugh, Twin Falls County

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 22, 1953 5:30 P.M.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Boy caught in take off of tractor

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray F. Hollis, Justice of Peace; Acting coroner

23b. ADDRESS: East End of Twin Falls Co.

23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/26/53

24c. NAME OF CEMETERY OR CREMATORY: Susnet Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4069
Local Reg. No. 258
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Bernhardt c. (Last) Lindau

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Letter carrier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Postal

11. BIRTHPLACE (State or foreign country): Nimioka, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Lindau
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Clara Micheal
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Wm B. Lindau
ADDRESS: Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (patient was dead on arrival)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-20-1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 1953, 19__, *that I last saw the deceased alive on* 6-17-53, 19__, *and that death occurred at* 3:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W. Marshall - M.D.
(Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: J. C. Phillips
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4070
Local Reg. No. 261
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 4 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): W. of Filer on Hiway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Filer
d. STREET ADDRESS (If rural, give location): Rural - Filer

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): GLENN
c. (Last): STULTZ

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 5, 1939
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pottersville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Stultz — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Madge Fox — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frank Stultz — ADDRESS: Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Dislocation of 5th cervical vertebra on 6th with section of spinal cord

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓ Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30 — 1 3/4 mi S.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): of Filer, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 26 1953 11:50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Deceased thrown out of car in which he was passenger

22. *I hereby certify that I attended the deceased from* alive *, 19___, to _____, 19___, that I last saw the deceased alive on* Did not see *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed, Mo.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/28/53
24c. NAME OF CEMETERY OR CREMATORY: West Plains, Mo.
24d. LOCATION (City, town, or county) (State): West Plains, Missouri

DATE REC'D BY LOCAL REG.: 10/30/53
REGISTRAR'S SIGNATURE: Viola G. Richardson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4071
Local Reg. No. 264
Reg. Dist. No. 460

Certificate of Death

BIRTH NO.

RECEIVED NOV 4 1953 DIVISION OF VITAL STATISTICS

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. V. E. Knight Office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Douglas Hotel Rm. # 11

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ILLUSTIK
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 15, 1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY?: Holland

13. FATHER'S NAME: Unk. — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 527-16-8073
17. INFORMANT'S OWN SIGNATURE: Arthur Smith — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not *to* see alive *, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson Creed M.D.
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 10/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/53
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 10/30/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4072
Local Reg. No. 17
Reg. Dist. No. 310

BIRTH NO.

RECEIVED
OCT 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home
e. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	EDWARD	SOUTH, SR.	October 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 29, 1893	60-1-13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	Clothing	Randolph, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Rich South	Utah	Mary Ann Spencer	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		George E. South Jr.	McCALL, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 2, 1953, *to* Oct 2, 1953, *that I last saw the deceased alive on* Oct. 2, 1953 *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Eugene Pflug, M.D.	McCall, Idaho	9/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/6/53	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct-12-1953	Myrtle K. Gardner	Clyde E. Summers	Boise, Idaho
		SUMMERS FUNERAL HOME	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO. OCT 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Norton Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 14 East Galloway Street

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle)
c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year) 9-29-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 6-23-1872
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired) 04
10b. KIND OF BUSINESS OR INDUSTRY Fruit and Dairy
11. BIRTHPLACE (State or foreign country) Millville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J. Anderson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Cecelia Nielson — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Oral Anderson — ADDRESS Weiser, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

442 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — 3 years

DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 May, 1953, *to* 29 Sept., 1953, *that I last saw the deceased alive on* 28th Sept., 1953, *and that death occurred at* 12:40A.M. *from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Coats M.D. (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 10/1/1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10/2/53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 10/2/53
REGISTRAR'S SIGNATURE Marie Hawthorn
25. FUNERAL DIRECTOR R. Dave Thomason — ADDRESS Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROSETTA
b. (Middle): ELIZABETH
c. (Last): LOCEY

4. DATE OF DEATH (Month) (Day) (Year): 10-1-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 11, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Duncan — BIRTHPLACE: Don't know
14. MOTHER'S MAIDEN NAME: Susan Sult — BIRTHPLACE: don't know
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy V Locey — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

904.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fract Left Femur

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weiser, Washington Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 30th 1953 7:00 pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in Home

22. *I hereby certify that I attended the deceased from* 9-30- *19*53 *to* 10-1 *, 19*53*, that I last saw the deceased alive on* 10-1- *, 19*53*, and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 10/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/3/53
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 10/3/53
REGISTRAR'S SIGNATURE: Marie Smithorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Hancher

RECEIVED

Certificate of Death

OCT 24 1953

STATE OF IDAHO

DIVISION OF VITAL STATISTICS

State File No. 18

Local Reg. No. 18

Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN: Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lessie b. (Middle) M. c. (Last) Harris

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 23 1890

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Henretta, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter L. Chestnut BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Susan V. Campbell BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Alice Staples ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Oct, 1953, *to* 7 Oct, 1953, *that I last saw the deceased alive on* 7 Oct, 1953, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hayden Hancher, M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 10/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/10/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/10/53

REGISTRAR'S SIGNATURE: Merle Hawthorne

25. FUNERAL DIRECTOR: P. Dan Thomason ADDRESS: Weiser, Idaho

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Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5176
Local Reg. No. 20
Reg. Dist. No. 320

BIRTH NO.

OCT 24 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Gustaf
b. (Middle): Adolph
c. (Last): KUSTER

4. DATE OF DEATH (Month) (Day) (Year): 10-10-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 23 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apiarist 40
10b. KIND OF BUSINESS OR INDUSTRY: Apiary
11. BIRTHPLACE (State or foreign country): Lansing Ridge Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Niklaus Kuster — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME: Margaret ?? — BIRTHPLACE: Don't Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records of Public Assistance Office — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 716.0 Multiple burns, l leg, scrotum buttocks — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Midvale, Washington co., Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 3, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gasoline exploded when thrown on fire

22. *I hereby certify that I attended the deceased from* 10-5, 1953, *to* 10-10, 1953, *that I last saw the deceased alive on* 10-10, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Goats M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/15/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, idaho

DATE REC'D BY LOCAL REG.: 10/14/53
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
OCT 28 1953
DIVISION OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 4077
Local Reg. No. 23
Reg. Dist. No. 32c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DYER	SHIPMAN	STANLEY	10-10-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Sept. 20, 1872	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Genoa, Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leroy Stanley	N.Y.	Mary C. Shipman	Penn.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXXX		Roy Stanley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Nephritis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-1-, 1953, *to* 10-10, 1953, *that I last saw the deceased alive on* 10-10-, 1953, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. McCutcheon M.D.	Weiser, Idaho	10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-53	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Marie Hawthorn	F. Dan Thomson	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1356
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

OCT 28 1953

DIVISION OF VITAL STATISTICS, STATE

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 1357 West 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julian	Donald	Locey	Oct. 11 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Sept. 20 1890	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier 30	Postn Office	Ironsides Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julian Locey	?	Rosetta E. Dunca	Leavenworth Kans.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.1	XXXX	Roy T. Locey	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchial Asthma

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-2 –, 1953, *to* 10-10, 1953, *that I last saw the deceased alive on* 10-10, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Weiser, Idaho	10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/13/53	Evergreen Cem.	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/12/53	Marie Hamilton	F. Dee Thomason	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

OCT 28 1953 STATE OF IDAHO

State File No. 4079
Local Reg. No. 25
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gem Motel

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flagstaff
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ben	Butler	Tabor	Oct. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 3, 1906	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Duty Operator
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Columbia, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: don't know — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: don't know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXXXX (If yes, give war or dates of service): XXXXXXX
16. SOCIAL SECURITY NO.: 539-09-0831
17. INFORMANT'S OWN SIGNATURE: Mrs Vivian Tabor — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Septicemia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Peritonsillitis - bilateral	7 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Oct, 1953, *to* 17 Oct, 1953, *that I last saw the deceased alive on* 17 Oct, 1953, *and that death occurred at* 9:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Coats M.D. (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 19 Oct 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-23-53
24c. NAME OF CEMETERY OR CREMATORY: Flagstaff, Arizona
24d. LOCATION (City, town, or county) (State): Flagstaff Arizona

DATE REC'D BY LOCAL REG.: 10-23-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: R. Lee Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 9 1953

Certificate of Death

STATE OF IDAHO

State File No. 4670
Local Reg. No. 27
Reg. Dist. No. 2-20
BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser,
d. STREET ADDRESS (If rural, give location) 232 E. Main St.

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MILO c. (Last) BOWMAN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 3 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY General Farming
11. BIRTHPLACE (State or foreign country) Kearney Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry E. Bowman BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Emma Warren BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXXX (If yes, give war or dates of service) XXXXXXX
16. SOCIAL SECURITY NO. 507-09-0221A
17. INFORMANT'S OWN SIGNATURE Alice M. Bowman ADDRESS Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia, Frontal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 10-15, 1953, *to* 10-19-, 1953, *that I last saw the deceased alive on* 10-19-, 19___, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) W. S. McGrath M.D.
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10/21/53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Weiser, Idaho (State)

DATE REC'D BY LOCAL REG. 10/21/53
REGISTRAR'S SIGNATURE Marie Hamilton
25. FUNERAL DIRECTOR Dee Thomason
ADDRESS Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Coats

Certificate of Death

STATE OF IDAHO

State File No. 2C

Local Reg. No. 2C

Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 28 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 434 State St.

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA b. (Middle) L. c. (Last) REINHAUS

4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7-10-1875

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Meridian, Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Lehman BIRTHPLACE don't know

14. MOTHER'S MAIDEN NAME don't know BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-36-2010

17. INFORMANT'S OWN SIGNATURE Mamie S. Reinhaus ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — about 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18- *, 19* 53 *, to* 10- 18 *, 19* 53 *, that I last saw the deceased alive on* 10-18- *, 19* 53 *, and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Coats (Degree or title) M.D.

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 10/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/21/53

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

24d. LOCATION (City, town, or county) Weiser, Idaho (State)

DATE REC'D BY LOCAL REG. 10/20/53

REGISTRAR'S SIGNATURE Merrie Hunthorn

25. FUNERAL DIRECTOR R. Lee Thomason

ADDRESS Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 520

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): TERESA
c. (Last): SERVATIUS

4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 13 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Portland Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bolda — BIRTHPLACE: don't know
14. MOTHER'S MAIDEN NAME: Anna Klein — BIRTHPLACE: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Julius J. Servatius Jr. — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5-, 1953, *to* 10-5-, 1953 *that I last saw the deceased alive on* 10-5-, 1953, *and that death occurred at* 7:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] McGrath MD (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 10/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/8/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/7/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 13
Local Reg. No. 79
Reg. Dist. No. 3-20

BIRTH NO. OCT 24 1953

1. PLACE OF DEATH

a. COUNTY: Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Washington

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	OTTO	ERNEST	FELDTMAN		Oct.	8,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 8,1883	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Feldtman	Don't Know	Henrietta Gephner	Don't Know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Grover H. Feldtman	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject apparently died in his sleep from natural causes.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) He had complained the night bef[illegible] that he did not feel well.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death XXXXXXXXXXXXXXX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ——— *19*—, *to* ———, *19*—, *that I last saw the deceased alive on* ———, *19*—, *and that death occurred at* ——— *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
R. Dave Thomason Washington Co. Deputy Coroner	Weiser, Idaho	10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
[redacted]oval	10-12-53	Evergreen	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-12-53	Marie Hamilton	R. Dave Thomason	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 104
Local Reg. No. 22
Reg. Dist. No. 320

RECEIVED
OCT 24 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 ½ miles S. Weiser

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett,
d. STREET ADDRESS (If rural, give location): Rural Rt.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	J.	C.	Hurd	10-15-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-23-1929	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Flour Packer	Flour Mill	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Hurd	Edison, Tenn.	Ella Mae Nelley Spears	Ferry, Vir.

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1951 - 1952	519-24-7969	Mrs Gladys A Wright	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subject died from fracture of skull received in Auto Accident on Highway # 30 south of Weiser, Idaho 6 miles

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	High way # 30	Weiser Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-15-53 4:30pm	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Accident

22. *I hereby certify that I attended the deceased from* XXXX, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Dee Thomson Washington Co Deputy Coroner	Weiser, Idaho	10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-19-1953	Hillcrest Cem.	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-16-53	Marie Hamilton	R Dee Thomson	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 4085
Local Reg. No. 415
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Box 171

3. NAME OF DECEASED (Type or Print): a. (First) VERLA b. (Middle) PATRICIA c. (Last) WOODS

4. DATE OF DEATH (Month) (Day) (Year): 10-16-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1920
9. AGE (In years last birthday): 33
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Council, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Shaw — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Nancy Moser — BIRTHPLACE: Council, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XXXX (If yes, give war or dates of service): XXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Joe L. Aucoin — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative brain stem disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Massive infarct right lung

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10/15/53
19b. MAJOR FINDINGS OF OPERATION: Normal appearing pons and brain stem structures
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/3, 1953, *to* 10/16, 1953, *that I last saw the deceased alive on* 10/16, 1953, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert A. Rush M.D.
23b. ADDRESS: 303 Eastman Building, Boise
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-16-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: G. Dale Thomason
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4086
Local Reg. No. 396
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 7 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Milner Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Nicholas b. (Middle) Ernest c. (Last) Montgomery

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 16 August 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auctioneer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X William Montgomery
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Coronary Insuff — ink
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1953 *to* 11-1-, 1953, *that I last saw the deceased alive on* 11-1-, 1953, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl D Rusty
(Degree or title): MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY
Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4087
Local Reg. No. 403
Reg. Dist. No. 370

BIRTH NO.

NOV 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Corner of 20th and Dora

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2018 Dora Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) LOUIS; c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 14, 1865

9. AGE (In years last birthday): 88-0-18 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor State Insurance Fund

10b. KIND OF BUSINESS OR INDUSTRY: 62

11. BIRTHPLACE (State or foreign country): Watseka, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Decatur Morgan

BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Elizabeth Richardson

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Kathryn J. Morgan ADDRESS: 2018 Dora Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 to 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis. — years.
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic glomerulonephritis — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1953, *to* Nov. 2, 1953, *that I last saw the deceased alive on* Oct. 27, 1953, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Lozier, M.D. 525

23b. ADDRESS: Eastman Bldg, Boise, Ida.

23c. DATE SIGNED: Nov 2, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/5/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Thomas

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3-4281
NOV 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4088
Local Reg. No. 399
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2915 Innis St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Hirsbrunner

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 1, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cheese maker 76
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Lauperswil, Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Walter Peder Hirsbrunner, BIRTHPLACE: Sumiswald, Switzerland
14. MOTHER'S MAIDEN NAME: Anna Barbara Burkhard, BIRTHPLACE: Sumiswald, Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 520-16-0651
17. INFORMANT'S OWN SIGNATURE: Walter Hirsbrunner — ADDRESS: Soda Springs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334-X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1- Hypertension + arteriosclerosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) resulting in apoplexy left hemiplegia.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-13, 1953, *to* 11-2, 1953, *that I last saw the deceased alive on* 11-2, 1953, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos. M. Thomas M.D.
23b. ADDRESS: 305 Fort St. Boise
23c. DATE SIGNED: 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

McBratney-Alden

State File No. 4089
Local Reg. No. 400
Reg. Dist. No. 370

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1409 E. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4820 Wylie Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Otto
c. (Last): Tweed

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Tweed — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Precious True — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: * Gayle Barnes — ADDRESS: 4820 Wylie Lane, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes

ANTECEDENT CAUSES probably — DUE TO (b): arteriosclerotic heart disease

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 2 53 5:30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Natural Causes

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Pelyea — (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 11/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho

McBratney-Alden chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Jefferson

Certificate of Death

STATE OF IDAHO

State File No. 4090
Local Reg. No. 397
Reg. Dist. No. 370

BIRTH NO. NOV 7 1953

1. PLACE OF DEATH
a. COUNTY Ada DIVISION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise STATE
c. LENGTH OF STAY (in this place) 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3710 Anderson St.

3. NAME OF DECEASED (Type or Print) a. (First) Rosalie b. (Middle) C. c. (Last) Stringfellow

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3rd 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Oct. 2nd 1882

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Reporter. 94

10b. KIND OF BUSINESS OR INDUSTRY Newspaper

11. BIRTHPLACE (State or foreign country) Manitoba Province Canada.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Capt: William Cope
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Mary Anne Hamilton.
BIRTHPLACE San Fernando. Trinidad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-24-6248 A

17. INFORMANT'S OWN SIGNATURE W.C. Stringfellow
ADDRESS Boise Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder
INTERVAL BETWEEN ONSET AND DEATH 18 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1953, *to* death, 19___, *that I last saw the deceased alive on* Nov 3, 1953 *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J.C. Jefferson (Degree or title) MD

23b. ADDRESS 622 Eastman Bldg., Boise, Idaho

23c. DATE SIGNED 11/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 6th 1953

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise Idaho

DATE REC'D BY LOCAL REG. 11-6-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Schreiber-McCann-Gibson.
ADDRESS Boise Idaho

J.T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NOV 24 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4091
Local Reg. No. 411
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crouch, Idaho
d. STREET ADDRESS (If rural, give location): Box 37

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Billy	Ray	Conn	November 3-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	August 26-1951	2	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: F.L. Conn — BIRTHPLACE: McAlester, Oklahoma
14. MOTHER'S MAIDEN NAME: Mary Corder, — BIRTHPLACE: Drexel, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: F L Conn — ADDRESS: Box 37 Crouch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 903.0 Brain stem contusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Respiratory failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/3/53	BRAIN STEM CONTUSION	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	HOME	Crouch Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11 53 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	PT. FELL ON CONCRETE FLOOR

22. *I hereby certify that I attended the deceased from* 11/1, 1953, *to* 11/3, 1953, *that I last saw the deceased alive on* 11/3, 1953, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert A Rule M.D.	303 Eastman Bldg, Boise	11/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6-1953	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
11-19-53	Myrtle Palmer	E. L. Peckham Peckham-Dakan Chapels Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

2-8221

Certificate of Death

NOV 7 1953

STATE OF IDAHO

State File No. 4092
Local Reg. No. 212
Reg. Dist. No. 371

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3704 North Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3704 North Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Dinah
b. (Middle): Eliza
c. (Last): Minger

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3rd 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 19. 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Guttenburg Iowa
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: David Porter Brown — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Dinah Dickerson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Benjamin H. Minger — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility + Myocarditis with Coma.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Nov 3, 1953, *that I last saw the deceased alive on* Nov 3, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 025 T. M. Braxton
23b. ADDRESS: 411 Eastman Blvd Boise
23c. DATE SIGNED: Nov 6 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise Idaho
J. S. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4093
Local Reg. No. 412
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2404 South Kimball

3. NAME OF DECEASED (Type or Print)
a. (First): Alverdia
b. (Middle): Catherine
c. (Last): Hoshaw

4. DATE OF DEATH (Month) (Day) (Year): November 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August, 30-1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oceola, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward A. Heare — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Hester Kathryn Webb, Hardy Co., Virginia — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Edward M. Hoshaw — ADDRESS: 3311 Rose Hill, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Decompensated heart
DUE TO (c): Over work.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1953, *to* Nov 4, 1953, *that I last saw the deceased alive on* Nov 4, 1953, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Borch M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
E. V. Peckham
Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4094
Local Reg. No. 401
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1037 Warm Springs Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1037 Warm Springs Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mattie b. (Middle) B c. (Last) Lee

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 4, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Septl 5, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Brown
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Nelle P. Dawes ADDRESS: 1037 Warm Springs Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

141X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tongue

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arthritis

DUE TO (c) Affirmities of old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1946 auto accident never fully regained health and vitality.

INTERVAL BETWEEN ONSET AND DEATH: 4 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 22, 19 52, *to* Nov. 4, 19 53, *that I last saw the deceased alive on* Nov. 4, 19 53, *and that death occurred at* 4:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Dawes M.D. (Degree or title)

23b. ADDRESS: 1037 Warm Springs ave. Boise

23c. DATE SIGNED: 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: C. E. Alden ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 4095
Local Reg. No. 449
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alph. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale
d. STREET ADDRESS (If rural, give location): 700 West Street

3. NAME OF DECEASED (Type or Print): a. (First) Ronald b. (Middle) Milton c. (Last) Cantrall

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 7, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 5, 1941

9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ontairo Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernest Milton Cantrall — BIRTHPLACE: Alpha Ida.

14. MOTHER'S MAIDEN NAME: Luvia Lee — BIRTHPLACE: Arco Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE ADDRESS: Ernest M. Cantrall

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebellar astrocytoma — INTERVAL BETWEEN ONSET AND DEATH: 5 YRS.?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Medullary decompensation

19a. DATE OF OPERATION: 11/7/53

19b. MAJOR FINDINGS OF OPERATION: ASTROCYTOMA CEREBELLUM

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/5, 1953, *to* 11/7, 1953, *that I last saw the deceased alive on* 11/7, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert A Kuhn M.D.

23b. ADDRESS: 303 Eastman Bldg.

23c. DATE SIGNED: 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov. 10 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: 12-14-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Glenn W Beatty The Beatty Chapel Emmett Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

28-21

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4096
Local Reg. No. 404
Reg. Dist. No. 370

BIRTH NO.

NOV 12 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: ADA

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE

c. LENGTH OF STAY (in this place): 47 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 420 Ressegui St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE

d. STREET ADDRESS (If rural, give location): 420 Ressegui St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Florence	Josephine	Fairchild	Nov. 8th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 8th 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salesville Montana

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Zachary Sales — BIRTHPLACE: London England

14. MOTHER'S MAIDEN NAME: Eleanor Shanks. — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Minnie Dobson — ADDRESS: Boise Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Nov. 8, 1953, *that I last saw the deceased alive on* Nov. 8, 1953 *and that death occurred at* 12:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner — (Degree or title): M.D. — 23b. ADDRESS: 411 Eastman Bldg. Boise, Idaho — 23c. DATE SIGNED: 11/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Nov. 12. 1953 — 24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery — 24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-12-53 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Schreiber-McCann-Gibson. Boise Idaho

S-M-G

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4097
Local Reg. No. 420
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 205 S. 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CYNTHIA
b. (Middle):
c. (Last): CHANCELLOR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13, 1885

9. AGE (In years last birthday): 68-3-25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocahontus, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Conrad
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Rhodia Toney
BIRTHPLACE: Baker Co., Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C K Chancellor
ADDRESS: Boise, Idaho 205 S. 13th St.

18. CAUSE OF DEATH 4 4 2 X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio —
DUE TO (c) Vascular renal disease — 2yrs ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1953, *to* 11-8-53, 19____, *that I last saw the deceased alive on* 11-7-53, 19____, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Spencer MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/11/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-43021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4098
Local Reg. No. 413
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2025 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): LELA
b. (Middle): COATS
c. (Last): KUTNEWSKY

4. DATE OF DEATH: (Month) Nov. (Day) 9, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 29, 1865

9. AGE (In years last birthday): 88-3-10
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fair Haven, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Wesley Coats-Ross
BIRTHPLACE: Allegheny Co., Pa.

14. MOTHER'S MAIDEN NAME: R. Jenne Worthington-Morefield,
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Margaret Shaw
ADDRESS: Boise, Idaho 2025 Harrison Blvd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 6, 1953, *to* Nov 9, 1953, *that I last saw the deceased alive on* Nov 9, 1953, *and that death occurred at* 4:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Jaeck (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4099
Local Reg. No. 406
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2009 No. 34th Street

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2009 No. 34th Street

3. NAME OF DECEASED (Type or Print): a. (First) J. b. (Middle) ED c. (Last) MIDDLETON

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 20 April 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dodge Co., Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John T. Middleton
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Samenta Butterfield
BIRTHPLACE: (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Julia Middleton
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 420.1
INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Gen. — 4-6½
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11 —, 1949, *to* 11 - 9, 1953, *that I last saw the deceased alive on* 8-23, 1953, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Erickson M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 . 12 . 53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Leonard V. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

2-8221

Certificate of Death

STATE OF IDAHO

State File No. 4100
Local Reg. No. 405
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 12 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 68 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 609 So. 13th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lillian	Rose	Golden	Nov. 9th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Nov. 15. 1884	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Boise Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred D. James	Vermont	Rose Basil	IOwa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		R. L. Golden	San Francisco Cal:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 25, 1953, *to* 11-9, 1953, *that I last saw the deceased alive on* 11-8, 1953 *and that death occurred at* 3 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rubin M.D.	401 Idaho St. Boise, Idaho	11-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Nov. 13. 1953	Memorial Crematory.	Portland Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J J McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 27 1953
Division of Vital Statisti

Certificate of Death

STATE OF IDAHO

State File No. 4101
Local Reg. No. 421
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1421 N. 10th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	CLARENCE	FITZPATRICK	Nov. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 10, 1881	72-7-0				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automotive Parts Man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Franklin Fitzpatrick-Joplin	Mo.	Harriet Spidell-DesMoines	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas — 6 weeks?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-21-53	Ca of Pancreas	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-21-53, 19__, *to* 11-10-53, 19__, *that I last saw the deceased alive on* 11-9-53, 19__, *and that death occurred at* 8:25p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Sowers MD	Boise, Idaho	11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/12/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-24-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4102
Local Reg. No. 407
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1115 — 1st. Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): George
c. (Last): Hogue

4. DATE OF DEATH: November 11, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 22, 1876

9. AGE (In years last birthday): 77 yrs
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home keeper

11. BIRTHPLACE (State or foreign country): Delta, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Tappan
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Martha Dunbar
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jennie R. Hogue
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cholecystitis & Cholelithiasis & Common Duct Stone Surgery 11/3/53

584X

19a. DATE OF OPERATION: 11/3/53

19b. MAJOR FINDINGS OF OPERATION: As above

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Nov. 11, 19 53, *that I last saw the deceased alive on* Nov. 11, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett R. Jones M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 11-12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

24b. DATE: Nov. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Mather

RECEIVED
NOV 24 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4103
Local Reg. No. 220
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4808 Holmes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4808 Holmes

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) LAWRANCE c. (Last) VINCEN

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12 July 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Spring Valley, Ada Co., Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hallay Vincen
BIRTHPLACE: Hickoock Co., Ill.

14. MOTHER'S MAIDEN NAME: Margaret Hurt
BIRTHPLACE: Putman Co., Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-20-0714

17. INFORMANT'S OWN SIGNATURE: Mary E. Ketchum
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive cardiovascular renal disease — longer than 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Nov 13, 1953 *that I last saw the deceased alive on* Oct 28, 1953, *and that death occurred at* 7:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Mather (Degree or title) M.D.
23b. ADDRESS: 1900 Overland Road
23c. DATE SIGNED: 11/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/53
24c. NAME OF CEMETERY: Dry Creek Cemetery
24d. LOCATION (City, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell V. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 27 1953
BIRTH NO. Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. A 104
Local Reg. No. 422
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1011 N. 29th Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): GORDON
c. (Last): TINDELL

4. DATE OF DEATH (Month) (Day) (Year): NOV. 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 9, 1898

9. AGE (In years last birthday): 55-6-4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Cambridge, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Tindell
BIRTHPLACE: Paris, Texas

14. MOTHER'S MAIDEN NAME: Nora Holbrook
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-7296

17. INFORMANT'S OWN SIGNATURE: Mrs Gordon Tindell
ADDRESS: 1011 N 29th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular Disease — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7.18, 1953, *to* 11.13, 1953, *that I last saw the deceased alive on* 11.13, 1953, *and that death occurred at* 10:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Swincombe M.D.
23b. ADDRESS: 512 N. 16 St. Boise Idaho
23c. DATE SIGNED: 11-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4105
Local Reg. No. 423
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1521 N. 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) JAMES
c. (Last) HOYNE

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 12, 1873
9. AGE (In years last birthday) 80-8-2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salina, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas E. Hoyne BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Catherine O'Shea BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Alice L Hoyne ADDRESS 1521.N. 17 St. Boise, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson (Degree or title) MD
23b. ADDRESS Boise Ida
23c. DATE SIGNED 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE November. 17.1953.
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery.
24d. LOCATION (City, town, or county) (State) Boise, Idaho.

DATE REC'D BY LOCAL REG. 11-24-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers, ADDRESS Summers Funeral Home. Boise, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4106
Local Reg. No. 414
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1921 Manitou Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): LEE
c. (Last): WINDLE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 16, 1860

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 93-1-28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter and cabinet maker-furniture

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lost Creek, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Windle
BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Elizabeth McVay
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: B W Crandell
ADDRESS: 407 So Border

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

78-4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mo
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Nov 14, 1953 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Brashears
23b. ADDRESS: 411 Eastman Bldg Boise
23c. DATE SIGNED: Nov 16 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4107
Local Reg. No. 431
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) John c. (Last) Burton

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 25, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 3 Days 19
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Dunedin, New Zealand

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter J. Burton
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Helen Draper -
BIRTHPLACE: Lincolnshire, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Hazel Stevenson
ADDRESS: Mtn. Home Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcenoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* 11-14, 1953, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Fielsch MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 11-27-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Bey Mortuary - Mountain Home, Idaho

D. A. Ellerisson

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Thomas

NOV 24 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 4108
Local Reg. No. 408
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 23 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6118 Post St

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Joseph
c. (Last): Walsh

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 15. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 2nd 1892

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Walsh Poultry Co

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Neola Iowa.

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Lawrence Walsh
BIRTHPLACE: 35

14. MOTHER'S MAIDEN NAME: Mary Burns.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-38-1019

17. INFORMANT'S OWN SIGNATURE: X Joseph F Walsh — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis

(ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-17, 1947, *to* 11-15, 1953, *that I last saw the deceased alive on* 11-15, 1953, *and that death occurred at* 4:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Thomas M.D. 424

23b. ADDRESS: 305 Idaho Bldg. Boise

23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 18th 1953

24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho

J J McCann

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1109
Local Reg. No. 410
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1916 No. 24th Street

3. NAME OF DECEASED (Type or Print): a. (First) SOPHIA b. (Middle) L. c. (Last) BATEMAN

4. DATE OF DEATH: (Month) (Day) (Year) November 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 14 September 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Instructor

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Evansville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Franklin Latta
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Franie Alberty (no record)
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Adrenal Cortical Cell Carcinoma left Kidney and adrenal with extensive metastases

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 years 5 Mo

19a. DATE OF OPERATION: June 1950

19b. MAJOR FINDINGS OF OPERATION: Large Left Renal tumor

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* November 16 1953 *that I last saw the deceased alive on* Nov 16, 1953 *and that death occurred at* 9:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Ralph R. Jones M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/17/53

24c. NAME OF CEMETERY OR CREMATORY: Lincoln Memorial

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Russell Relyea
RELYEA MORTUARY 318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4170
Local Reg. No. 424
Reg. Dist. No. 370

BIRTH NO. 111-53-13007

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) ANN b. (Middle) MARIE c. (Last) BELLOMY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 14, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2 ; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Bellomy — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Mary Jane Werry — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary Jane Bellomy — ADDRESS: Mtn. Home

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anomaly of Aortic Arch — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/14, 1953, *to* 11/16, 1953 *that I last saw the deceased alive on* 11/16, 1953, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Ellrich MD
23b. ADDRESS: 218 N 18th Boise Ida
23c. DATE SIGNED: 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4111
Local Reg. No. 409
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Lila b. (Middle) Jean c. (Last) Amend

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J. M. Harris — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Cleah Marshall — BIRTHPLACE: Coleville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James W. Amend — ADDRESS: Meridian Ada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus c arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and nephritis - and uremia — 2 week
DUE TO (c) as cause of death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19__, to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE: J. Brummond M.D. (Degree or title)
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Joplin
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho.

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Robinson — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 25 1953

Certificate of Death

State File No. 4112
Local Reg. No. 217
Reg. Dist. No. 370

BIRTH NO.

Division of Vital Statistics — STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3416 Meadow Drive

3. NAME OF DECEASED (Type or Print): a. (First) LEE — b. (Middle) ADDISON — c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 22, 1882

9. AGE (In years last birthday): 71-7-24 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soldier City, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Calvin Addison Wright — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Emma Jenie Hartley — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 540-28-2065

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 2702 Camus Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral thrombosis — 3½ weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic heart disease — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 5, 1953 *to* Nov. 16, 1953 *that I last saw the deceased alive on* Nov. 13, 1953, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner M.D.

23b. ADDRESS: 105 N. 8th St. Boise, Idaho

23c. DATE SIGNED: 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/17/53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

DAVID

RECEIVED Certificate of Death

DEC 10 1953

STATE OF IDAHO

State File No. 4113
Local Reg. No. 432
Reg. Dist. No. 370

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belknap Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1308 No. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ALICIA
c. (Last): ROOKSBY

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 25 October 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belfast, Ireland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Gill — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leslie Rooksby — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alkalosis, Uremia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Alkalosis Pyloric Intestinal Obstr.

DUE TO (c) Cancer of Stomach

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10, 1953, *to* 11-17, 1953, *that I last saw the deceased alive on* 11-17, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: David (Degree or title):
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/20/53
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1114
Local Reg. No. 416
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Lukes hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Hans b. (Middle) Larsen c. (Last) Salomonsen

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 23, 1880

9. AGE (In years last birthday): ~~75~~ 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Andrew Salomonsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Anne S Salomonsen
ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sigmoid with Secondary growth
DUE TO (c) Old Coronary Occlusion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 11-5-53

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-14, 1953 *to* 11-18, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:25 P M, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 424 Dr. M Thomas

23b. ADDRESS: 305 Sonna Bldg Boise Ida

23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/23/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 11-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: B W Robson
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Beeman

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 1115
Local Reg. No. 433
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rm.107 Idanha Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 811 Second West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARLE	E.	COOKE	Nov. 18 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 7 1910	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor	Int. Revenue Serv.	Sand Point, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed. Cook	England	Wilhemina Johnson Copenhagen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Earl E. Stubb	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left ventricular myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: four minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Coronary insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* autopsy only _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Beeman MD	Boise	25 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/19/53	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-30-53 11/19/53	Myrtle Palmer	A. S. Jones	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 224
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 Eagleson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2908 Hazel

3. NAME OF DECEASED (Type or Print): a. (First) Jesse; b. (Middle) E.; c. (Last) Neiss

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 10, 1862

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper- retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rome, New York

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Reiss
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Isabel Weis
ADDRESS: 1116 State Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis 6 mo — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility and
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Nov 18, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Brayton

23b. ADDRESS: 411 Eastern Blk Boise

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 21, 1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

WHITE

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1117
Local Reg. No. 434
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1525 Denver Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1525 Denver Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): RHODA
b. (Middle): BROWN
c. (Last): DETRICK SEYDEL

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5 April 1854
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White Sands, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brown — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: (No record) Christy — BIRTHPLACE: (No record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1945, *to* Nov 19, 1953, *that I last saw the deceased alive on* Nov 18, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond L. White M.D. 447
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Nov 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/21/53
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell N. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 426
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310½ So. 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 East 34th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KENNETH	JAMES	PETERSON	November 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Separated	1 December 1904	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John B. Peterson	Copenhagen, Denmark	Tena Anderson	Copenhagen, Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT'S OWN SIGNATURE: [illegible] ADDRESS: [illegible] Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
probably due to (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
natural causes	home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11	20	53	6:45 a.m.		Natural causes

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell A. Relyea Coroner	318 N. Latah - Boise, Idaho	11/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 23, 1953	Cloverdale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-25-53	Myrtle Palmer	Russell A. Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4110
Local Reg. No. 425
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 911 Brumback

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 911 Brumback

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Issac; c. (Last) Henderson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25, 1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts
11. BIRTHPLACE (State or foreign country): Parma, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William G. Henderson — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Nettie Mae Haptonstal — BIRTHPLACE: Shelby, Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-5374
17. INFORMANT'S OWN SIGNATURE: 911 Brumback — ADDRESS: Boise, Idaho
x Mirtha Henderson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1537

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Sigmoid with Omental, Hepato-Duodenal
DUE TO (c) Ligament and Liver metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 mo

19a. DATE OF OPERATION: 10/9/53
19b. MAJOR FINDINGS OF OPERATION: As above.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/6 *1953, to* 11/20, *1953, that I last saw the deceased alive on* 11/18, *1953, and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4120
Local Reg. No. 225
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 45th and State Streets

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 643 East Park

3. NAME OF DECEASED (Type or Print): a. (First) HERBERT b. (Middle) SYLVESTER c. (Last) CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10 January 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Devils Slide, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Chapman
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Martha Thackary
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: [signature illegible] 45 C Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Automobile - Pedestrian accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): skull fracture & brain concussion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 20, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile-Pedestrian accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea, Coroner
23b. ADDRESS: 318 N. Latah Boise Ida
23c. DATE SIGNED: 11/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/24/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-25-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. MINER

Certificate of Death

STATE OF IDAHO

State File No. 4121
Local Reg. No. 427
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2715 Woodlawn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2715 Woodlawn

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): IRENE
c. (Last): MORTON

4. DATE OF DEATH (Month) (Day) (Year): November 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 28 May 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Flowers — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: ? Miller — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Bryan Morton — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): natural causes
probably due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): Boise — (COUNTY): Ada — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 21 53 3:00 p. m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR? natural causes

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 11/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/53
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4102
Local Reg. No. 438
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 10 1953 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3518 Tamarack Drive

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) ERNEST c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 19, 1889

9. AGE (In years last birthday): 64-2-3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Summerset, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Dolores Hoffenthaler ADDRESS: Portland, Oregon 2204 S.E. 38th Ave.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, gastro-intestinal — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: Undetermined Known 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 hrs, 1953, *to* 22 hrs, 1953, *that I last saw the deceased alive on* 22 hrs, 1953, *and that death occurred at* 8:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W. Hawley MD

23b. ADDRESS: 205 Eastman Bldg

23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/25/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4123
Local Reg. No. 429
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 417 Bannock St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 417 Bannock St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Daniel c. (Last) Mather

4. DATE OF DEATH: (Month) Nov. (Day) 23rd (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2nd 1878

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Culinary Worker 49 Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-0211

17. INFORMANT'S OWN SIGNATURE: Wm E Harpine
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 23 1953, *to* Nov. 23, 1953, *that I last saw the deceased alive on* Nov. 23, 1953, *and that death occurred at* 9. P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner M.D.
23b. ADDRESS: 105 N. 8th St. Boise Idaho
23c. DATE SIGNED: 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
S. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 2 - 53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No. 428
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5531 Gray Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle): SHELDON
c. (Last): BOSSERT

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 2, 1874
9. AGE (In years last birthday): 79-3-21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Express Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tipton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David W. Bossert — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Adele Young — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: F. E. Bossert — ADDRESS: Boise, Ida. 5531 Gray Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intracranial Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Subarachnoid
Subdural
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, ADA, IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 14, 1953 1 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 11-14, 1953, *to* Nov. 23, 1953, *that I last saw the deceased alive on* Nov. 23, 1953, *and that death occurred at* 2:18 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice H. Burkholder M.D.
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1105
Local Reg. No. 441
Reg. Dist. No. 370

BIRTH NO.

DEC 10 1953 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1003 Fort Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	WINSON	SHORE	Nov. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 4, 1872	81-4-19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Boise Idaho ADDRESS: Clyde E Summers, 1205 Barrock St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 290.0 Pernicious anemia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Malnutrician — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1953, *to* Nov 23, 1953, *that I last saw the deceased alive on* Nov 23, 1953, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles C. Reger MD	1107 N. orchard St.	1 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/27/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-53	Myrtle Palmer	Clyde E Summers, SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 227
Reg. Dist. No. 371

RECEIVED
DEC 10 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 Eagleson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2112 Madison Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Louisa; b. (Middle); c. (Last) Alcock

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1889

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Birkenhead, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Henry Ellison
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Emily Ramsey
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edwin Alcock
ADDRESS: 2112 Madison Ave. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Cerebral, senile, with marked mental changes
INTERVAL BETWEEN ONSET AND DEATH: Approx. 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1953, *to* Nov. 24, 1953, *that I last saw the deceased alive on* Nov. 19, 1953, *and that death occurred at* 3:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank A. Miner M.D.
23b. ADDRESS: 214 Eastman Bldg. Boise, Ida.
23c. DATE SIGNED: 11/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25 FUNERAL DIRECTOR: Earl Waggoner
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1107
Local Reg. No. 442
Reg. Dist. No. 370

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): P. O. Box 323

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) V. c. (Last) CLOSE

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 10, 1877

9. AGE (In years last birthday): 76-8-14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brazil, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lemuel Close
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Kate Stivalley
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 517-14-2977

17. INFORMANT'S OWN SIGNATURE: Lloyd V. Close
ADDRESS: McCall Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
large bowel obstruction

19a. DATE OF OPERATION: 11/18/53
19b. MAJOR FINDINGS OF OPERATION: large bowel obstruction 2° to adhesions

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/11/53, 19___, *to* 11/24/53, 19___, *that I last saw the deceased alive on* 11/24/53 19___, *and that death occurred at* 7:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul R. Hanick (Degree or title) M.D.
23b. ADDRESS: 305 Eastman Bldg.
23c. DATE SIGNED: 11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/53
24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1106
Local Reg. No. 435
Reg. Dist. No. 370

RECEIVED DEC 10 1953 Division of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 5 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Elmore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home

d. STREET ADDRESS (If rural, give location): % Mellen Hotel

3. NAME OF DECEASED (Type or Print)

a. (First): Argus

b. (Middle): Lloyd

c. (Last): Burns

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 13, 1909

9. AGE (In years last birthday): 44

IF UNDER 1 YEAR: Months: 2 Days: 12

IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 451-10-8653

17. INFORMANT'S OWN SIGNATURE: Papers of deceased

ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated acute bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): Acute alcoholism with paraldehyde sedation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12-24 hrs ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Autopsy only _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 25 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 11-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bey Mortuary

ADDRESS: Mountain Home, Idaho

D. A. Williamson

Federal Security Agency
United States Public Health Service

Form DPH-48021

MATHER

Certificate of Death

STATE OF IDAHO

State File No. 4120
Local Reg. No. 228
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
DEC 10 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rosedale Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) ALEXANDER b. (Middle) ARGYLE c. (Last) GEORGE

4. DATE OF DEATH: (Month) November (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1 November 1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman 35

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Russlyvania, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No record
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: W. George Gambell
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral arteriosclerosis — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1953, *to* Nov 25, 1953, *that I last saw the deceased alive on* Oct 26, 1953, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea
ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 4130
Local Reg. No. 430
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 59 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 112 Ave. B.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) G. c. (Last) Aikens

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10. 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Robert Hugh Aikens — BIRTHPLACE: London Canada

14. MOTHER'S MAIDEN NAME: Katherine Dougherty — BIRTHPLACE: Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-5559

17. INFORMANT'S OWN SIGNATURE: Warner Freeland — ADDRESS: Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchogenic carcinoma with metastases — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July '53

19b. MAJOR FINDINGS OF OPERATION: Biopsy of cervical node confirming above diagnosis.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7- , 1951, *to* 11/26, 1953, *that I last saw the deceased alive on* 11/25, 1953, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mather MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 12/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 28.1953

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-1-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J. McCann

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 439
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 50 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 2605. Madison Street.

3. NAME OF DECEASED (Type or Print): a. (First) MABEL; b. (Middle) STILSON; c. (Last) DEWEY.

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 26. 1953.

5. SEX: Female.

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: March. 14. 1873.

9. AGE (In years last birthday): 80-8-12. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mindora, Wisconsin.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Barclay, BIRTHPLACE: Scotland.

14. MOTHER'S MAIDEN NAME: Mary Oliver, BIRTHPLACE: Scotland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE: W F M Stilson ADDRESS: 419. Ivy St. Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

*** MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture R. Hip — 4 Wks.
DUE TO (c) Malnutrition —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral Arteriosclerosis. — Years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-7-, 1953, *to* 11-26, 1953, *that I last saw the deceased alive on* 11-25, 1953, *and that death occurred at* 1. A. M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Swanson M.D.

23b. ADDRESS: Boise Idaho.

23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November. 30. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery.

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-2-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Summer's Funeral Home, Boise, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. [illegible]
Local Reg. No. 440
Reg. Dist. No. 370

BIRTH NO. DEC 10 1953 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Cypruss

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ela
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sammie
b. (Middle): Fay
c. (Last): Newell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 3, 1948
9. AGE (In years last birthday): 5
IF UNDER 1 YEAR: Months 4, Days 24
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emmett Lewis Newell
BIRTHPLACE: Ola, Idaho
14. MOTHER'S MAIDEN NAME: Daisy Viola Yergenson
BIRTHPLACE: Sweet, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Emmett Lewis Newell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.0 Acute Lymphatic Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Nov, 1953, *that I last saw the deceased alive on* 11/27, 1953, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Ellerch MD
23b. ADDRESS: 218 N 18 St Boise Ida
23c. DATE SIGNED: 11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 12-2-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Glenn W. Beatty
ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4133
Local Reg. No. 443
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6, 1872
9. AGE (In years last birthday): 81-6-23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Forsyth
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Galloway
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Boise Idaho
ADDRESS: Mrs Mina Shaul RD No 4

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio Sclerotic cardio Vascular dis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute hemorrhagic Pancreatitis Cholecystitis & Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Nov 29, 1953, *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* 10:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/3/53
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 444
Reg. Dist. No. 370

BIRTH NO. ____

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) ____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1608 Pomander Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MATTIE	LUCINDA	HERRON	Nov. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 19, 1871	82-5-1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY ____
11. BIRTHPLACE (State or foreign country) Kalamazoo, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Newland N. Nash — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ____
17. INFORMANT'S OWN SIGNATURE D W Herron ADDRESS Boise, Ida. 1608 Pomander Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic Heart Disease — Unknown
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 47, *to* Nov 29, 19 53, *that I last saw the deceased alive on* Nov 29, 19 53, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. J. Brandt M.D.	Boise Idaho	12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/2/53	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-53	Myrtle Palmer	Clyde E. Summers SUMMERS FUNERAL HOME	Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 4135
Local Reg. No. 445
Reg. Dist. No. 370

RECEIVED DEC 10 1953

Certificate of Death

STATE OF IDAHO

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 918 N. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): DEBORAH
c. (Last): ROGERS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 21, 1880
9. AGE (In years last birthday): 73-0-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jones — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Zeller — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lynn M Rogers — ADDRESS: 2/2 Eiden Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Biliary cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1953
19b. MAJOR FINDINGS OF OPERATION: Biliary cirrhosis of liver.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Nov 29, 1953, *that I last saw the deceased alive on* Nov 28, 1953, *and that death occurred at* 2.00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C R Blackburn M.D.
23b. ADDRESS: 1320 Vista, Boise, Ida
23c. DATE SIGNED: 3 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 230
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 10 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 E. Highland Street

3. NAME OF DECEASED (Type or Print)
a. (First): ESTELLA
b. (Middle): ADELINE
c. (Last): GARRETT

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 31, 1868
9. AGE (In years last birthday): 85-2-29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Parsons
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Francis Hawkins
BIRTHPLACE: Lorain, Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: M. C. Garrett
ADDRESS: 414 Highland St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1947, *to* Nov 30, 1953 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T M Bradford
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/3/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 10 1953
Division of Vital Statistics

111-53-12-43

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 448
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1617 N. 24th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOEY
b. (Middle): LEE
c. (Last): GONZALES

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 26, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Gonzales
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nina Jean Bradley
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nina Bradley
ADDRESS: 1617 N. 24th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Type undetermined)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hare lip and Cleft Palate — 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 26, 1953, *to* Nov 30, 1953, *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* 3:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank R Fletcher MD (Degree or title)
23b. ADDRESS: 200 E. Bannock St Boise
23c. DATE SIGNED: 12.3.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/1/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers
SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. 4138
Local Reg. No. 447
Reg. Dist. No. 370

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 812 Resseguie Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): CHESTER
c. (Last): CRAIG

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 28, 1884
9. AGE (In years last birthday): 69-10-2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ashland, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Peterson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Eldena Manuelson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Audrey Ridenour — ADDRESS: Boise, Idaho 4212 Allen Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 241X Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 13 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — wk
DUE TO (c) Bronchial Asthma — 3-4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30, 1953, *to* 11-30, 1953, *that I last saw the deceased alive on* 11-24, 1953, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Lindgren M.D. 398
23b. ADDRESS: Eastman B. Boise Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/1/53 01
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 10 1953 STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 446
Reg. Dist. No. 370

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 141 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): FREDERICK
c. (Last): BICKNELL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11, 1863
9. AGE (In years last birthday): 90-1-19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Bicknell — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Electa Parrott — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen Jane Bicknell — ADDRESS: 141 Warm Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis - generalized
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none known

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 30, 1953, *to* Nov. 30, 1953, *that I last saw the deceased alive on* Nov. 30, 1953, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Frazier, M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: Dec 2, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 214
Reg. Dist. No. 371

BIRTH NO. NOV 10 1953

1. PLACE OF DEATH

a. COUNTY: Ada DIVISION OF VITAL STATISTICS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): More's Creek Bridge

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 400 S. Owyhee Street

3. NAME OF DECEASED (Type or Print)

a. (First): EDSEL

b. (Middle): MASON

c. (Last): GROVER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 4, 1887

9. AGE (In years last birthday): 66-2-28

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Manager-Beall Pipe & Tank

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garden City, South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hermen E. Grover

BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Georgia Mason

BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 541-01-2587

17. INFORMANT'S OWN SIGNATURE: Mrs. Claire B. Grover ADDRESS: 400 S. Owyhee Boise

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-5-0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): natural causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES probably

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic Heart Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lucky Peak Bridge

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 2 53 ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Natural Causes

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell L. Ley (Degree or title): ex Coroner

23b. ADDRESS: 318 N. Latah, Boise, Idaho

23c. DATE SIGNED: 11/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/6/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

State File No. 4111
Local Reg. No. 215
Reg. Dist. No. 571

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 2902 Edson St.

3. NAME OF DECEASED (Type or Print): a. (First) Neal; b. (Middle) C.; c. (Last) Wilcox

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-19-94

9. AGE (In years last birthday): 59; IF UNDER 1 YEAR Months: 6 Days: 14; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Rigger

10b. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country): Kilbourn, Wisc.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ulysses G. Wilcox — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Gertrude Gitchell — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 397-03-7543

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia and pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Azotemia — 1 month

DUE TO (c) Arteriosclerotic nephropathy — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, *19* 53, *to* Nov. 3, *19* 53, *that I last saw the deceased alive on* Nov. 3, *19* 53, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] JOSEPH BEEMAN, M.D., Pathologist

23b. ADDRESS: V.A. Hospital, Boise, Idaho

23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/5/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 24 1953

Certificate of Death

State File No. 4110
Local Reg. No. 219
Reg. Dist. No. 371

BIRTH NO.

Division of Vital Statistics — **STATE OF IDAHO**

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) MYRTLE b. (Middle) c. (Last) BOHN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 13, 1881

9. AGE (In years last birthday): 72-5-23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silver Plume, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Lois Lemmi — ADDRESS: W.W. Apt. #6 The Dalles Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vascular Disease — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* Nov 6, 1953 *that I last saw the deceased alive on* Nov 6, 1953, *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Lusty MD
23b. ADDRESS: Meridian
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/10/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Cleyde E Summers — **ADDRESS**: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 217
Reg. Dist. No. 371

BIRTH NO. [illegible]

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 2 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hi-way 30, 2 mi. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1611 State St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	B	Bruett	11	6	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	8 • 6 • 11	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Laurens, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Bruett — BIRTHPLACE: Knoxville, Iowa

14. MOTHER'S MAIDEN NAME: Mary Vierling — BIRTHPLACE: Winterset, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 352-01-3668

17. INFORMANT'S OWN SIGNATURE: La Vonne Bruett — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8251.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decapitation, multiple fractures, crush injury with instantaenous death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) automobile accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 mi. East Boise, Hi-way 30

21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) 11 (Day) 6 (Year) 53 (Hour) 6:45 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Relyea (Degree or title): Coroner

23b. ADDRESS: 318 N. Latah, Boise, Idaho

23c. DATE SIGNED: 11/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/8/53

24c. NAME OF CEMETERY OR CREMATORY: Laurens

24d. LOCATION (City, town, or county) Laurens (State) Iowa

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Russell A. Relyea — ADDRESS: 318 N. Latah

RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 12 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4444
Local Reg. No. 216
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett, Idaho
d. STREET ADDRESS (If rural, give location) Emmett, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) R. c. (Last) Brookins

4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 12-8-31

9. AGE (In years last birthday) 21
IF UNDER 1 YEAR Months 10 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unkn.

10b. KIND OF BUSINESS OR INDUSTRY Unkn.

11. BIRTHPLACE (State or foreign country) Superior, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME E. C. Brookins
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Alice Young
BIRTHPLACE Barton Co., Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) 7-18-50 to 7-31-53

16. SOCIAL SECURITY NO. Unkn.

17. INFORMANT'S OWN SIGNATURE Mrs. Donald R. Brookins
ADDRESS Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — Interval between onset and death: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis with biliary obstruction — 3 mo.

DUE TO (c) Carcinoma of large bowel. — 7 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph Beeman M.D.
JOSEPH BEEMAN, M.D., Pathologist

23b. ADDRESS V. A. Hospital, Boise, Idaho

23c. DATE SIGNED 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11/9/53

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. 11-12-53

REGISTRAR'S SIGNATURE Myrtle Palmer

25. FUNERAL DIRECTOR Cleyde E. Summers
SUMMERS FUNERAL HOME

ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4617
Local Reg. No. 213
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30-east of Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2113 South Owyhee

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KENNETH	EUGENE	TERRELL	November 6, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	5 May 1933	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Trash
11. BIRTHPLACE (State or foreign country): Trenton, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd R. Terrell — BIRTHPLACE: Trenton, Nebraska
14. MOTHER'S MAIDEN NAME: Ilda Erington — BIRTHPLACE: Ord, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Kenneth E. Terrell — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crush injury - left chest instantaneous death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): truck - auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

816.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 . 6 . 53 6:45pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 6:45 *p.* m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell J. Kelyea (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah Boise, Idaho
23c. DATE SIGNED: 11 . 8 . 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell J. Kelyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
NOV 24 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 222
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 112 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville, Idaho
d. STREET ADDRESS (If rural, give location): Gen. Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) A. c. (Last) Lindstrom

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-16-88

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 2 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Westros, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Lindstrom
BIRTHPLACE: Sordernanland, Sweden

14. MOTHER'S MAIDEN NAME: Matilda Walter
BIRTHPLACE: Sordernanland, Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518 10 7091

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Records, V.A. Hospital, Boise, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1994

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis, primary site undet. — 4 mo. Plus

DUE TO (c) Anemia secondary to carcinomatosis and gastro intestinal bleeding — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia — 4 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1953, *to* Nov. 11, 1953, *that I last saw the deceased alive on* Nov. 11, 1953, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): E.W. PARKS, M. D., Ward Physician
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/12/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 20 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 218
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 1211 E. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): A.
c. (Last): Mendell

4. DATE OF DEATH (Month) (Day) (Year): 11 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-9-91
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months: 6 Days: 3 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper Man
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Superior, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Atley C. Mendell — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: May Van Housen — BIRTHPLACE: Galesburg, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unkn.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Records, V. A. Hospital, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

551.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute massive gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Esophageal varices — 6 mo. plus

DUE TO (c) Cirrhosis of liver — 6 mo. plus

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 30, 1953, *to* Nov. 13, 1953, *that I last saw the deceased alive on* Nov. 13, 1953 *and that death occurred at* 1:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) JOSEPH BEEMAN, M.D., Pathologist
23b. ADDRESS: V. A. Hospital, Boise, Idaho
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 221
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deseret So. Gowen Field

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3102 Good St.

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) Maynard c. (Last) Wasserman
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 53
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 6, 1914
9. AGE (In years last birthday): 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Aviation
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert Wasserman BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Nora Stevens BIRTHPLACE: Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Ruby L. Wasserman ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carbon Monoxide poisoning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E973.A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Deseret-Gowen Field
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho
21d. TIME OF INJURY (Month) 11 (Day) 14 (Year) 53 (Hour) 10:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Suicide

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Relyea Coroner
23b. ADDRESS: 318 N. Latah, Boise, Idaho
23c. DATE SIGNED: 11/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/17/53
24c. NAME OF CEMETERY OR CREMATORY: RoseHill
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Dr. Ekman

Certificate of Death

STATE OF IDAHO

State File No. 4149
Local Reg. No. 223
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place): 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Star

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle): Huston
c. (Last): Ayres

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Ayres — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah Alverson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: George S. Ayres — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic cardio Vascular

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: several yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 830P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Burnwood 04D (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21 1953
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson--Boise — ADDRESS: Daniel G. Gibson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4150
Local Reg. No. 437
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Eagle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Caleb	Todd	Coulter	Nov. 30. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Marrie	June 18 1869	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. Retired 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky Richmond
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Coulter. Richmond — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Zepperah Todd. Richmond — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carolyn H. Miller — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* Nov 30, 1953, *that I last saw the deceased alive on* Nov 24, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder, M.D.
23b. ADDRESS: 401 Idaho St., Boise Ida
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: Dec. 2nd 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-1-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
H. L. McCann

Federal Security Agency
United States Public Health Service
Form DPH-40021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4151
Local Reg. No. 28
Reg. Dist. No. 300
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital, Inc.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) J. c. (Last) Loomis

4. DATE OF DEATH: (Month) (Day) (Year) October 30, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 18, 1863

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Bushton, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Mason
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Hazel Wickes Donnelly
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion — 15-20 min
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture rt. upper femur

19a. DATE OF OPERATION: 10-23-53

19b. MAJOR FINDINGS OF OPERATION: Sub trachanteric fracture rt. femur

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Donnelly, Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-21-53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell

22. *I hereby certify that I attended the deceased from* 10-22-, 19 53, *to* 10-29, 19 53, *that I last saw the deceased alive on* 10-24, 19 53, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Eugene Craig M.D.

23b. ADDRESS: Box 536 McCall, Idaho

23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 11-16-53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Glenn C. Beatty
ADDRESS: Beatty Chapel Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4152
Local Reg. No. 24
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 534 E. 5th St.

3. NAME OF DECEASED (Type or Print) a. (First) MATTIE b. (Middle) CAROLINE c. (Last) MOORE

4. DATE OF DEATH (Month) Nov. (Day) 6, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12-18-1885
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Athena, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John W. Smith BIRTHPLACE don't know
14. MOTHER'S MAIDEN NAME Nancy Harper BIRTHPLACE don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Thelma Whitaker ADDRESS

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

214X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction and fistula — 3 weeks
DUE TO (c) Post-operative adhesions — 4 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-23-53, 10-6-53, 10-24-53
19b. MAJOR FINDINGS OF OPERATION Fibroid uterus; adhesive intestinal obstruction; colde sore abscesses
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* 11: P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Council, Idaho
23c. DATE SIGNED Nov. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal
24b. DATE 11-9-53
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 11-9-53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR R. Dale Thomason ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 4153
Local Reg. No. 26
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrens Post Office
d. STREET ADDRESS (If rural, give location): Painter Mine near Warrens

3. NAME OF DECEASED (Type or Print): a. (First) IDA; b. (Middle) MARTHA; c. (Last) JEFFRIES

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 29 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bern Switzerland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't Know
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Don't Know
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Paul W. Maurer
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral embolism — 36 hrs.

DUE TO (c): Myocardial infarction — 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cholecystitis

19a. DATE OF OPERATION: 11-6-53

19b. MAJOR FINDINGS OF OPERATION: Cholecystitis & Cholelithiasis

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1953, *to* 11-8, 1953, *that I last saw the deceased alive on* 11-8, 1953, *and that death occurred at* 8:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 52+ C. Eugene Pflug, M.D.

23b. ADDRESS: McCall, Idaho

23c. DATE SIGNED: 11/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/9/53

24c. NAME OF CEMETERY OR CREMATORY: NewGlraus, Wisc. Cem.

24d. LOCATION (City, town, or county) (State): New Glraus, Wisconsin

DATE REC'D BY LOCAL REG.: 11/8/53

REGISTRAR'S SIGNATURE: J. K. Edwards

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4154
Local Reg. No. 25
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): ELIZABETH
c. (Last): TEDROW

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 23 1869
9. AGE (In years last birthday): #84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Decab Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Don't Know
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Don'T Know

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C R Wellington — ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic CVR disease — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture - left hip — 1 mo

19a. DATE OF OPERATION: 10-16-53
19b. MAJOR FINDINGS OF OPERATION: Fracture surgical neck of left femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 1953, *to* Nov. 8, 1953, *that I last saw the deceased alive on* Nov. 8, 1953, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 11/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/10/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/8/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: R. Dale Thomason — ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 4155
Local Reg. No. 27
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 31 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mesa
d. STREET ADDRESS (If rural, give location): Rural near Mesa, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) CYRUS; b. (Middle) MARVIN; c. (Last) KILBORN

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Midvale, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marvin Edw. Kilborn
BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Jane ??
BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Perry Kilborn
ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-20-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH: 15 mts

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased* dead *alive on* Nov. 10, 19 53, *and that death occurred at* 11:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Edwards MD

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 11/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/14/53

24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery

24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 11/11/53

REGISTRAR'S SIGNATURE: J. Edwards

25. FUNERAL DIRECTOR: A. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

DEC 15 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4156
Local Reg. No. 29
Reg. Dist. No. 300

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence (City)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) FRANKLIN c. (Last) PARKS

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 13 1881

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Ranching

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin Parks BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lavina Riles BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518 22 5133

17. INFORMANT'S OWN SIGNATURE: Melvin Parks ADDRESS: Aberdeen, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 18/X Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-12-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder by F. B. Jeppesen, M. D.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 19 52, *to* Nov. 22, 19 53, *that I last saw the deceased alive on* Nov. 22, 19 53, *and that death occurred at* 10:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Edmunds M.D.

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/25/53

24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery

24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: 11/24/53

REGISTRAR'S SIGNATURE: J. H. Edmunds

25. FUNERAL DIRECTOR ADDRESS: C. L. Jones Weiser Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Infant

111-53-13[illegible]

BIRTH NO.

Certificate of Death

RECEIVED DEC 12 1953 Division of Vital Statistics STATE OF IDAHO

State File No. [illegible]

Local Reg. No. 303

Reg. Dist. No. 511

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 1 hr.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): Rt. 1 So. Pocatello, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) (INFANT) b. (Middle) GIRL c. (Last) EDWARDS

4. DATE OF DEATH: (Month) (Day) (Year) November 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: November 1, 1953

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 0 IF UNDER 24 HRS. Hours: 1 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------- 02

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Ralph D. Edwards BIRTHPLACE: Grand Pass, Mo.

14. MOTHER'S MAIDEN NAME: Opal Beebe BIRTHPLACE: Winnebago, Neb.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Opal B. Edwards ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, fatal — INTERVAL BETWEEN ONSET AND DEATH: less than 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ———

DUE TO (c) ———

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

765.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Nov 1 53, 19—, *to* Nov 1, 19 53, *that I last saw the deceased alive on* Nov 1, 19 53, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest H. Howard, M.D.

23b. ADDRESS: 421 West Center Pocatello,

23c. DATE SIGNED: 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/3/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 7 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colin M. Edwards Hall Grant Mortuary ADDRESS: Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 4158
Local Reg. No. 285
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 107 North 11th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) EDYTHE b. (Middle) B. c. (Last) DONALDSON

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5 1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Willard Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Alfred Baddley — BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Priscella Lowe — BIRTHPLACE: Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Edna Donaldson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Nov. 4, 1953, *that I last saw the deceased alive on* Nov. 4, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R P Howard M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 6, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG. NOV 14 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. 4159
Local Reg. No. 286
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 345 North Fifth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ANDREW c. (Last) YOUNG

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 8, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad Co.

11. BIRTHPLACE (State or foreign country): Granby, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Andrew Young
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Lydia (no data)
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Juanita McCully
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James H. Hunsaker, M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 8, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 12, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 14 1953

REGISTRAR'S SIGNATURE: Eva M. Wallis

25. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
NOV 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 289
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1326 East Fremont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1326 East Fremont

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	AMELIA	RAINEY HAYBALL	November 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Am. Indian	Married	Dec. 21, 1892	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Fort Hall Reservation Idaho	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Rainey	Montana	Annie Sorrell	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No	None	Robert Hayball	Pocatello,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chole cystitis, cholelithiasis — 5 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/1, 1953, *to* 11/6, 1953, *that I last saw the deceased alive on* 11/6, 1953, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. F. Cabell M.D.	Pocatello, Idaho	11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-53	Mt. View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 20 1953	Eva M. Wallin	Colin M. Edwards Hall Grant Mort.	Poc.

Federal Security Agency
United States Public Health Service

Form DPH-45021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 292
Reg. Dist. No. 510 1

BIRTH NO.

RECEIVED NOV 21 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615 West Young

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 615 West Young

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) JOEL c. (Last) LOVELAND

4. DATE OF DEATH: (Month) (Day) (Year) November 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 4, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Auto & Insurance

11. BIRTHPLACE (State or foreign country): Garden City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Joel Chancey Loveland
BIRTHPLACE: Bountiful, Ut.

14. MOTHER'S MAIDEN NAME: Mariah Shirley
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-09-8500

17. INFORMANT'S OWN SIGNATURE: Orren J. Loveland
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Stroke - Complete by Coma — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1½ yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 1, 1953, *to* Nov 10, 1953, *that I last saw the deceased alive on* Nov 9, 1953, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. F. Call (Degree or title): M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/14/53

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant Hall Grant Mortuary

ADDRESS: Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 293
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 785 Ebony Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) FREDRICK c. (Last) DIBBER

4. DATE OF DEATH: (Month) (Day) (Year): November 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 10, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Eureka, Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Dibber
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Eliza Smith
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-12-0844

17. INFORMANT'S SIGNATURE: Edwin K. Gage
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Pleural effusion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* 11-13, 1953, *that I last saw the deceased alive on* 11-13, 1953, *and that death occurred at* 9:17 m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-15-53
24c. NAME OF CEMETERY OR CREMATORY: Caldwell Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: NOV 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edwards
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 21 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 294
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 216 West Connor Street

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle): CHARLES
c. (Last): GROTH

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 10, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Pocatello
11. BIRTHPLACE (State or foreign country): West Side, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Hans Groth — BIRTHPLACE: Schleswig-Holstein, Germany
14. MOTHER'S MAIDEN NAME: Anna Dethman — BIRTHPLACE: Schleswig-Holstein, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: 482-07-1102
17. INFORMANT'S OWN SIGNATURE: Hans Groth — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 157X Carcinoma of Head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia
DUE TO (c): Involving the Lung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 2, 1953 *to* Nov. 15, 1953, *that I last saw the deceased alive on* Nov. 15, 1953 *and that death occurred at* 4:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Broom M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 16, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Bartcher-Maxwell Funeral Home
24d. LOCATION (City, town, or county) (State): Denison, Iowa

DATE REC'D BY LOCAL REG.: NOV 20 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 295
Reg. Dist. No. 5-10

BIRTH NO. NOV 2 [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: Bannock — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — c. LENGTH OF STAY (in this place): 1hr. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.P.R.R. Dispensary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Bannock — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — d. STREET ADDRESS (If rural, give location): 1345 N. Harrison

3. NAME OF DECEASED (Type or Print): a. (First) Harry — b. (Middle) Lynn — c. (Last) Bell

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 16, 1953

5. SEX: M. — 6. COLOR OR RACE: W. — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: Nov. 29, 1891 — 9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. — 11. BIRTHPLACE (State or foreign country): Greenwood County, Kansas — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvah Bell — BIRTHPLACE: U.S.A. — 14. MOTHER'S MAIDEN NAME: Ella Holt Norris — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 512-10-1324 — 17. INFORMANT'S OWN SIGNATURE: Melva M. Jensen — ADDRESS: Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4-20-11

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ****** *19____, to* ****** *19____, that I last saw the deceased alive on* ****** *19____, and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Bannock County Coroner, — 23b. ADDRESS: Pocatello, Idaho — 23c. DATE SIGNED: Nov. 17, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 11-19-53 — 24c. NAME OF CEMETERY OR CREMATORY: Mountainview cem. — 24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953 — REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home Pocatello Ida. — By John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

111-53-13

INFANT BOY

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 297
Local Reg. No. 511
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RICKY
b. (Middle): LEON
c. (Last): PEASE

4. DATE OF DEATH: November 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: November 15, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 0 Days: 1
IF UNDER 24 HRS. — Hours: 0 Min.: 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Thornley Pease
BIRTHPLACE: Rockland, Idaho

14. MOTHER'S MAIDEN NAME: LeYonda Mae Thompson
BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X David T. Pease
ADDRESS: Shelly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) atelectasis & pneumonitis of newborn — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 15, 1953, *to* Nov. 16, 1953, *that I last saw the deceased alive on* Nov. 16, 1953, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Mortenson M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-53
24c. NAME OF CEMETERY OR CREMATORY: Rockland Cemetery
24d. LOCATION (City, town, or county) (State): Rockland Idaho

DATE REC'D BY LOCAL REG.: November 23, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colin M. Edward Hall Grant Mort. Poc.
ADDRESS:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 299
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 219 Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) SARA LAVINA b. (Middle) TAY LOR c. (Last) SINGLETON

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 6, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Taylor
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: LaVina Beecher
BIRTHPLACE: Winter Quarters Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: [signature] Singleton
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiorenal disease — 20 yrs

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1953, *to* Nov 19, 1953, *that I last saw the deceased alive on* Nov 19, 1953, *and that death occurred at* 9:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Forrest E. Howard M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Willard Cemetery
24d. LOCATION (City, town, or county) (State): Willard, Utah

DATE REC'D BY LOCAL REG.: November 28, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant
ADDRESS: Conway Grant Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 301
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): *****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3821 Jason Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR	DAVID	HERTEL	November 25 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 30, 1918	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Garrett Freightlines	Harrison Montana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hertel	Bellville, Ill.	Grace M. Chandler	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II		Grace Hertel	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Dead on arrival at hospital when brought in by ambulance

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **** , 19___, *to* **** , 19___, *that I* ~~last saw~~ did not see *the deceased alive on* ~~_____, 19__~~, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Kendrick	Bannock County Coroner	Pocatello, Idaho	Nov. 27, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 28, 1953	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
November 27 1953	Eva M. Wallin	Jack Kendrick	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 3 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 11 C [illegible]
Local Reg. No. 3025
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 25yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 293 Jefferson

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 293 Jefferson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	Alaster	Campbell	Nov. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	married	Jan. 1, 1910	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plant manager 14	Zweigert Packing	C. Providence, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kenneth R. Campbell	Utah	Anoni Smith	Utah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-09-9451	Mrs. Kenneth A. Campbell	Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (possible)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ******* , 19___, *to* ****** , 19___, *that I last saw the deceased alive on* ***** , 19___, *and that death occurred at* 11:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]		Bannock County Coroner, Pocatello, Idaho	Nov. 30, 19[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-2-53	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEC 2 1953	Eva M. Wallin	Downard Funeral Home, Pocatello, Ida.
		By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. 4169
Local Reg. No. 305
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
DEC 12 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Pocatello
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 195 Park

3. NAME OF DECEASED (Type or Print): a. (First) MARY JANE b. (Middle) MATHIS c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): November 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 22, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Roan Co. , Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mathis
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Mary Elizabeth
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: Ernest H. Reynolds
ADDRESS: Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) heart disease due to arterial sclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterial sclerosis — many years
DUE TO (c) old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hip fracture with resultant shock

4221.1

19a. DATE OF OPERATION: 11/24/53
19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture of right hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/22/53, 19__, *to* 11-29, 1953, *that I last saw the deceased alive on* 11-29-53, 19__, *and that death occurred at* 10:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David J. Nelson, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 12-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-2-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 7 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edwards
ADDRESS: Hall Grant Mortuary Poc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. .....
Local Reg. No. 306
Reg. Dist. No. 510

BIRTH NO. RECEIVED STATE OF IDAHO

DEC 12 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME 427 North Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 427 North Arthur.

3. NAME OF DECEASED (Type or Print)
a. (First): NORA
b. (Middle): BELL
c. (Last): COLWELL

4. DATE OF DEATH (Month) (Day) (Year): November 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 4, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR + HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME + U.P. R.R.
11. BIRTHPLACE (State or foreign country): TEMPLE TEXAS -
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN -
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: UNKNOWN -
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lamp N. Colwell
ADDRESS: 704 So. Hayes.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1953, *to* Nov 30, 1953 *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Hubbard M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Dec 3, 1953.
24c. NAME OF CEMETERY OR CREMATORY: HOUSTON, TEXAS
24d. LOCATION (City, town, or county) (State): HOUSTON, TEXAS.

DATE REC'D BY LOCAL REG.: DEC 1 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning
ADDRESS: Manning Funeral Chap
Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NOV 21 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4171
Local Reg. No. 290
Reg. Dist. No. 51

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): US hiway 6 mi. N. Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 6 mi. N. Pocatello, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibson
d. STREET ADDRESS (If rural, give location): Rural 6 mi N. Blackfoot, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Elva b. (Middle) Jane c. (Last) Lincoln

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 16, 1930

9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR Months: 4 Days: 12 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 64

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Gibson, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Lincoln — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Molly Yellowstone — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Martha Yellowstone — ADDRESS: Gibson, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Strangulation and Head injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): due to weight of overturned automobile
DUE TO (c): lying across chest and head

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 6 mile North Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 8 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile overturned into barrow-pit

22. *I hereby certify that I attended the deceased from* ******, 19____, *to* *******, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 10, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Packham Mortuary
24d. LOCATION (City, town, or county) (State): Bingham Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 298
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) WILLIAM c. (Last) JOHN

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 10, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): West Portage, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charlie John
BIRTHPLACE: Penbrokeshire So. Wales

14. MOTHER'S MAIDEN NAME: X Elizabeth Williams
BIRTHPLACE: Pembrokeshire So. Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Vivian John Baker
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Interstitial Nephritis — 2 mo's

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 17, 1952 *to* Nov. 17, 1953, *that I last saw the deceased alive on* Nov. 17, 1953, *and that death occurred at* 8:50 P. m. *from the causes and on the date stated above.*

23a. SIGNATURE (Doctor): David E. Harris M.D.
David E. Harris M.D.

23b. ADDRESS: Kane Bldg. Pocatello, Idaho

23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lava Cemetery

24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: NOV 25 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Colin M. Edwards
ADDRESS: Hall Grant Mort. Poc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4173
Local Reg. No. 300
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot springs
c. LENGTH OF STAY (in this place): 18 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cady b. (Middle) Stevens c. (Last) Dancliff

4. DATE OF DEATH (Month) (Day) (Year): 11 - 22 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: April 1 - 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: Hours -, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oregon, Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David E Stevens — BIRTHPLACE: Maryland
14. MOTHER'S MAIDEN NAME: Mary Elizabeth (Not Known) — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs. Don Dancliff — ADDRESS: Aberdeen Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1951, *to* Nov. 22, 1953 *that I last saw the deceased alive on* Nov. 22, 1953 *and that death occurred at* 8:00 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: David E. Harris (Degree or title) M.D.
23b. ADDRESS: Lava Hot Springs, Idaho
23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem + Burial 3
24b. DATE: 11-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho.

DATE REC'D BY LOCAL REG.: Nov. 25, 1953
REGISTRAR'S SIGNATURE: Eva M Wallin
25. FUNERAL DIRECTOR: H L Davis — ADDRESS: Am. Falls, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4174
Local Reg. No. 304
Reg. Dist. No. 510

RECEIVED
DEC 12 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Highway No. 91 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 532 South Johnson Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): OLIE
b. (Middle): LOUISA
c. (Last): TUPPER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 17, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 49
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Willis, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William A. King — BIRTHPLACE: Knox County, Virginia
14. MOTHER'S MAIDEN NAME: Rebecca Jane Ping — BIRTHPLACE: Somerset, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: 554-09-9337
17. INFORMANT'S OWN SIGNATURE: W. A. King — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture of Cervical Vertebrae level 4 & 5th
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~c complete fragmentation~~
DUE TO (c): of ligaments and complete transection of spinal cord

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Seven miles South of Pocatello Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-28-53 2p. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* ******, 19___, *to* *****, 19___, *that I last saw the deceased alive on* ******, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 521 J B Webb MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 7 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4175
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) G c. (Last) Whitman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 24 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eldora Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Hunter — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Annie G. Walker — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mildred W Schoper — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3rd, 1953, *to* Nov 5th, 1953 *that I last saw the deceased alive on* Nov 5th, 1953 *and that death occurred at* 8:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: N N King — (Degree or title): MD
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: 11/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 11/9/53
REGISTRAR'S SIGNATURE: N N King
25. FUNERAL DIRECTOR: Lile Matthews — ADDRESS: Montpelier Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 5 - 1953
Division of Vi... tistics

Certificate of Death

STATE OF IDAHO

State File No. 4176
Local Reg. No. 46
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calder
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): RUTHERFORD
c. (Last): MACE

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-30-1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Carson, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. Mace — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Eugenie Galogley — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: UNKNOWN.
17. INFORMANT'S OWN SIGNATURE: x James F Mace — ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen arteria
DUE TO (c): Sclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Nov, 1953, *to* 15 Nov, 1953, *that I last saw the deceased alive on* 15 Nov, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E M Sullivan MD (Degree or title) 623
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 23 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 11-18-53
24c. NAME OF CEMETERY OR CREMATORY: Hazen and Jaeger Crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington.

DATE REC'D BY LOCAL REG.: Dec. 3, 1953
REGISTRAR'S SIGNATURE: Aileen J. Scott
25. FUNERAL DIRECTOR: Gerald E Browning — ADDRESS: St. Maries, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 47
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (in this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) Ricki b. (Middle) Alan c. (Last) Bowmer

4. DATE OF DEATH (Month) (Day) (Year): November 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 9-20-1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 28; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ronald Bowmer — BIRTHPLACE: Plummer, Idaho

14. MOTHER'S MAIDEN NAME: Beverly Austin — BIRTHPLACE: St. Maries, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Ronald Bowmer — ADDRESS: Plummer, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, rt. lower lobe — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

490X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp M.D.

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-24-53

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 17, 1953

REGISTRAR'S SIGNATURE: Aileen J. Scott

25. FUNERAL DIRECTOR: Gerald E. Brannings — ADDRESS: St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 183
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): JACKSON FORMAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid owed
8. DATE OF BIRTH: July 30, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mapleton, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dunham L. VanLeuven, BIRTHPLACE: Kirtland, Ohio
14. MOTHER'S MAIDEN NAME: Anna May Larson, BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joseph Jackson, ADDRESS: Salem, Oregon.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* 1:42 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph G. Goates (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Arco, Idaho.

DATE REC'D BY LOCAL REG.: 11-8-53
REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie by Margaret Borresen, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg, ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-45021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 187
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 23 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Rockford
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Evan
b. (Middle): Jimmie
c. (Last): Jensen

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: August 24, 1941

9. AGE (In years last birthday): 12
IF UNDER 1 YEAR — Months: 2 Days: 23
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Jr. High School

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: A. Henry Jensen
BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Ida Mecham
BIRTHPLACE: Darlington, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: A. Henry Jensen
ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 501X Trachea - Laryngo - Bronchitis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5:00 17 Nov, 19 53, *to* 17 Nov, 19 53 *that I last saw the deceased alive on* 17 Nov, 19 53, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter G Hoge M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19 1953
REGISTRAR'S SIGNATURE: Mrs Calvin E. Patenie
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 189
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 214 N. E. Main

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) Martin; c. (Last) Jacobsen

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 6, 1884

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 11; Days 15
IF UNDER 24 HRS.: Hours ; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic (5

10b. KIND OF BUSINESS OR INDUSTRY: U. & I. Sugar Comp.

11. BIRTHPLACE (State or foreign country): Trondhjem, Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl I. Jacobsen
BIRTHPLACE: Fredrikhold, Norway

14. MOTHER'S MAIDEN NAME: Mathilda O. Amundsen
BIRTHPLACE: Fredrikhold, Norway

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 528-03-9654

17. INFORMANT'S OWN SIGNATURE: Eugene Jacobsen
ADDRESS: Chicago, Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 Nov, 1953, *to* 21 Nov, 1953, *that I last saw the deceased alive on* 21 Nov, 1953, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge M.D.
(Degree or title)
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake, Salt Lake, Utah

DATE REC'D BY LOCAL REG.: Nov. 24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Farnie
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4181
Local Reg. No. 192
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rich Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Shannon
c. (Last): Twitchell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 10, 1892
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 3 Days 13
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert M. Shannon
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Elizabeth Dunn
BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Glenn Twitchell
ADDRESS: R#3 Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malignant Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adeno Ca of Cervix c Metastasis with extension into Bladder & Bowel
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: days / months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1953, *to* Nov 23, 1953, *that I last saw the deceased alive on* 11-23, 1953 *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. E. Miller M.D.
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov 27-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4193
Local Reg. No. 193
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 8½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 124 Kirby St.

3. NAME OF DECEASED (Type or Print): a. (First) CATHERINE b. (Middle) MARIE c. (Last) DUCHSCHER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 1, 1908

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Karlsruhe, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Hepfner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Mary Hoffart
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 388-20-2512

17. INFORMANT'S OWN SIGNATURE: John P. Duchscher
ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): [illegible]
INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 16, 1953, *to* Nov. 24, 1953, *that I last saw the deceased alive on* Nov. 24, 1953, *and that death occurred at* 3:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter A Hoge M.D.
(Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Nov 27-1953
REGISTRAR'S SIGNATURE: Mrs Evalin E. Evans
25. FUNERAL DIRECTOR: John C Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40031

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 182
Reg. Dist. No. 600

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 1Y 4M 22D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 1630 SO.4th. ST.

3. NAME OF DECEASED (Type or Print)
a. (First): MAUD
b. (Middle): W.
c. (Last): SPERRY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 5 1953

5. SEX: female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: DEC. 18, 1871
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES B. WILLIAMS — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: SARAH JANE DICKEY — BIRTHPLACE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Alton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 491X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senility — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 30, 1952, *to* NOV. 5, 1953, *that I last saw the deceased alive on* NOV. 5, 1953, *and that death occurred at* 11:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 11.6.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-7-53
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Crematory
24d. LOCATION (City, town, or county) (State): Denver, Colorado

DATE REC'D BY LOCAL REG.: 11-7-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick by Margaret Barresen Dep.
25. FUNERAL DIRECTOR: John C Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 193
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anton
b. (Middle): [illegible]
c. (Last): Andersen

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8 June 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 25
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Anders Nielsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Maren Jensen — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Andersen — ADDRESS: Shelley R#2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8, 1953 *to* ____, 19__, *that I last saw the deceased alive on* 11-6, 1953 *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Dale H. Smith (Degree or title) M.D.
23b. ADDRESS: Shelley, Ida
23c. DATE SIGNED: 11-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 11-1953
24c. NAME OF CEMETERY OR CREMATORY: Goshen Cem.
24d. LOCATION (City, town, or county): Shelley R#2 Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 11-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Lloyd M Walde — ADDRESS: Shelley

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 184
Reg. Dist. No. 600

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): RT. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): ELIJA
b. (Middle): R.
c. (Last): CROFT

4. DATE OF DEATH (Month) (Day) (Year): NOV. 11 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: APRIL 22, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A.E. CROFT — BIRTHPLACE: TENNESSEE
14. MOTHER'S MAIDEN NAME: MARY BOHANON — BIRTHPLACE: TENNESSEE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

162X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Bronchogenic Cancer — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 10, 1953, *to* NOV. 11, 1953, *that I last saw the deceased alive on* NOV. 11, 1953, *and that death occurred at* 1:30 P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spiegel M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 11.12.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-13-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 11-12-53
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrie by Margaret Barrese, Dep.
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 185
Reg. Dist. No. 607

RECEIVED NOV 21 [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1M 18D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT HOME
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) M. c. (Last) BLISS

4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 1882

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DAVID BLISS — BIRTHPLACE: MICHIGAN

14. MOTHER'S MAIDEN NAME: LYDIA MINER — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: after Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Cancer of Parotid Gland — 6 "

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* SEPT. 24, 19 53, *to* NOV. 11, 19 53, *that I last saw the deceased alive on* NOV. 11, 1953, *and that death occurred at* 8:12a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H Sprague M.D. — **23b. ADDRESS**: State Hosp. So., Blackfoot — **23c. DATE SIGNED**: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-17-53 — **24c. NAME OF CEMETERY OR CREMATORY**: State Hospital South — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov 17 1953 — REGISTRAR'S SIGNATURE: Mrs Valeria E. Patrick — **25. FUNERAL DIRECTOR ADDRESS**: Howard Packham Blackfoot Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 186
Reg. Dist. No. 607

BIRTH NO.

RECEIVED NOV 21 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 1yr. 7mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Employee-St. Hospt. South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JEFFERY
b. (Middle):
c. (Last): PINKARD

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 26, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Shreveport, Louisiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Pinkard
BIRTHPLACE: Louisiana

14. MOTHER'S MAIDEN NAME: Synthia Means
BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): WW 1
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 553-18-3529

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS: 2524 E109th Los Angeles, 59, Cali:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Arteriosclerosis — 15 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-6 *about*, 1953, *to* Nov. 11, 1953, *that I last saw the deceased alive on* Nov. 11, 1953, *and that death occurred at* 9:p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): M. D.

23b. ADDRESS: Box 391, Blackfoot, Idaho.

23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-20-53

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 20 1953

REGISTRAR'S SIGNATURE: Mrs Coleen E. Palmer

25. FUNERAL DIRECTOR: W. C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4188
Local Reg. No. 188
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1YR. 23 DA.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CARIBOU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SODA SPRINGS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): SWENSON
c. (Last): SIZEMORE

4. DATE OF DEATH (Month) (Day) (Year): NOV. 19 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 9, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 2, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOEL H. CHILDS — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: CHISTA OLSON — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

304X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Manition — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 2 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR. 18, 1947, *to* NOV 19, 1953, *that I last saw the deceased alive on* NOV. 19, 1953, *and that death occurred at* 10:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spragins 414 M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 11.20.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial + Rem.
24b. DATE: 01 Rem. 11/20/53
24c. NAME OF CEMETERY OR CREMATORY: Soda Springs, Cem.
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: Nov 26-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4189
Local Reg. No. 190
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firth, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location): Firth, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Eliza; b. (Middle) Twitchell; c. (Last) Dial

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 15, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 10; Days 7
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 91

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Collinston, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Twitchell
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Emma Jennett
BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-3520

17. INFORMANT'S OWN SIGNATURE: Mrs. Bertha Brighton
ADDRESS: Firth, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-22, 1953, *to* 11-22, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:27 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wendell Betty M.D.

23b. ADDRESS: Shelley, Idaho

23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Firth Cemetery

24d. LOCATION (City, town, or county) (State): Firth, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 26 1953

REGISTRAR'S SIGNATURE: Mrs Charles E. Patrick

25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Firth, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1102
Local Reg. No. 791
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 25 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): 222 6th AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): SUSIE
b. (Middle): E.
c. (Last): DYER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 23 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 18 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN G. CARTER — BIRTHPLACE: IOWA
14. MOTHER'S MAIDEN NAME: JANE R. POLLOCK — BIRTHPLACE: PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Alton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Arteriosclerotic — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 29, 1953, *to* NOV. 23, 1953, *that I last saw the deceased alive on* NOV. 23, 1953, *and that death occurred at* 12:00 N., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Gregory M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 11.23.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: Rem. 11-24-53
24c. NAME OF CEMETERY OR CREMATORY: Franklin Cemetery
24d. LOCATION (City, town, or county) (State): Franklin Co., Nebraska

DATE REC'D BY LOCAL REG.: Nov. 24-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 194
Reg. Dist. No. 607

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DORA; b. (Middle) SAVAGE; c. (Last) CHANDLER

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 18, 1891

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rigby, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Savage
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Janie Babbitt
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mont Chandler
ADDRESS: Sterling, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4348

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-23-53, 19___, *to* Nov. 26, 19 53, *that I last saw the deceased alive on* Nov. 23, 19 53, *and that death occurred at* 7:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-30-53

24c. NAME OF CEMETERY OR CREMATORY: Springfield-Sterling

24d. LOCATION (City, town, or county) (State): Springfield, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 27 1953

REGISTRAR'S SIGNATURE: Mrs Caleb E. Farnsworth

25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 13 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

Hawker

State File No. 4105
Local Reg. No. 41
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
c. LENGTH OF STAY (in this place) 42 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) HENRY c. (Last) SCHAUFELBERGER

4. DATE OF DEATH (Month) (Day) (Year) 11 - 1 - 53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BEATRICE
8. DATE OF BIRTH 3-2-1881
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN - M. MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY MINING
11. BIRTHPLACE (State or foreign country) ZURICH Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emanuel BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Emilie Fisher BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. yes
17. INFORMANT'S OWN SIGNATURE Albert Schaufelberger ADDRESS HAILEY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Fmd.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1953 *to* Nov, 1953 *that I last saw the deceased alive on* 1 Nov, 1953 *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. A. Hawker (Degree or title) M.D.
23b. ADDRESS Hailey, Idaho
23c. DATE SIGNED 7 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-4-53
24c. NAME OF CEMETERY OR CREMATORY Bellevue
24d. LOCATION (City, town, or county) (State) Bellevue Ida

DATE REC'D BY LOCAL REG. Nov-11-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

REC
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STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 42
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gannet
c. LENGTH OF STAY (in this place) 15 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) EDWARD c. (Last) WINGERD

4. DATE OF DEATH (Month) (Day) (Year) 11-8-53

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) EDITH
8. DATE OF BIRTH 6-18-1904
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Gen Farm
11. BIRTHPLACE (State or foreign country) GIPSON CITY, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALEX WINGERD BIRTHPLACE INDIANA
14. MOTHER'S MAIDEN NAME ELSIE HUNTER BIRTHPLACE OKLA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 519-14-0573
17. INFORMANT'S OWN SIGNATURE Edith Wingerd ADDRESS Gannett.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Lesion Int.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ✓

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Died Instantly

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Hailey (COUNTY) Blaine (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓, *19*___ *to* ✓, *19*___, *that I last saw the deceased alive on* ✓, *19*___, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] Hyd Blaine Co. (Degree or title)
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 11-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-11-53
24c. NAME OF CEMETERY OR CREMATORY Picaboo
24d. LOCATION (City, town, or county) Picaboo (State) Ida.

DATE REC'D BY LOCAL REG. Nov-11-1953
REGISTRAR'S SIGNATURE Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR Ray McGoldrick ADDRESS Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

111-53-13966

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 43
Reg. Dist. No. 410

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROGER b. (Middle) KAY c. (Last) BARNEY
4. DATE OF DEATH (Month) (Day) (Year): 11-18-53
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: 11-15-53
9. AGE (In years last birthday): — IF UNDER 1 YEAR Months — Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: L. KAY BARNEY — BIRTHPLACE: ESCALANTE UTAH
14. MOTHER'S MAIDEN NAME: P. MAE TERRY — BIRTHPLACE: SALT LAKE CITY UTAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: P. Kay Barney — ADDRESS: Carey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/18, 1953, *to* 11/18, 1953 *that I last saw the deceased alive on* 11/18, 1953 *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-16-53
24c. NAME OF CEMETERY OR CREMATORY: SALT LAKE CITY
24d. LOCATION (City, town, or county): SALT LAKE CITY (State): UTAH

DATE REC'D BY LOCAL REG.: Nov 25-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4105
Local Reg. No. 107
Reg. Dist. No. 11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 S. Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 323 South Boyer

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) C. c. (Last) MEIER

4. DATE OF DEATH (Month) (Day) (Year): November 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 4, 1885

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Avoca, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Meier
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Doris Huskamp
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO. 538-01-3457-A

17. INFORMANT'S OWN SIGNATURE: Miss Anna Meier
ADDRESS: Avoca, Iowa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic H T Dis — 420.0 — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Nov, 1953, *that I last saw the deceased alive on* Oct 29, 1953 *and that death occurred at* 11 1/2 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Victor J Bearbower (Degree or title) MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 11/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/4/53

24c. NAME OF CEMETERY OR CREMATORY: Avoca Cemetery

24d. LOCATION (City, town, or county) (State): Avoca Iowa

DATE REC'D BY LOCAL REG.: 11-3-53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 4196
Local Reg. No. 112
Reg. Dist. No. 10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 809 North Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 809 North Boyer

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	RUTH	STRONG	Nov. 8, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 12, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Bloomington, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Viney	Illinois	Eleanor Wiley	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	516-26-3974	Mrs. H. P. Delamarter	Sandpoint, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerotic heart disease — 14 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-30, 1953, *to* 11-8, 1953, *that I last saw the deceased alive on* 11-7, 1953, *and that death occurred at* 6:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith MD	109½ N. First Ave. Sandpoint Idaho	11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-11-53	Garfield	Garfield Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-9-53	Grace Rep	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-12-598

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 112
Reg. Dist. No. 110

BIRTH NO. NOV 19 1953

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901 Cedar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 901 Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First): SUSAN
b. (Middle): ELLEN
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 31, 1953
9. AGE (In years last birthday): -0- IF UNDER 1 YEAR Months: 0 Days: 10 IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infancy
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Kenneth L. Johnson BIRTHPLACE: Cocalalla, Ida.
14. MOTHER'S MAIDEN NAME: Ellen Hunt BIRTHPLACE: Samuels, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth L. Johnson ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH 924.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation in Bed Covers.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 9, 1953 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L. D. Moon (Degree or title): Coroner
23b. ADDRESS: Sandpoint Idaho.
23c. DATE SIGNED: Nov. 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4498
Local Reg. No. 114
Reg. Dist. No. 11-0

BIRTH NO. NOV 19 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vay
d. STREET ADDRESS (If rural, give location): Rural - no street address

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR; b. (Middle) GLEN; c. (Last) DEETER

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9, 1882

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): Collins Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sydney C. Deeter — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Runyon — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-18-2280

17. INFORMANT'S OWN SIGNATURE: L M Deeter — ADDRESS: Spokane, Wash.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 h

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/11/53, 19____, *to* 11/12/53, 19____, *that I last saw the deceased alive on* 11/12/53, 19____, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Hamilton M D

23b. ADDRESS: Down Idaho

23c. DATE SIGNED: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/14/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Grace Reed

25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 1109
Local Reg. No. 115
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 11 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 324 South Boyer

3. NAME OF DECEASED (Type or Print): a. (First) WILL b. (Middle) c. (Last) YUSTEN

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 25, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): Elk Point, South Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Yusten — BIRTHPLACE: Lomyra, Wisconsin

14. MOTHER'S MAIDEN NAME: Alpha Davis — BIRTHPLACE: Elk Point, South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Helen Yusten — ADDRESS: Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13, 1953, *to* 11-13, 1953 *that I last saw the deceased alive on* 11-13, 1953, *and that death occurred at* 9 00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W Smith MD

23b. ADDRESS: 109½ N. First St. Sandpoint, Idaho

23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/16/53

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: L P Moon — ADDRESS: Moon Funeral Home Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-1802

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4200
Local Reg. No. 117
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 511 North 2nd Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JULIUS
b. (Middle): STEWART
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 14, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket agent (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Bradford County, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dayton H. Allen — BIRTHPLACE: Bradford Co. Penn
14. MOTHER'S MAIDEN NAME: Louise E. Frutchey — BIRTHPLACE: Bradford Co. Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 701-12-5936
17. INFORMANT'S OWN SIGNATURE: Edythe A. Chaney — ADDRESS: Seattle, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Cirrhosis, hepatic — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) (2) Arteriosclerosis, Genl — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Nov, 1953, *that I last saw the deceased alive on* Nov 18, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Mannon, MD
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: Nov 21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/53
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home Sandpoint, Idaho — ADDRESS: Moon Jr.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 2 - 1953
Division of Vital Statistics

111-53-13 722

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4201
Local Reg. No. 48
Reg. Dist. No. 11

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): GIRL
c. (Last): BRANSON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 17, 1953
9. AGE (In years last birthday): -0-
IF UNDER 1 YEAR: Months 0, Days 3
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infancy
11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Allen Branson
BIRTHPLACE: Coeur d'Alene, Ida.
14. MOTHER'S MAIDEN NAME: Mary Ann Crabb
BIRTHPLACE: Sawyer, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] Crabb
ADDRESS: Sagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 18, 1953, *to* Nov 20, 1953, *that I last saw the deceased alive on* Nov 20, 1953, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Munson MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/53
24c. NAME OF CEMETERY OR CREMATORY: Seneacquateen Cemetery
24d. LOCATION (City, town, or county): Bonner (State): Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Grace Leph
25. FUNERAL DIRECTOR: [signature] Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

120

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1202
Local Reg. No. 120
Reg. Dist. No. 1-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print): a. (First) DOLLY b. (Middle) VIOLA c. (Last) KIRKPATRICK

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Little Sioux, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philetus Pierce
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown Noice
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Philetus E Kirkpatrick
ADDRESS: Laclede, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arterio Sclerosis — 2 yrs
DUE TO (c) General arterio Sclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1953, to Nov 26, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W F Tyler MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Nov 27 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/30/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 12-2-53
REGISTRAR'S SIGNATURE: Grace Boyle
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4203
Local Reg. No. 116
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
c. LENGTH OF STAY (in this place): ? yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Rural - no street address

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILLIAM
c. (Last): BRYNTESON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General woodswork
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): unknown Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-05-1554
17. INFORMANT'S OWN SIGNATURE: Hilding F Brynteson — ADDRESS: Kootenai, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Nov 4 53 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 10, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 11/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Grace Rolph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4204
Local Reg. No. 119
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Oden
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home-no. of school

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Oden
d. STREET ADDRESS (If rural, give location): at home-¼ mi. north of school

3. NAME OF DECEASED (Type or Print)
a. (First): ROSE
b. (Middle): KUDLATA
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov.2, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Great Bend, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Kudlata — BIRTHPLACE: Bohemia
14. MOTHER'S MAIDEN NAME: Mary Yeskra — BIRTHPLACE: Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: A. R. Johnson — ADDRESS: Rt.#1 Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:45 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Wendle MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 11/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/5/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 12-3-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4205
Local Reg. No. 224
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Logan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Prior c. (Last) Winn

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 10 1871

9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Adamsville Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Winn — BIRTHPLACE N. Carolina

14. MOTHER'S MAIDEN NAME Eliza Ann Stevenson — BIRTHPLACE N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Lawrence D. Barney — ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of the Stomach

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonitis

19a. DATE OF OPERATION Sept '53

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with Metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE W. L. Nelsen 294 (Degree or title) MD

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 3-1953

24c. NAME OF CEMETERY OR CREMATORY ?

24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. Nov. 3-1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Leo A. Nielsons — ADDRESS Idaho Falls Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4206
Local Reg. No. 233
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 402 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Slaughter
c. (Last): Jenson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D. Slaughter — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: ✓ — BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Allan Jenson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Hatch MD 156
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 11/9/53 01
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18 1953
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr. — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 610

BIRTH NO.

NOV 23 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4mo. 26day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 440 3rd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 440 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RODNEY	JAMES	FOUNDS	November 7 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June 9, 1953	0	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Doyle Maxwell Founds	Idaho	Lorraine Fargo	Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lorraine Founds	Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Undetermined — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 9, 1953, *to* Nov 7, 1953, *that I last saw the deceased alive on* Nov. 1, 1953, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David V. Smith	M. D.	Idaho Falls, Idaho	11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/9/'53	Rose Hill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 18-1953	Irma Bridges	Bland & Buck	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 30 '53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 226
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1240 Idaho Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1240 Idaho Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maggie	Dick	Harker	Nov. 7-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married -	April 29, 1875	78	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ✓ BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: ✓ BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Royal Harker ADDRESS: Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH: 12 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 1953, *to* Nov 7, 1953, *that I last saw the deceased alive on* Nov 6 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S W Larkett MD
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: Nov 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: Nov. 10-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Geo A. Williams ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-13175 RECEIVED NOV 23 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 228
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) ELAINE c. (Last) BERRY

4. DATE OF DEATH (Month) (Day) (Year): Nov., 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct., 19, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 19 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Johns C. Berry — BIRTHPLACE: Rigby, Idaho
14. MOTHER'S MAIDEN NAME: Ardella Atkinson — BIRTHPLACE: Victor, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John C. Berry — ADDRESS: Tetonia Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abnormality - atelectasis of lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-14, 1953, *to* 11-7, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ted Henderson M.D.
23b. ADDRESS: Idaho Falls Ida.
23c. DATE SIGNED: 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 Nov 53
24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery
24d. LOCATION (City, town, or county) (State): Tetonia RFD, Idaho

DATE REC'D BY LOCAL REG.: Nov. 14-1953
REGISTRAR'S SIGNATURE: Lena Bridges
25. FUNERAL DIRECTOR: M.D. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 227
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
d. STREET ADDRESS (If rural, give location): Thornton, Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Susan b. (Middle) Esabel c. (Last) Weekes Nelson

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1898
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Archer, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John S. Weekes BIRTHPLACE: Smithfield, Utah
14. MOTHER'S MAIDEN NAME: Ida Grover BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Reed Nelson ADDRESS: Thornton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial insufficiency — 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Trauma - Fracture of right femur. — 48 hrs.

DUE TO (c) Hypostatic pneumonia (Clinical)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/7/53
19b. MAJOR FINDINGS OF OPERATION: Fracture of R femur - intertrochanteric
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Ucon (COUNTY) (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/6/53, m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell off steps

22. I hereby certify that I attended the deceased from 11/8, 19 53, to 11/9, 19 53, that I last saw the deceased alive on 11/8, 19 53, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Stanley Dell (Degree or title)
23b. ADDRESS: 600 Walnut - Idaho Falls
23c. DATE SIGNED: 11/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/12/53
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: Nov. 10-1953
REGISTRAR'S SIGNATURE: Elena Bridges
25. FUNERAL DIRECTOR: Russell Adamson ADDRESS: Rexburg Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 23 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 208 North Bridge

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) E.; c. (Last) HOLMES

4. DATE OF DEATH: (Month) (Day) (Year): Nov., 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 16, 1889

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months: 7; Days: 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggiest & Optometrist

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Alma, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Holmes
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Mary Wallace
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mabel Holmes
ADDRESS: St. Anthony, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholelithiasis -
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholecystitis chronic
INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/9/53

19b. MAJOR FINDINGS OF OPERATION: Stone in Common Duct.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1953, *to* Nov 9, 1953, *that I last saw the deceased alive on* Nov 9, 1953 *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Soule MD

23b. ADDRESS: St Anthony

23c. DATE SIGNED: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12 November 53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county) (State): Rexburg RFD, Idaho

DATE REC'D BY LOCAL REG.: Nov 17 1953

REGISTRAR'S SIGNATURE: Alma Bridges

25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 15 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 4212
Local Reg. No. 245
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lukes Cabins

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNT: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 262 East 16th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	Payne	Russell	Nov. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept 20, 1903	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe & Cabin Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Almon Russell — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Josephine Rogers — BIRTHPLACE: Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marcit Russell — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A.S.H.D. — 6 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1951, *to* 11-10, 1953, *that I last saw the deceased alive on* 7 Dec, 1953, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland K. Kunz MD		11-18-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/13/53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr. — ADDRESS: Idaho Falls, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 235
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 Wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 763 Garfield

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) William; c. (Last) Borrowman

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Wkr.

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Industry

11. BIRTHPLACE (State or foreign country): Bedford, Wyo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W.J. Borrowman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ereline Marriott
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518 05 5912

17. INFORMANT'S OWN SIGNATURE: Mrs Carl W Borrowman
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage (Spontaneous) — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

54010

19a. DATE OF OPERATION: 11/4/53

19b. MAJOR FINDINGS OF OPERATION: Gastric ulcer — gastro enterostomy.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 11/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/16/53

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18-1953

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Jack A Wood Jr.
ADDRESS: Jack A Wood, Jr. Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 15 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 254
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 5

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Glen c. (Last) Walden
4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 24, 1951
9. AGE (In years last birthday): 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13 FATHER'S NAME: Glen Walden BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Lois Page BIRTHPLACE: Idaho
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Olen Walden ADDRESS: Idaho Falls Rt # 5

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.0 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Deceased fell striking his head

22. I hereby certify that I attended the deceased from Nov 24, 1950, to Nov 2, 1953, that I last saw the deceased alive on ____, 19____, and that death occurred at 6 PM m., from the causes and on the date stated above.

23a. SIGNATURE: David G. Smith (Degree or title) M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-16-53
24c. NAME OF CEMETERY OR CREMATORY: Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Shelton Idaho

DATE REC'D BY LOCAL REG.: Dec. 9-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood, Jr. ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 237
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 Walnut Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 315 Walnut Street

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) JOHN c. (Last) SCHULZE

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 25, 1887

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Frederick Schulze
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katherine Weichman
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539-16-8965

17. INFORMANT'S OWN SIGNATURE: Nora L. Schulze
ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auricular fibrillation
DUE TO (c) Hypertensive Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4-, 1953, *to* 11-16, 1953, *that I last saw the deceased alive on* 11-9, 1953, *and that death occurred at* 2:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

McMillan

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Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 238
Local Reg. No. 610
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 187 - 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 187 - 5th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Montie	Ray.	Smith	Nov.	18	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 29, 1891	62	1	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) S
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Heber City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William A. Smith — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Sarah Moulton — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lynn R. Smith — ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 18, 1952, *to* Nov 18, 1953, *that I last saw the deceased alive on* Nov. 5, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S McMillan MD.	355 F St.	11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1953	Rosehill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 23-1953	Emma Bridges	Geo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 244
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Abt. 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 247 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle):
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): November 19 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 9, 1953
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cullinary worker
10b. KIND OF BUSINESS OR INDUSTRY: Hotel and Restaurant
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 518-14-2399
17. INFORMANT'S OWN SIGNATURE: George Hahn — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 7

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 18, 1953, *to* Nov. 19, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:30P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 245
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 657 Holbrook Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 421 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) DOUGLAS; b. (Middle) GILL; c. (Last) KERR

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 4, 1953

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 4 Days: 15 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aulden R. Kerr BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Harriett Pauline Kirby BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Aulden R. Kerr ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1953 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wendell L Nelson (Degree or title) M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Orland C Buck ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 4919
Local Reg. No. 239
Reg. Dist. No. 610

BIRTH NO. 111-53-14091

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1235 Bannock Ave

3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) c. (Last) Brewer

4. DATE OF DEATH (Month) (Day) (Year) Nov - 20 - 1953

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Nov 20, 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Brewer BIRTHPLACE Tulsa, Oklahoma

14. MOTHER'S MAIDEN NAME Lena White BIRTHPLACE Shreveport, Louisiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Charles Brewer ADDRESS 1235 Bannock City

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho.

DATE REC'D BY LOCAL REG. Nov. 23-53

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Williams

ADDRESS Idaho Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be Answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-14055

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4220
Local Reg. No. 246
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 210 W. 16th Street

3. NAME OF DECEASED (Type or Print): a. (First) DENNIS; b. (Middle); c. (Last) OWEN

4. DATE OF DEATH (Month) (Day) (Year): November 20 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: November 17, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Owen — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Norma Mitchell — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles C. Owen — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interatrial septal defect — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Congenital anomaly) — INTERVAL BETWEEN ONSET AND DEATH: 9

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Williams (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953
REGISTRAR'S SIGNATURE: Verna Bridges
25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-5[illegible]

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 247
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1055 Jefferson Avenue

3. NAME OF DECEASED (Type or Print): a. (First) WENDY; b. (Middle); c. (Last) ROWE

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: November 20, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 1
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Rowe
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Jennie Geddes
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Arthur H. Rowe
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 32 h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/20, 1953, *to* 11/21, 1953, *that I last saw the deceased alive on* 11/21, 1953, *and that death occurred at* 8:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack R. Carr
(Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953
REGISTRAR'S SIGNATURE: Verna Burgess
25. FUNERAL DIRECTOR: Orland LeBuck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Twila b. (Middle) [illegible] c. (Last) Cleverley

4. DATE OF DEATH (Month) (Day) (Year): November 22, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 29, 1904

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McCammon, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyrum Hulse
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ella Louisa Lewis
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Les Cleverley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) terminally a stroke

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Nov. 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/25/53

24c. NAME OF CEMETERY OR CREMATORY: Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9-1953

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Jack A. Wood

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Ellsworth

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 241
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 399-W-17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 399-W-17

3. NAME OF DECEASED (Type or Print) a. (First) Venice b. (Middle) Lucille c. (Last) Soderquist

4. DATE OF DEATH (Month) (Day) (Year) Nov 23-1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 5, 1896
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Emery - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel M. Williams BIRTHPLACE Neb.
14. MOTHER'S MAIDEN NAME Esther Milo BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Garth Soderquist ADDRESS Terreton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auricular fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonn. (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Marble, 1948, *to* Nov. 23, 1953, *that I last saw the deceased alive on* Nov. 15, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE B. Blair E. Olmsworth (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED Nov. 30, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Dec. 1-1953
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Leo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4224
Local Reg. No. 248
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 451 - 5th Street

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) W. c. (Last) Soule

4. DATE OF DEATH (Month) (Day) (Year) Nov 23, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 10, 1878
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney 22
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Emory Soule BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Mary E. Secrist BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Emory Soule ADDRESS St. Anthony Idaho

18 CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident — 2 Wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls Bonn Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3, 1953, *to* 11-23, 1953, *that I last saw the deceased alive on* 11-22, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE John S Hatch (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 11-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 25/1953
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Dec. 4-1953
REGISTRAR'S SIGNATURE Lenna Bridges
25. FUNERAL DIRECTOR Geo A. Williams ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 1005
Local Reg. No. 2
Reg. Dist. No. 2

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alfred; b. (Middle) Wilmer; c. (Last) Stewart

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 7, 1906

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vancouver, B.C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred P Stewart
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. P. Stewart
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Nov 25, 1953, *that I last saw the deceased alive on* Nov 25, 1953, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Corbett M.D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-19-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Ida ho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 15 53
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1226
Local Reg. No. 240
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 390 G.Street

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Clark c. (Last) Jr.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarkston, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Clark
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Godfrey
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. 519-05-6446

17. INFORMANT'S OWN SIGNATURE: W. Erlund Clark
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 23 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 26, 1953, *to* Nov. 27, 1953, *that I last saw the deceased alive on* Nov 27 1953 *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton T. Reed (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: Dec. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Clarkston Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Utah

DATE REC'D BY LOCAL REG. Nov. 30-53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Jack A. Wood, Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 15 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. .....
Local Reg. No. 242
Reg. Dist. No. 60

Grey
BIRTH NO. 111-53-14114

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 482 - W-17th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leland		Clark	Nov. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	Nov-28-1953					1 or 2 Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lloyd Clark	Idaho Falls, Idaho	Arlene Ruth Wees	Idaho Falls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lloyd Clark ADDRESS Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

770.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrops foetalis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/28, 1953, *to* 11/28, 1953, *that I last saw the deceased alive on* 11/28, 1953, *and that death occurred at* 5:57 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack T. Clary M.D.	Idaho Falls, Ida.	11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial - 1	Dec. 1-1953	Rose Hill Cemetery	Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 1-1953	Dena Bridges	Geo. A. Williams	Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 250
Reg. Dist. No. 610

BIRTH NO.

DEC 15 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 287 N Lee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 287 - N. Lee

3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) Mary c. (Last) Christensen

4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 21, 1876

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months 8 Days 8
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sedfield, Durham, England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Whitehead
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Emily Stacey
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Don Christensen
ADDRESS Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28, 1953, *to* ____, 19____, *that I last saw the deceased alive on* 11-29, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE John S Hatch (Degree or title) MD

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 2, 1953

24c. NAME OF CEMETERY OR CREMATORY Iona Cemetery

24d. LOCATION (City, town, or county) Iona (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 4 - 1953

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Geo A. Sheridan

ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 15 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 100
Local Reg. No. 255
Reg. Dist. No. 611

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): a. (First) Ferol b. (Middle) Stewart c. (Last) Robb

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 30, 1891

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Stewart
BIRTHPLACE: ✓

14. MOTHER'S MAIDEN NAME: Cynthia Thomas
BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ella Robb
ADDRESS: Idaho Falls Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-28, 1953, *to* 11-14, 1953, *that I last saw the deceased alive on* 11-14, 1953, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack [illegible], Jr.
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 423
Local Reg. No. 37-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Swan	Edwin	Lundgren	November 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	January 8, 1877	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Constable	Municipality	Minnesota	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lundgren	U.S.A.	Bretta Olson	U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	700-18-0694	Cecile Wells	Walla Walla Washingtc

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* Dec, 1952, *that I last saw the deceased alive on* 11/10, 1953, *and that death occurred at* 11:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred W. Turner M.D.	Bonners Ferry Idaho	11/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11/17/53	Grandview Cemetery	Boundary County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/23/53	Lucile Bonnell	N. F. Typhinger Jr.	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4231
Local Reg. No. 38-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Henry
c. (Last): Cameron

4. DATE OF DEATH (Month) (Day) (Year): November 27, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 8, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 31
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Taylor — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Mary E. Jones — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY: 519-10-5297
17. INFORMANT'S OWN SIGNATURE: Mrs. Clara Cameron — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4222 My cordial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Nov 27, 1953, *that I last saw the deceased alive on* Nov 25, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Bowker MD.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Novemb 30, 53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Spokane County Washington

DATE REC'D BY LOCAL REG.: 11/30/53
REGISTRAR'S SIGNATURE: Ruth Bowker
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d'alene Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4232
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Arco
c. LENGTH OF STAY (in this place) 1/2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) A.E.C. Reactor Test Site

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1184 Jefferson Avenue

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) c. (Last) HATFIELD

4. DATE OF DEATH (Month) (Day) (Year) November 27 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH December 14, 1897

9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Months 11 Days 13
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver and Operator

10b. KIND OF BUSINESS OR INDUSTRY Trucking

11. BIRTHPLACE (State or foreign country) Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Hatfield
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Laura McPhale
BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 520-10-9975

17. INFORMANT'S OWN SIGNATURE Mrs Mary F. Hatfield
ADDRESS Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* November 27 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. C. Caines M.D. (Degree or title) ~~Coroner~~
23b. ADDRESS Arco, Idaho
23c. DATE SIGNED 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Evergreen
24d. LOCATION (City, town, or county) Springville (State) Utah

DATE REC'D BY LOCAL REG. Dec. 12-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Leland E. Buck
ADDRESS Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4233
Local Reg. No. 82
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Earl Carver Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 121 Woodlawn Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Charlotte
b. (Middle): E.
c. (Last): Grete

4. DATE OF DEATH (Month) (Day) (Year): November 4-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 20-1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 3, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Silver City, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Townsend, BIRTHPLACE: Sheldon, Vermont
14. MOTHER'S MAIDEN NAME: Nellie Scales, BIRTHPLACE: County Clair, Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Swendolyn Spurgeon — ADDRESS: Caldwell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Hypertensive cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: sev. yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1953, *to* seen to pronounce dead, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Munn M.D.
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG: 11/25/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: Peckham, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4234
Local Reg. No. 81
Reg. Dist. No. 860

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): 609 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Udella
b. (Middle):
c. (Last): Troyer

4. DATE OF DEATH (Month) (Day) (Year): November 8-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: November 8-1953
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months – Days — IF UNDER 24 HRS.: Hours – Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muscatine, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Bebb — BIRTHPLACE: Henry County, Ohio
14. MOTHER'S MAIDEN NAME: Martha Ellen Hardesty — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James D. Troyer — ADDRESS: Tacoma, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exanguination — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1953, *to* Date of death, *that I last saw the deceased alive on* 9-8, 1953, *and that death occurred at* noon *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 561 VMD
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 11-1953
24c. NAME OF CEMETERY OR CREMATORY: Callaway
24d. LOCATION (City, town, or county) (State): Callaway, Nebraska

DATE REC'D BY LOCAL REG.: 11/23/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel — ADDRESS: [signature] Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 79
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 522 N. Kimball Ave

3. NAME OF DECEASED (Type or Print): a. (First) Hattie b. (Middle) May c. (Last) Bender

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Skidmore, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Brown — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Ruth Watson — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: X E. R. Bender 522 N Kimball

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

561.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hiatus Hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 5, 1953, *to* Nov 9, 1953, *that I last saw the deceased alive on* Nov 9, 1953 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W J Hubler MD
23b. ADDRESS: 322 E Logan St Caldwell
23c. DATE SIGNED: 11 (illegible) 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Roscoe D. Davis
ADDRESS: Davis-Warrick Funeral HOme Caldwell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 78
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Odd Fellows Home N. 14th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle):
c. (Last): Rupp

4. DATE OF DEATH (Month) (Day) (Year): November 12-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: August 7-1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR Months: 3 Days: 5
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred B. Swanson ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prostatic obstruction — 15 yrs
DUE TO (c) prostatic hypertrophy — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 23, 1953, *to* Nov 11, 1953, *that I last saw the deceased alive on* Nov 9, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl C. Eyraud M.D.
23b. ADDRESS: 222 Logan St
23c. DATE SIGNED: Nov-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 14-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: Agnes Malenman
25. FUNERAL DIRECTOR ADDRESS: Peckham-Bakam Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 79
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 41 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kesslers N. Home 815 Albany

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 815 Chicago

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) Bell c. (Last) Shuee

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 5, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Coffeeville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: x Mrs. C. A. Shuee
ADDRESS: 815 Chicago St. Caldwell, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 26, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 6:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester C. Stevenson M.D.
23b. ADDRESS: Caldwell, Idaho.
23c. DATE SIGNED: 11/17/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Melville D. Davis
ADDRESS: Davis-Warrick Funeral Home Caldwell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 27 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 80
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 516 Fillmore St.

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Margaret c. (Last) Rush

4. DATE OF DEATH (Month) (Day) (Year) November 16-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 22-1874
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired school teacher & housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Northern Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Mary Middleton BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE C. D. Rush ADDRESS Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastasis from colon Ca — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/10/52
19b. MAJOR FINDINGS OF OPERATION obstructing Ca coecum - Resected
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* 11-16, 1953, *that I last saw the deceased alive on* Nov 16, 1953 *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M Montgomery
23b. ADDRESS MD Caldwell Idaho
23c. DATE SIGNED 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 19-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 11/16/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR ADDRESS Peckham-Dakan Chapel G. V. Peckham Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 83
Local Reg. No. 360
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellowe Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): North 14th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Felix; b. (Middle); c. (Last) Roberts

4. DATE OF DEATH: (Month) (Day) (Year): November 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 29-1855

9. AGE (In years last birthday): 98
IF UNDER 1 YEAR: Months 5 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor er-sheep tender

10b. KIND OF BUSINESS OR INDUSTRY: & farmer (Retired)

11. BIRTHPLACE (State or foreign country): Jerome, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Roberts, St. Jerome, Terrebonne, BIRTHPLACE Canada

14. MOTHER'S MAIDEN NAME: Marie Campeau, St. Jerome, Terrebonne, BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Fred B. Swanson, ADDRESS Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1953, to Nov 17, 1953, *that I last saw the deceased alive on* Nov 9-, 1953, *and that death occurred at* 7 3/4 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hal C Reynolds (Degree or title) MD

23b. ADDRESS: 222 E Logan

23c. DATE SIGNED: Nov 23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/25/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25 FUNERAL DIRECTOR: Peckham-Dalkan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4240
Local Reg. No. 88
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2616 Linden Street

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) Arthur c. (Last) Grant

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 11, 1889.

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter & Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cherokee, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David S Grant
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lottie L More
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 531-16-0567

17. INFORMANT'S OWN SIGNATURE: Wallace Grant
ADDRESS: Mill Valley, California.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 5, 1953, *to* Nov 21, 1953, *that I last saw the deceased alive on* Nov 21, 1953, *and that death occurred at* 3:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Stubler (Degree or title): MD

23b. ADDRESS: 221 E Logan St Caldwell, Idaho

23c. DATE SIGNED: 11-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: 12-5-53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: John F Alsip Jr.
ADDRESS: Nampa, Idaho.
Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 84
Reg. Dist. No. 960

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Arch
b. (Middle):
c. (Last): Wolf

4. DATE OF DEATH (Month) (Day) (Year): November 23-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 22-1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR — Months: 9 Days: 1
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hancock County, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R W Whelchel
ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular Dis. — unk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 11, 1953, *to* Nov. 23, 1953, *that I last saw the deceased alive on* Nov. 23, 1953, *and that death occurred at* 11:5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible]
23b. ADDRESS: Caldwell, Idaho.
23c. DATE SIGNED: 11/25/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 92
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1417 Everett St.

3. NAME OF DECEASED (Type or Print): a. (First) Winnie; b. (Middle) Alvera; c. (Last) Doner

4. DATE OF DEATH (Month) (Day) (Year): November 25-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 6-1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 6 Days 19
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kenosha, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Krueger, BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Louise Rudolph, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ben Doner, ADDRESS: 1417 Everett, Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of stomach — 2
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* _____, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Otho H. Boaner (Degree or title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Dec. 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/17/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4243
Local Reg. No. 239
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital ~~404 Holly Street~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 404 Holly Street

3. NAME OF DECEASED (Type or Print)
a. (First) LAURA
b. (Middle) MARY
c. (Last) DEAN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 20, 1895
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gordon, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Homer Dean — BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Bender — BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 14 4084
17. INFORMANT'S OWN SIGNATURE Mrs W. W. Meenach — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of right ovary with metastases to inguinal glands

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Partial intestinal obstruction from metastases of tumor

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8-53, 19__, *to* 10-29-53, 19__, *that I last saw the deceased alive on* 10-29-53 19__, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE J R Mangum 241 (Degree or title) MD
23b. ADDRESS 1411½ 1st St. So. Nampa, Ida.
23c. DATE SIGNED 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 2, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Nov. 20, 1953
REGISTRAR'S SIGNATURE Mrs. Jane Steck
25. FUNERAL DIRECTOR Paul S. Aybescayk — Alsip Funeral Chapel
ADDRESS Nampa, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

R. MANGUM

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 42[illegible]
Local Reg. No. 240
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 14th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 412 14th Ave. No.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM M. b. (Middle) c. (Last) LUKEHART

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 2, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 5, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. painter 23

10b. KIND OF BUSINESS OR INDUSTRY: painting

11. BIRTHPLACE (State or foreign country): Douglas Center, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Lukehart
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: McCann
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Mehrin L Lukehart
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1952, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche (Degree or title) M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/5/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon Idaho

DATE REC'D BY LOCAL REG.: Nov. 26, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Alsip Funeral Chapel, Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1915
Local Reg. No. 237
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 314 17th Ave No.

3. NAME OF DECEASED (Type or Print): a. (First) CLAIR b. (Middle) c. (Last) GOLDSBERRY

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 23, 1945

9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 52

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arlo B. Goldsberry — BIRTHPLACE: Paridise, Utah

14. MOTHER'S MAIDEN NAME: Julia Stone — BIRTHPLACE: Newton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Julia Smart — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

401.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis
DUE TO (c): Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-7-, 1953, *to* 11-3-, 1953, *that I last saw the deceased alive on* 11-2-, 1953, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 392 Samuel A Swayne M.D. — **23b. ADDRESS**: Nampa. Idaho — **23c. DATE SIGNED**: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: Nov. 6, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Logan Utah — **24d. LOCATION** (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: Nov. 7, 1953 — **REGISTRAR'S SIGNATURE**: Mrs Jane Steed — **25. FUNERAL DIRECTOR**: John F Alsip, Jr — **ADDRESS**: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Alsip Funeral Chapel

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 424C
Local Reg. No. 238
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1111 Sheridan

3. NAME OF DECEASED (Type or Print): a. (First) PATRICIA b. (Middle) RUTH c. (Last) HEENEY

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 4, 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 11, 1932

9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pineridge, So. Dak.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Heeney — BIRTHPLACE: Weeping Water, Nebr.

14. MOTHER'S MAIDEN NAME: Emily Smith — BIRTHPLACE: Rushville, Nebr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 504-32-4989

17. INFORMANT'S OWN SIGNATURE: John Heeney — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

871.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Barbiturate poisoning — 8 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Schizophrenia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) Nampa. **(COUNTY)** Canyon **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 Aug, 1953, *to* Nov 4, 1953, *that I last saw the deceased alive on* 8 Aug, 1953, *and that death occurred at* 3:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph B Marcuse MD 277

23b. ADDRESS: 1111 6th ST Nampa

23c. DATE SIGNED: 6 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/7/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov 12 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4247
Local Reg. No. 246
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 154 4th Rd. No.

3. NAME OF DECEASED (Type or Print): a. (First) FRED b. (Middle) A. c. (Last) INCE

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 30, 1895

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Polk Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-3529

17. INFORMANT'S OWN SIGNATURE: Mrs Mayme Miller — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

200.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lymphosarcoma - intrathoracic — INTERVAL BETWEEN ONSET AND DEATH: 15 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Metastasis to spine - liver — 4 mo.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1953, *to* 11/9, 1953, *that I last saw the deceased alive on* 11/9 1953, *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Rose - 344 — (Degree or title): M.D. — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11/12/53 — **24c. NAME OF CEMETERY OR CREMATORY**: Kohlerlawn — **24d. LOCATION** (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1953 — REGISTRAR'S SIGNATURE: Mat Jane Stark

25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 10[illegible]
Local Reg. No. 247
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 7th St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1317 7th St. So.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) Louis; c. (Last) DeWitt

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 2, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rainsboro, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: De Witt
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Cameron
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bessie DeWitt
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardio-Vascular-renal Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile Dementia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 3, 1942, *to* Nov 10, 1953, *that I last saw the deceased alive on* Nov 8, 1953, *and that death occurred at* 12:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Weske M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4249
Local Reg. No. 277
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Glendale Dist.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GUS	A.	OLSON	November 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Feb. 22, 1882	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Parkers Prairie, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Gus Olson — ADDRESS: Melba

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Prostate — 3 to 6 mos
DUE TO (c): Metastases to Spine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/1/53	Carcinoma of Prostate	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos Gaither	MD	Nampa	11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1953	Mt. Calvary Cemetery	Nampa, Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 1, 1953	Mrs. Jane Steck	John F. Alsip, Jr.	Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 242
Reg. Dist. No. 342

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) John c. (Last) Goodman

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 10, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married (divorced)

8. DATE OF BIRTH: Dec. 25, 1910

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Thomas, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: V W Goodman
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Anna May Showalter
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 18 1039

17. INFORMANT'S OWN SIGNATURE: R W Goodman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion - postmort
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10 Sept 1953 *to* 10 Nov 1953, *that I last saw the deceased alive on* 10 Nov, 1953, *and that death occurred at* 4:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph B Marcuse MD
23b. ADDRESS: 1111 6th St Nampa
23c. DATE SIGNED: 12 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 16 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ada Idaho

DATE REC'D BY LOCAL REG.: Nov. 25, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip Jr
ADDRESS: Alsip Funeral Chapel Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 343
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 408 Locust

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) LIZETTA c. (Last) PERSHALL

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 23, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethany, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hohn
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Thirza Pingrey
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ray Pershall
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175X metastatic Carcinoma of Stomach and Bowels. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Papillary Cystadenoma of the Ovary with Metastasis to Sigmoid — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-1-50 and 7-23-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary with metastasis to sigmoid. Metastatic Ca. to Stomach & Bowels.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 20, 1950, *to* Nov. _____, 1953, *that I last saw the deceased alive on* Nov. 10, 1953, *and that death occurred at* 1:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence E. Hastings M.D.

23b. ADDRESS: 1116 2nd St. So. Nampa

23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 13, 1953

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov. 25, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John J. Alsip, Jr.

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 247
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1 Ord Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) EMIL; b. (Middle) A.; c. (Last) KRAUSE, Jr.

4. DATE OF DEATH (Month) (Day) (Year): November 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: March 25, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 21; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emil A. Krause — BIRTHPLACE: Omaha, Nebraska

14. MOTHER'S MAIDEN NAME: Mary Mink — BIRTHPLACE: Pendleton, Ore.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C. Krause — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Vaccina + cellulitis l. arm.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-28, 1953, *to* 11-16, 1953, *that I last saw the deceased alive on* 11-16, 1953, *and that death occurred at* 8:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Barber M.D.

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Nov. 25, 1953

REGISTRAR'S SIGNATURE: Mrs. Jan Steck

25. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4253
Local Reg. No. 257
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1124 14th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) c. (Last) FISCHER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 25, 1887

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kampsville, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fischer — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Margaret Seymour — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.War #1 3327

16. SOCIAL SECURITY NO.: 518-24-7054AA

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: , Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/17, 1953, *to* 11/17, 1953, *that I last saw the deceased alive on* 11/17, 1953, *and that death occurred at* 11 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross (Degree or title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4254
Local Reg. No. 247
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 624 13th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624 13th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA		SUCHY	Nov. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	May 20, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Czechoslovakia	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record		No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		[signature]	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-20-1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 min?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1 53, 19___, *to* 17 Nov, 1953, *that I last saw the deceased alive on* 17 Nov, 1953 *and that death occurred at* 10 P m.; *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph B. Madison MD	1111 6th ST Nampa Ida	22 NOV 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/21/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 1 1953	Mrs. Jane Stuckey	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6457
Local Reg. No. 250
Reg. Dist. No. 362
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1616 8th Street South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 16½ 11th Ave So. Apt. #5

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle) WAYNE; c. (Last) FREEMAN

4. DATE OF DEATH: (Month) (Day) (Year): November 19, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 15, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 4; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tommie Lee Freeman — BIRTHPLACE: Oakwood, Okla.

14. MOTHER'S MAIDEN NAME: Hattie Mae Guntrum — BIRTHPLACE: Mt. Home, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE / ADDRESS: X Hattie Mae Freeman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493 X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1953, *to* Nov 19, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* Found 7:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesch M.D 443
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Ida
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 253
Reg. Dist. No. 3621

RECEIVED DEC 10 1953 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): LULLILA
c. (Last): HANCOCK

4. DATE OF DEATH (Month) (Day) (Year): NOV. 19, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 28, 1923
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gabrial Ciccone — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Laura Taylor — BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Laura Ciccone — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 916.0 Third & Second Degree Burns
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-18-53 68 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Poured gaseous fluid on fire

22. *I hereby certify that I attended the deceased from* 11-18, 1953, *to* 11-19-, 1953, *that I last saw the deceased alive on* 11-19-53, 19__, *and that death occurred at* 3:33 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel A. Wayne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 53 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 134
Local Reg. No. 234
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219 Shoshone

3. NAME OF DECEASED (Type or Print): a. (First) KENNY b. (Middle) c. (Last) HANCOCK

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 19, 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 4, 1949

9. AGE (In years last birthday): 4
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald G. Hancock
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Emma I. Kendall
BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Miss Laura Ciccone
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 9/6/0 Second & third degree Burns.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa. Canyon. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-19-53 7 45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Explosion of gas.

22. *I hereby certify that I attended the deceased from* 11-18-, *19*53, *to* 11-19-, *19*53, *that I last saw the deceased alive on* 11-19-, *19*53, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel M. Swayne M.D.
23b. ADDRESS: Nampa-Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 9 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr
ADDRESS: Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 8 - 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 105
Local Reg. No. 252
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 904 15th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle): IRWIN
c. (Last): ROGERS

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 1, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garfield, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harvey Irwin — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mina Syron — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Helen R. Johnson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — yrs.
DUE TO (c) Arterio sclerotic C-V Dev — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 11-17-, 1953, *to* 11-20, 1953, *that I last saw the deceased alive on* 11-20-, 1953, *and that death occurred at* 12:45pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wetche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 2, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 245
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print): a. (First) Jeanette b. (Middle) c. (Last) Hodges

4. DATE OF DEATH (Month) (Day) (Year): November 23-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: February 27-1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR Months: 8 Days: 26
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: mrs Jay Hodges
ADDRESS: ,Nampa, Idaho Rt.5

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1951, *to* Nov 23, 1953, *that I last saw the deceased alive on* Nov 22, 1953, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 25-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

25. FUNERAL DIRECTOR: C. A. Beckham
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 8 - 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 251
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 519-15th Ave North

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Belle
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 17, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Seymour, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Daniel — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sarah Pilkington — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Beulah Beverlin — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility, + Arthritis — Yes.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 11-20, 1951 *to* 11-24, 1953, *that I last saw the deceased alive on* 11-24-, 1953, *and that death occurred at* 7:30PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Fletcher (Degree or title) M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/27/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: Dec 2, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 255
Reg. Dist. No. 362

BIRTH NO.

RECEIVED DEC 10 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 804 Montana

3. NAME OF DECEASED (Type or Print): a. (First) LORENA; b. (Middle) LOUISE; c. (Last) Van Winkle

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 18, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albe, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas C. Baldwin
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Martha Hubbard
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ralph Woodmansee
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Vascular Renal Disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa, Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 11, *19*53, *to* Nov. 27, *19*53, *that I last saw the deceased alive on* Nov. 27, *19*53, *and that death occurred at* 8:28a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clara L. M. Hastings M.D.

23b. ADDRESS: 1116 2nd St. So., Nampa,

23c. DATE SIGNED: I. 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Pasadena, Califprnia

DATE REC'D BY LOCAL REG.: Dec 9 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stack

25. FUNERAL DIRECTOR: John F Alsip, Jr

ADDRESS: Nampa, Ida

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 22 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. 4262
Local Reg. No. 238
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 624 13th Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624 13th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PHOEBE	A.	BULLIS	November 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fem.	white	widowed	Aug. 31, 1865	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neceda, Wisorsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Turner — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E C Bullis — ADDRESS: 819-7th Ave So

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Old age	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* found, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Nampa, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/20/53	La Grande	LaGrande, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 17 1953	Mrs. Jane Stuck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-49021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 362

BIRTH NO.

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DEC 10 53
Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1410 2nd Street North

3. NAME OF DECEASED (Type or Print): a. (First) LEONA; b. (Middle) ANNA; c. (Last) SWEATH

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 30, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Marriedx

8. DATE OF BIRTH: Oct. 14, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James P. Edwards
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Mary Cheek
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Grace L. Spencer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Thrombo-angiitis obliterans — 30 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4531

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 31, 1953, *to* Nov. 30, 1953, *that I last saw the deceased alive on* Nov. 30, 1953, *and that death occurred at* 5:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Kochn
(Degree or title): M. D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Dec. 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip
ADDRESS: Nampa
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 77
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3 Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Earl
c. (Last): Horton

4. DATE OF DEATH (Month) (Day) (Year): November 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 20-1896
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairview, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Henry Horton, BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Axie Jane Wells, BIRTHPLACE: Linn County, Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert E. Horton, ADDRESS: Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery occlusion — instant
DUE TO (c) Arteriosclerotic cardio vascular disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——— *19*—, *to* ———, *19*—, *that I last saw the deceased alive on* ——— *19*— *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John H. Stecher (Degree or title) MD
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: T. W. Dakan, ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 278
Reg. Dist. No. 362

BIRTH NO. DEC 8 - 1953

1. PLACE OF DEATH — Division of Vital Statistics
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 3 Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 3 Nampa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. 6

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) LOVENIA STONES c. (Last) HIGLEY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 8, 1908

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grass Creek, Utah

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Henry Stones
BIRTHPLACE: Almi, Wyo.

14. MOTHER'S MAIDEN NAME: Martha Marintha Wright
BIRTHPLACE: Coalville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X J Warren Higley
ADDRESS: Nampa, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 mon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1st 1953 *to* Nov 11, 1953, *that I last saw the deceased alive on* Nov 6 0, 1953, *and that death occurred at* 9:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 725 J J Jones (Degree or title)
23b. ADDRESS: Midvale Id
23c. DATE SIGNED: 11.11.53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ada Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr. Nampa, Ida
ADDRESS: Alsip Funeral Chapel Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 406
Local Reg. No. 86
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robuck Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Rt. 1 Wilder

3. NAME OF DECEASED (Type or Print)
a. (First): Amanda
b. (Middle): Rosetta
c. (Last): Reno

4. DATE OF DEATH (Month) (Day) (Year): November 27-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: December 19,1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Filmore, Andrew Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Harrold, BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Minerva McCeary, BIRTHPLACE: Mina Co., Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs R M Robuck, ADDRESS: Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary -passive congestion — 1wk.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/19, 1953, *to* 11/26, 1953, *that I last saw the deceased alive on* 11/26, 1953, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Wm. H. Reimer (Degree or title): Coroner
23b. ADDRESS: Box 735, Homedale, Idaho
23c. DATE SIGNED: 12/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Brush
24d. LOCATION (City, town, or county) (State): Brush, Colorado

DATE REC'D BY LOCAL REG.: 12/7/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Peckham-Dakan Chapel, ADDRESS: C. V. Peckham, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 89
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rural
c. LENGTH OF STAY (in this place): 8yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Rural Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): (NMI)
c. (Last): Sedivy

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1897

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howell Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Novak
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Frances Glouhey
BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: John F. Sedivy
ADDRESS: Route #2 Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio — 4 yrs
DUE TO (c): Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Sedivy MD
23b. ADDRESS: 220 E Logan Caldwell
23c. DATE SIGNED: 12-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/10/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Harold O Davis
ADDRESS: Davis-Parrick Funeral Home Caldwell Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-16474 RECEIVED NOV 23 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 206
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Rex b. (Middle) Carl c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 7, 1953

9. AGE (In years last birthday): [illegible]
IF UNDER 1 YEAR: Months [illegible] Days [illegible]
IF UNDER 24 HRS.: Hours 5 Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 55

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LaVar C. Nelson — BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Elizabeth Kindred — BIRTHPLACE: Springville, Ut.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: LaVar C. Nelson — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): [illegible]
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): [illegible]
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): [illegible]
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): [illegible] m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: [illegible]

22. *I hereby certify that I attended the deceased from* Nov 7, 1953, *to* Nov 7, 1953, *that I last saw the deceased alive on* Nov 7, 1953, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/9/53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: Nov 14 1953
REGISTRAR'S SIGNATURE: B. T. Wilson
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-49021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 208
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 14 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 927 Oakley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude b. (Middle) c. (Last) Doerflinger

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 6, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 5 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Glidden, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Russel
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elvira Pike
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs L. A. Ratley
ADDRESS: Burley Idaho, S Choody St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast. — INTERVAL BETWEEN ONSET AND DEATH: 6 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & Hypertensive Heart Dis. unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 3, 1953 and that death occurred at 12:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): James A Rucker M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Nov 14 1953
REGISTRAR'S SIGNATURE: R F Nilson
25. FUNERAL DIRECTOR: Tom B. McCulloch
ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 7 - 1953

Certificate of Death

Division of Vital Statistics — **STATE OF IDAHO**

State File No. [illegible]
Local Reg. No. 212
Reg. Dist. No. 4-70

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 34 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1235 Elba Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1235 Elba Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Matilda; b. (Middle); c. (Last) Christopherson

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 19, 1864	89	6	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Denmark	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
O.M. Olson	Unknown	Wilhelmine (Unknown)	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	----	D.A. Christopherson	1058 Normal Ave Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease — 10 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 17, 1953, *to* Nov 17, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 9:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James B. Bircher M.D.	Burley, Idaho	Nov 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1953	Pleasantview Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Nov 24 1953	B.F. Wilson	Vern B. McCulloch	Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 7 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 214
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1501 Malta Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1501 Malta Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Orval
b. (Middle): Claudis
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 20, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Rawleigh Products
11. BIRTHPLACE (State or foreign country): Brigham City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Silas Franklin Thompson, BIRTHPLACE: Salt Lake City, Ut.
14. MOTHER'S MAIDEN NAME: Mary Caroline Palmer, BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-12-1064
17. INFORMANT'S OWN SIGNATURE: Leonora Thompson — ADDRESS: 1501 Malta Ave Burley Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Nov 17-1953

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Nov 19, 1953, *that I last saw the deceased alive on* Nov 19, 1953, *and that death occurred at* 1:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh E. Dean (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Nov 27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov 28 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25. FUNERAL DIRECTOR: Vern E. McCulloch — ADDRESS: Burley, IDaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 7 - 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 211
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Parley; c. (Last) Croft

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Enterprise, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Howland Croft
BIRTHPLACE: Salt Lake City - Utah

14. MOTHER'S MAIDEN NAME: Rosa L. Auger
BIRTHPLACE: - Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 10, 1953, *to* Nov 20, 1953, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: Nov 22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/23/53

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: Nov 28 1953

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: [signature]

ADDRESS: Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4273
Local Reg. No. 204
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springdale District

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): Springdale District

3. NAME OF DECEASED (Type or Print)
a. (First): Jean
b. (Middle): P
c. (Last): Pons

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Theus, Hautes Alps, France
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Francis Pons, ------ BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Marianne (Unknown) ------ BIRTHPLACE: France
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Jeanne Pons R1 — ADDRESS: Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Gangr~~ Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs or So

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Gangrene Left foot & leg — 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Dec, 1947, *to* 2 Nov, 1953 *that I last saw the deceased alive on* 10-30-53, 19__, *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 423 (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 4 Nov '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 6, 1953
REGISTRAR'S SIGNATURE: B. A. Wilson
25 FUNERAL DIRECTOR: Vern B. McCulloch — ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 209
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
c. LENGTH OF STAY (in this place): 41 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Mi. So. ½ Mi. W

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 1½ So. 1 Mi. W.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Albert
c. (Last): England

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 23, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Plain City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME BIRTHPLACE: James England, Breadport Dorset England
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Rose Hannah Smith, Birmingham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE S Lake City, ADDRESS: Albert L England

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-21-47 *19*__ *to* 9-28-53 *19*__ *that I last saw the deceased alive on* 28-Sept, 1953, *and that death occurred at* during night P *m., from the causes and on the date stated above.* probably early evening

23a. SIGNATURE [signature] 423 (Degree or title) MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 6 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Nov 14 1953
REGISTRAR'S SIGNATURE: B A Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

NOV 14 1953

DIVISION OF VITAL STATISTICS

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CLEARWATER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
c. LENGTH OF STAY (in this place): 33 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OROFINO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CLEARWATER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
d. STREET ADDRESS (If rural, give location): STATE HOSPITAL NORTH

3. NAME OF DECEASED (Type or Print): a. (First) CECIL b. (Middle) W. c. (Last) LOLLAR

4. DATE OF DEATH (Month) (Day) (Year): 11-1-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-10-1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WARD ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL

11. BIRTHPLACE (State or foreign country): CORINTH ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: JAMES N. LOLLAR
BIRTHPLACE: ILL.

14. MOTHER'S MAIDEN NAME: ROXANNA ECKOLS
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W. 1

16. SOCIAL SECURITY NO.: 359128286

17. INFORMANT'S OWN SIGNATURE: X Cecile Lollar
ADDRESS: OROFINO, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-31, 1953, *to* 11-1, 1953; *that I last saw the deceased alive on* 11-1-53, 19____, *and that death occurred at* 11 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-3-1953
24c. NAME OF CEMETERY OR CREMATORY: MITCHELL FUN. HOME
24d. LOCATION (City, town, or county) (State): MARION ILLINOIS

DATE REC'D BY LOCAL REG.: 11-2-53
REGISTRAR'S SIGNATURE: Vernon E. Farley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: OROFINO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 14 1953
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

Certificate of Death

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CLEARWATER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREER
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ARCADIAN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CLEARWATER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
d. STREET ADDRESS (If rural, give location): CHASE'S FLAT

3. NAME OF DECEASED (Type or Print): a. (First) FRED; b. (Middle); c. (Last) NORI

4. DATE OF DEATH: (Month) (Day) (Year): 11-3-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 6-20-1885
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: WOODS WORK
11. BIRTHPLACE (State or foreign country): FINLAND
12. CITIZEN OF WHAT COUNTRY?: ?

13. FATHER'S NAME: UNKNOWN — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 536077554
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: OROFINO, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 to 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possibly due to cancer of colon — same
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Icterus without pain — 4 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, *1953, to* Nov 3-53, *that I last saw the deceased alive on* Oct 28, *1953, and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Hanson — (Degree or title): M D — 23b. ADDRESS: Orofino — 23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24b. DATE: 11-6-1953 — 24c. NAME OF CEMETERY OR CREMATORY: HILL CEMETERY — 24d. LOCATION (City, town, or county) (State): OROFINO IDAHO

DATE REC'D BY LOCAL REG.: 11-5-53 — REGISTRAR'S SIGNATURE: Vernon E Bailey — 25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: OROFINO, IDA.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DIVISION OF VITAL

Certificate of Death

STATE OF IDAHO

State File No. 4277
Local Reg. No. 37
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 16 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hermance
b. (Middle):
c. (Last): Bogner

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-25-1864

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Belgium

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henre Raes
BIRTHPLACE: Belgium

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Juanita Munds
ADDRESS: Pierce Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.6

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arterial Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 11/3, 1953 *that I last saw the deceased alive on* June, 1950, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Hopkins M.D.
23b. ADDRESS: Orofino
23c. DATE SIGNED: 11/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Russell Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce Idaho

DATE REC'D BY LOCAL REG.: 11-5-53
REGISTRAR'S SIGNATURE: Velma E. Finley
25. FUNERAL DIRECTOR: R. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4378
Local Reg. No. 38
Reg. Dist. No. 210

111-53-14266
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CLEARWATER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OROFINO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CLEARWATER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KRISTEN
b. (Middle): A.
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): 11-3-1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 11-2-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 32
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OROFINO, IDAHO
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: WM. C. ADAMS
BIRTHPLACE: INDIANA
14. MOTHER'S MAIDEN NAME: AUDREY SCHILLING
BIRTHPLACE: N. DAKOTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X William C. Adams
ADDRESS: OROFINO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature infant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-2-53, 19__, *to* 11-3-53, 19__, *that I last saw the deceased alive on* 11-2-53, 19__, *and that death occurred at* 5 10/7 *m., from the causes and on the date stated above.*

23a. SIGNATURE: N. B. Luppenhagen (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-4-1953
24c. NAME OF CEMETERY OR CREMATORY: RIVERSIDE CEMETERY
24d. LOCATION (City, town, or county) (State): OROFINO IDAHO

DATE REC'D BY LOCAL REG.: 11-4-53
REGISTRAR'S SIGNATURE: Vernon E. Fawley
25. FUNERAL DIRECTOR: M. E. Gilbert
ADDRESS: OROFINO, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 210
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) C. c. (Last) Sinclair

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 53

5. SEX: M ale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/26/1907

9. AGE (In years last birthday): 46 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Forest Service

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lee Sinclair BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Nellie Gustin BIRTHPLACE: Moscow, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-2976

17. INFORMANT'S OWN SIGNATURE: X Mrs. Chester Sinclair ADDRESS: Weippe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old Rheumatic Heart
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1934, 19__, to 1953, 19__, that I last saw the deceased alive on 11-4-53, 19__, and that death occurred at 5:17 m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/8/53
24c. NAME OF CEMETERY OR CREMATORY: Weippe
24d. LOCATION (City, town, or county): Weippe (State): Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Vernon E. Dudley
25. FUNERAL DIRECTOR: [signature] ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

BIRTH NO.

State File No.
Local Reg. No. 40
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk River-rural

c. LENGTH OF STAY (in this place): 2-days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington

b. COUNTY: Stevens

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kettle Falls

d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	Alfred	Tesch	11-9-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	6-26-1898	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service station Oper.	Same	Hector, Minn.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Tesch	Minn.	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Mrs Gladys Tesch	Kettle Fall

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. E. Moser Coroner	Orofino, Idaho	11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-1953	Riverside Park	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-18-53	Vernon Tarley	R. E. Moser	Colville, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Helgeson Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Loy	A.	Romey	11-12-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	3-26-1901	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Timber scaler	Lumber	Fall River Co. S. Dak.	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Romey	Germany	Carlson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	504015975	X Duncan E Romey	Bridgeport Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-12-1953 *to* 11-13-1953, *that I last saw the deceased alive on* 11-12-1953, *and that death occurred at* 6:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R B Pappenhagen	M.D	Orofino Idaho	11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-14-1953	Caldwell Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-13-53	Duncan E Romey	R. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 42
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Hospital, North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): —
c. (Last): Kalitee

4. DATE OF DEATH (Month) (Day) (Year): 11 14 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 25, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Idaho

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 521 16 8784
17. INFORMANT'S OWN SIGNATURE: G. G. Espe M.D. — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 16

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10-51, 19[illegible], *to* 11-14, 1953, *that I last saw the deceased alive on* 11-14-, 1953, *and that death occurred at* 12 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. G. Espe M.D. (Degree or title)
23b. ADDRESS: Orofino, Ida
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cem.
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: Vernon E. Dailey
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cleaswater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winchester
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kenneth	G.	Haney	Nov 16 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Dec 6 1917	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Antigo Wis	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Haney	Ky.	Emma Cauky	Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	E. L. Barry	Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptic seizure — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-1-43, to Nov 16, 1953, *that I last saw the deceased alive on* 11-15, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Barry M.D.	Orofino Ida	11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 18, 1953	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-17-53	Vernon E. Dailey	C. E. Clowry	Craigmont Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CLEARWATER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIERCE
c. LENGTH OF STAY (in this place): 20 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CLEARWATER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIERCE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JONAS b. (Middle) LAMBERT c. (Last) LINDSTROM

4. DATE OF DEATH (Month) (Day) (Year): 11-19-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 1885 ?
9. AGE (In years last birthday): 68 ?
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: WOODS WORK
11. BIRTHPLACE (State or foreign country): SWEDEN
12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: SWEN LINDSTROM BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: ANNA GRETA BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518012200
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ———, 19—, *to* ———, 19—, *that I last saw the deceased alive on* ———, 19—, *and that death occurred at* 6:20p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree or title): CORONER
23b. ADDRESS: OROFINO IADHO
23c. DATE SIGNED: 11-23-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-24-53
24c. NAME OF CEMETERY OR CREMATORY: RIVERSIDE CEMETERY
24d. LOCATION (City, town, or county) (State): OROFINO IDAHO

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Vernon E. Fowler
25. FUNERAL DIRECTOR: W. E. Gilbert ADDRESS: OROFINO, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, north

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): —
c. (Last): Lightfoot

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 1895
9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward Lightfoot — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Margaret Billup — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: G L Esope — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19- , 1953, *to* 11-20 , 1953, *that I last saw the deceased alive on* 11-19- , 1953, *and that death occurred at* 4a m., *from the causes and on the date stated above.*

23a. SIGNATURE: G L Esope 548 (Degree or title): M D
23b. ADDRESS: Orofino, Ida
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-20-53
24c. NAME OF CEMETERY OR CREMATORY: Clovis Funeral Home
24d. LOCATION (City, town, or county) (State): Craigmont Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Vernon E Dooley
25. FUNERAL DIRECTOR: Clyde Clovis
ADDRESS: Craigmont Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 46
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
c. LENGTH OF STAY (in this place): 5 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stevens Bar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Pierce Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Gust
b. (Middle):
c. (Last): Wicklund

4. DATE OF DEATH (Month) (Day) (Year): 11-25-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 1-16-1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Woods work
11. BIRTHPLACE (State or foreign country): Vansbero, Sweden
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 11
16. SOCIAL SECURITY NO.: 518-03-6760
17. INFORMANT'S OWN SIGNATURE: M. E. Gilbert — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary trombosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tuberculosis. — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ----------, 19--, to ----------, 19--, that I last saw the deceased alive on ----------, 19--, and that death occurred at 11:45p m., from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Gilbert — (Degree or title): Coroner
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: M. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 47
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle):
c. (Last): Nevalainen

4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/3/1917
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Floodwood, Minn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 468-18-7380
17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert — ADDRESS: Coroner Orofino, Ia.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

322.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic alcoholism

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29, 1953, *to* 11-29, 1953, *that I last saw the deceased alive on* 11-29-53, 19___, *and that death occurred at* 4:14 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-1-53
REGISTRAR'S SIGNATURE: Vernon E. Fairley
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4288
Local Reg. No. 40
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Josephine; b. (Middle); c. (Last) Devlin

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14 - 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 8, 1877

9. AGE (In years last birthday): 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blue Earth, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isadore Tibodeau — BIRTHPLACE: FondDu Lac, Wisc.

14. MOTHER'S MAIDEN NAME: Delphine Grire — BIRTHPLACE: St. Johns Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs A. L. Jansmoe — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Carcinoma of Breast.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1953, *to* November, 1953, *that I last saw the deceased alive on* Nov. 14, 1953, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone N Foelsch M.D. — **23b. ADDRESS**: Mountain Home, Idaho — **23c. DATE SIGNED**: Nov 17 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-17-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View — **24d. LOCATION** (City, town, or county) (State): Mountain home, Idaho

DATE REC'D BY LOCAL REG.: Nov 19, 1953 — REGISTRAR'S SIGNATURE: A. E. Anderson

25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: by D. D. Morrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
DEC 2 - 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 380

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Yakima
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker, Rural
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Fletcher
c. (Last): Gugelman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 9, 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thornfield, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown Evans
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Merle Baldwin
ADDRESS: Parker, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Traumatic Shock with multiple Fractures
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30 West
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mtn Home Elmore Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 16 53 a 11:30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green Coroner
23b. ADDRESS: Mtn Home Ida
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Tahoma Mausoleum
24d. LOCATION (City, town, or county) (State): Yakima Yakima Wash.

DATE REC'D BY LOCAL REG.: Nov. 17. 1953
REGISTRAR'S SIGNATURE: A. F. Anderson
25 FUNERAL DIRECTOR: Bey Mortuary
ADDRESS: Mtn Home Ida
by D. A. L. Harrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 41
Reg. Dist. No. 380

111-53-14304
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP., MT. HOME AFB, IDA.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 111 BENNETT HOUSING

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTINE; b. (Middle) SUE; c. (Last) SCHWAB

4. DATE OF DEATH: (Month) NOV (Day) 27 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: CAUCASIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 18 NOV 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months; Days 9; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA 03

10b. KIND OF BUSINESS OR INDUSTRY: NA

11. BIRTHPLACE (State or foreign country): MOUNTAIN HOME AFB, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GERALD S. SCHWAB, BIRTHPLACE: NEW YORK, N. Y.

14. MOTHER'S MAIDEN NAME: BONNIE L. SPRINGER, BIRTHPLACE: CHANDLER, OKLAHOMA

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NA

17. INFORMANT'S OWN SIGNATURE: George W. Hayes (Birth Certificate) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7760X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 9 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NA
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NA
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NA
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NA

22. *I hereby certify that I attended the deceased from* 18 NOV, 19 53, *to* 27 NOV, 19 53, *that I last saw the deceased alive on* 26 NOV, 19 53, *and that death occurred at* 3:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 006
23b. ADDRESS: MOUNTAIN HOME AFB, IDAHO
23c. DATE SIGNED: 27 NOV 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Nov 30. 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Bey Mortuary ADDRESS: Mountain Home, Idaho
by D. L. Peterson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 16
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 57 No. 2nd west

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 57 N. 2nd West

3. NAME OF DECEASED (Type or Print): a. (First) C b. (Middle) Alphonso c. (Last) Rasmussen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1883

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 72

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hans Rasmussen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Emma Jensen BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Virgie Mackstader ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic C.V. disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1953, *to* Oct 2, 1953 *that I last saw the deceased alive on* Oct 1, 1953, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merl G Davis Jr. MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: Oct 5 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-5-1953
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

NOV 18 1953

State File No. 4222
Local Reg. No. 13
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 40 East 2nd South St.,

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE; b. (Middle) OSCAR; c. (Last) STEWART

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Apr. 18, 1881.

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Jerry Meek Ranch

11. BIRTHPLACE (State or foreign country): Tintic, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Stewart
BIRTHPLACE: Utah.

14. MOTHER'S MAIDEN NAME: Sara Walton
BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alice Walton ADDRESS: Preston Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Rifle wound (self inflicted) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Put gun under his chin and shot away the front and left side of his

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. head.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Preston Franklin Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 1, 1953 1:30PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Self inflicted (Rifle)

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner

23b. ADDRESS: Preston, Idaho.

23c. DATE SIGNED: 11-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 5, 1953

24c. NAME OF CEMETERY OR CREMATORY: Cleveland

24d. LOCATION (City, town, or county) (State): Cleveland, Idaho.

DATE REC'D BY LOCAL REG.: 11-5-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Richards & Son ADDRESS: Preston, Idaho.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-14318 NOV 18 1953
BIRTH NO.

Certificate of Death
STATE OF IDAHO

State File No. 1005
Local Reg. No. 14
Reg. Dist. No. 540

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 162 South 3rd East St.,

3. NAME OF DECEASED (Type or Print): a. (First) STEPHEN b. (Middle) "K" c. (Last) GAMBLES

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10, 1953.

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 7, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 3; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: New Born

11. BIRTHPLACE (State or foreign country): Preston, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Milton B. Gambles — BIRTHPLACE: Downey, Idaho.

14. MOTHER'S MAIDEN NAME: Virgene Knudsen — BIRTHPLACE: Preston, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Milton B. Gambles [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 7, 1953, *to* Nov 10, 1953, *that I last saw the deceased alive on* Nov 10, 1953, *and that death occurred at* 12:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes 158 M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 11, 1953.

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 11-11-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR ADDRESS: Richards & Son Preston, Idaho.
Herman J. Richards

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 540

BIRTH NO. NOV 18 1953

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Orace c. (Last) Oliverson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 4, 1902

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Oliverson

BIRTHPLACE: Franklin, Idaho

14. MOTHER'S MAIDEN NAME: Eva Biggs

BIRTHPLACE: Cove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-05-268

17. INFORMANT'S OWN SIGNATURE: Eunice Oliverson ADDRESS: Franklin, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/7, 1953, *to* 11/11, 1953, *that I last saw the deceased alive on* 11/11, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo R. Hawkes (Degree or title): M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Franklin

24d. LOCATION (City, town, or county) (State): Franklin Idaho

DATE REC'D BY LOCAL REG.: 11-14-1953

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: [illegible] ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memo. Hosptal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) Daniel c. (Last) Mortensen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Spring City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Anders Mortensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna C. Hansen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio renal disease — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Death, 19__, *that I last saw the deceased alive on* Nov. 26, 1953, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lowell G. Davies Jr. (Degree or title) M.D.
23b. ADDRESS: Preston Id.
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 11-30-1953
REGISTRAR'S SIGNATURE: Effie W. Brauer
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1053
Local Reg. No. 78
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glencoe
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glencoe
d. STREET ADDRESS (If rural, give location): Preston R.F.D. #2

3. NAME OF DECEASED (Type or Print): a. (First) CAROLINE b. (Middle) MARIE c. (Last) JENSEN

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 18, 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1881.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Fyn, Denmark.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeppe Jorgensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Annie Hansen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vagn Jensen — ADDRESS: Glencoe, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza. — 24 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

480X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1953, *to* 11-18, 1953, *that I last saw the deceased alive on* 11-18, 1953, *and that death occurred at* 5:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. A. Cutler (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-21-53
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 11-19-1953
REGISTRAR'S SIGNATURE: Effie W. Brower
25. FUNERAL DIRECTOR: Richards & Son — ADDRESS: Preston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 4 - 1953
Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4297
Local Reg. No. 20
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
c. LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weston Pool Hall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
REED	N.	DAHLE	Nov. 19, 1953.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 16, 1914.	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self Employed	Clarkston, Utah.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph N. Dahle	Clarkston, Utah.	Rhoda Griffin	Clarkston, Utah.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Sheriff Eggen	Preston Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9S1X Bullet Wound through — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) the heart - 32 Calibre

DUE TO (c) Pistol - death immediate.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. indications of Cardia Hemorhage.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide ✓	Pool Hall	Weston, Franklin, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov. 19, 1953 11:P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	shot by pool Hall owner.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Hardy	Coroner	Preston Idaho.	11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 53	Clarkston	Clarkston, Utah.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-24-53	Effie M. Brower	Richards & Son Herman P. Richards	Preston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 4 - 1953
Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 19
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leupp
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Junior b. (Middle) c. (Last) Tsosie

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 16, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 3 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Nota Tsosie BIRTHPLACE: Chinle, Arizona

14. MOTHER'S MAIDEN NAME: Lilly Navajo BIRTHPLACE: Leupp, Arizona

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Franklin Sugar Co, records ADDRESS: Preston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 491K Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-19, 1953, *to* 11-19, 1953, *that I last saw the deceased alive on* 11-19, 1953, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cattle M.D. (Degree or title): M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 20, 1953

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 11-20-1953

REGISTRAR'S SIGNATURE: Effie M. Brower

25. FUNERAL DIRECTOR: [illegible]

ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 650

BIRTH NO.

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 125 South 2 East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NORMAN		KIRBY	Nov., 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 14, 1913	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman	Utah Power & Light	Garce, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Kirby	Hyde Park, Utah	Luella Packer	

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-09-0056	Melva Kirby	Rexburg, Idaho

914.8

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrical Shock. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Light Pole	St. Anthony, Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov., 11, 1953 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Working on light pole and came in contact with high voltage

22. *I hereby certify that I attended the deceased from* Never attended, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. L. Hansen Coroner	St. Anthony, Idaho	Nov., 12, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov., 14, 1953	Lava Hot Springs	Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 12 53	M. L. Hansen	M. L. Hansen	St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 56
Reg. Dist. No. 651

BIRTH NO.

RECEIVED NOV 7 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
c. LENGTH OF STAY in this place of death:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GLENN b. (Middle) KENDALL c. (Last) PARKER

4. DATE OF DEATH: (Month) (Day) (Year) November 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 24, 1902

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectionary owner

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): St, Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Woodson D. Parker — BIRTHPLACE: Boone, Iowa

14. MOTHER'S MAIDEN NAME: Laura Kendall, — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 518-36-3753

17. INFORMANT'S OWN SIGNATURE: Leona Parker — ADDRESS: Parker, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — 4 Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1953, *to* November, 1953 *that I last saw the deceased alive on* 11-1-53, *and that death occurred at* 4:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Blank — (Degree or title): MD
23b. ADDRESS: St. Anthony, Ida.
23c. DATE SIGNED: 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5 November 53
24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1953
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 58
Local Reg. No. 58
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY IN this place: 19yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Francis.	E.	Henderson	Nov. 9th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married.	June. 5th 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Timber Contractor.	Logging.	Rasiton Colorado.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henderson.	Dk	- Firebaugh.	DK.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
World War I.	519-20-9609	Emma Henderson	Ashton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure — 2 years

DUE TO (c) Arteriosclerotic Heart Disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August, 1952, *to* Nov. 9, 1953 *that I last saw the deceased alive on* Nov. 9, 1953 *and that death occurred at* 9:A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Spencer Parkinson	M.D.	Ashton Idaho	11-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/12th 1953	Pineview	Ashton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 16, 1953	M.D. Hansen	Lewis Kiser	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 28 1953
Division of Vital Statistics

State File No. 59
Local Reg. No. 651
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 33 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Carlene. b. (Middle) c. (Last) Christiansen.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12th 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -
8. DATE OF BIRTH Nov. 11th 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours 33 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Ashton Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME BIRTHPLACE Ida.
Al. Neal Christiansen. Marysville
14. MOTHER'S MAIDEN NAME BIRTHPLACE Ida.
Alice. Pauline Welker. St. Anthony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leonard Neal Christiansen ADDRESS Ashton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration of mucus (?)
DUE TO (c) Prematurity (7½ mos. gestation)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH
(a) 4 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Nov *19* 53, *to* 12 Nov, *19* 53, *that I last saw the deceased alive on* 12 Nov, *19* 53, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS Ashton Ida.
23c. DATE SIGNED 13 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 13th 1953
24c. NAME OF CEMETERY OR CREMATORY Pineview
24d. LOCATION (City, town, or county) (State) Ashton Idaho

DATE REC'D BY LOCAL REG. Nov 16, 1953
REGISTRAR'S SIGNATURE M. L. Lanyon
25. FUNERAL DIRECTOR
ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Print, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NOV 27 1953

Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4303
Local Reg. No. 60
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Verta.	Low.	Hargis	Nov. 14th 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married.	June 24th. 1878.	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife.	Household	Storm. Lake Iowa.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dk.	Dk	Dk	Dk

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		[illegible]	Ashton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2520 Rt. heart failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hyperthyroidism - Parkinsons syndrome
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Branchial cyst

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 21 Oct *, 19* 53 *, to* 14 Nov *, 19* 53 *, that I last saw the deceased alive on* 14 Nov *, 19* 53 *, and that death occurred at* 6:45 *a.m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Ashton - Ida	16 Nov 53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11/18th 1953		Salt Lake City Utah

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 24 1953	[illegible]	[illegible]	Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton.
c. LENGTH OF STAY (in this place) 44yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Rodney, b. (Middle) Henry. c. (Last) Manning.

4. DATE OF DEATH (Month) (Day) (Year) Dec 12th 29th 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.

8. DATE OF BIRTH Aug. 14th 1868.

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hardware Dealer.

10b. KIND OF BUSINESS OR INDUSTRY Hardware store

11. BIRTHPLACE (State or foreign country) Rural Township#1- ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Johh. Rodman Manning. BIRTHPLACE Waukesha. Wis.

14. MOTHER'S MAIDEN NAME Mary Teressa. Hamer. BIRTHPLACE Penn. Granville.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT'S OWN SIGNATURE Erma M Manning ADDRESS Ashton Ida ho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma, gastric — 6 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 11, 1953, *to* 29 Nov, 1953, *that I last saw the deceased alive on* 29 Nov, 1953 *and that death occurred at* 11 A m, *from the causes and on the date stated above.*

23a. SIGNATURE (License or title) 213

23b. ADDRESS Ashton Ida

23c. DATE SIGNED 12/Dec. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 1st 1953.

24c. NAME OF CEMETERY OR CREMATORY Pineview.

24d. LOCATION (City, town, or county) Ashton (State) Idaho

DATE REC'D BY LOCAL REG. 10 Dec 53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Lewis Kerr ADDRESS Ashton Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4305
Local Reg. No. 27
Reg. Dist. No. 340-341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Louise c. (Last) Yergenson

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 16, 1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR — Months: 5 Days: 28
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kidman
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth C. Horsepool
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Mabel Tracy
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of neck of femur — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Gem, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14, 1953 - 11 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell while walking

22. *I hereby certify that I attended the deceased from* ~~19 44~~ *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953 *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald P. Lawrason M.D. 325
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-4801

NOV 23 1953

Certificate of Death

Division of Vital Statistics

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 340-344

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Annie b. (Middle) Elizabeth c. (Last) Rude

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 153

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 13, 1875

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 7 | Days: 4 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Placerville, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Clouder — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Phail — BIRTHPLACE: Brooklyn N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Maude E Craig — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 572.1 Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated Diverticulum — 7 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 17 Nov., 1953, *that I last saw the deceased alive on* 17 Nov., 1953, *and that death occurred at* 3:4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible], M. D. (Degree or title)

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 17 Nov. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG: Nov 17, 1953

REGISTRAR'S SIGNATURE: Jan A. Beatty

25 FUNERAL DIRECTOR ADDRESS: The Beatty Chapel Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

DEC 17 1953 Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 34 34

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 621 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Albert c. (Last) Fuller

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct.29,1911

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR Months: 0 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contracting 73

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred J. Fuller
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margaret Casper
BIRTHPLACE: Menan, Idaho

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 09 6583

17. INFORMANT'S OWN SIGNATURE: Fred D Fuller
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1953, *to* Nov., 1953, *that I last saw the deceased alive on* 22 Nov., 1953, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 24 Dec. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov.25,1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 4 1953
REGISTRAR'S SIGNATURE: Jean A Beatty
25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Goodwin

BIRTH NO.

RECEIVED Certificate of Death

DEC 17 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 90
Reg. Dist. No. 340-341

1. PLACE OF DEATH

a. COUNTY: Gem

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

c. LENGTH OF STAY (in this place): 8yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Gem

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Van Komen

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 28, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 3, 1899

9. AGE (In years last birthday): 54

IF UNDER 1 YEAR: Months 8 Days 25

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Odgen, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Klaus VanKomen

BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Gertrude Janis

BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS: X. Royce VanKomen

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 7 0.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1953 *to* Date of death 1953, *that I last saw the deceased alive on* Dec 15, 1953 *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Emmett Ida.

23c. DATE SIGNED 12/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: Tremonton

24d. LOCATION (City, town, or county) (State): Tremonton, Utah

DATE REC'D BY LOCAL REG.: Dec 4 1953

REGISTRAR'S SIGNATURE: Jean A Beatty

25. FUNERAL DIRECTOR ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

BIRTH NO. 111-53-14370

Certificate of Death

STATE OF IDAHO

State File No. 4309
Local Reg. No. 1632
Reg. Dist. No. 420

1. PLACE OF DEATH

a. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Gooding

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): INFANT

b. (Middle): GIRL

c. (Last): OVERLIE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 6, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: | | 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Eugene Overlie

BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Katrina Hiner

BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: + Eugene Overlie

ADDRESS: Hagerman

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxia (neonatal) — 761.0 — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Placenta Previa in Mother — 4 hrs

DUE TO (c):

II OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-6, 1953, *to* 11-7, 1953, *that I last saw the deceased alive on* 11-7, 1953, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.

23b. ADDRESS: Gooding, Ida

23c. DATE SIGNED: 11-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/10/53

24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery

24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: J. A. Emmett

25. FUNERAL DIRECTOR: Geo. J. Read Jr.

ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1631
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5th and Nebraska

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 5th and Nebraska

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH
b. (Middle)
c. (Last) BEST

4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 19, 1865
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Trenton, New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Edmond Crammer
BIRTHPLACE New Jersey
14. MOTHER'S MAIDEN NAME Hanna Blake
BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Ethel Rogers
ADDRESS Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9-, 1953, *to* 11-9-, 1953, *that I last saw the deceased alive on* 11-9-, 1953, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE J H Cromwell (Degree or title) MD
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 11-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 11/11/53 01
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Moreland Kansas

DATE REC'D BY LOCAL REG. 11-10-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr.
ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1635
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. LENGTH OF STAY (in this place): 1 HR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING MEMO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN 3.MI.SO.E.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BETTY
b. (Middle): JOAN
c. (Last): KIRTLAND

4. DATE OF DEATH (Month) (Day) (Year): NOV.14,1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Dec,28.-35
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 34
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): gooding IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: STANLEY KIRTLAND — BIRTHPLACE: COLO.
14. MOTHER'S MAIDEN NAME: OPEL RUDDLES — BIRTHPLACE: OKLA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N) — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Stanley K. Kirtland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 14, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin V. Klingler (Degree or title) MD.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11,17,1953
24c. NAME OF CEMETERY OR CREMATORY: HAGERMAN
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: J Forrest Weaver — ADDRESS: Wendell Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 1634
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T B Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 305 W 20th St.

3. NAME OF DECEASED (Type or Print)
a. (First) COLEMAN
b. (Middle) ARIEN
c. (Last) MEUKOW

4. DATE OF DEATH (Month) (Day) (Year) Nov. 16. 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29, 1900
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Eureka, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert F. Meukow — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Sarah Coleman — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. O. W. Hays — ADDRESS Bremerton Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1953, *to* Nov. 16, 1953, *that I last saw the deceased alive on* Nov. 16, 1953, *and that death occurred at* 2:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Eloise M. Larson, M.D.
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 11/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/18/53
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding Idaho

DATE REC'D BY LOCAL REG. 11-20-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr. — ADDRESS Gooding Idaho Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1633
Reg. Dist. No. 426

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Hunting
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ¼ mile east of Vader Grade

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): H.
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 26, 1938
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy 77
10b. KIND OF BUSINESS OR INDUSTRY: Sophmore High School
11. BIRTHPLACE (State or foreign country): Buhl, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wynn Thompson — BIRTHPLACE: La Mont, Washington
14. MOTHER'S MAIDEN NAME: Ruth Walpole — BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxxxxxxxxxxxx
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Wynn Thompson — ADDRESS: Hagerman Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental shot gun blast in head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 7 miles west and ½ Mile east of Wendell Gooding County, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/15/53 12:00 noon m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? While loading gun

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:00 Noon *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley B. Legg 096 — 5 (Degree or title): Justice of the Peace
23b. ADDRESS: 422 Idaho St. Gooding, Ida.
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 19, '53 02 4
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: J. H. Cromwell
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4314
Local Reg. No. 1637
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tuttle Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 miles No. of Tuttle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) YSIDRO b. (Middle) c. (Last) ASTELARRA

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 15, 1891
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel Astelarra BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Chertudi BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Luciano Uria ADDRESS Gooding

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No medical treatment

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found dead in

DUE TO (c) field -

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Possibly heart condition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE J H Cromwell, Coroner, Gooding Co. Ida. (Degree or title) 47
23b. ADDRESS Gooding
23c. DATE SIGNED 11-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/28/53
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 11-30-53
REGISTRAR'S SIGNATURE J H Cromwell
25. FUNERAL DIRECTOR Geo. Jerread Jr. ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

CEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1636
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Y Inn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Lincoln Inn

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): GEORGE
c. (Last): BELTZ

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 29, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 47
10b. KIND OF BUSINESS OR INDUSTRY: Y Inn Bliss, Idaho
11. BIRTHPLACE (State or foreign country): Toylorville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Glenn Beltz — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Peacetime Navy
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bill Beltz — ADDRESS: Ontario, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1953, *to* Nov 27, 1953, *that I last saw the deceased alive on* Nov 27, 1953, *and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler M.D.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 11-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/1/53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: J H Cornwell
25. FUNERAL DIRECTOR: Geo. Jerread Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 84
Reg. Dist. No. 240

BIRTH NO. NOV 19 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd b. (Middle) Alfred c. (Last) Fenn

4. DATE OF DEATH (Month) (Day) (Year): November 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: November 9, 1884

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher & Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Education & Law

11. BIRTHPLACE (State or foreign country): Fairview - near Grangeville Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME | BIRTHPLACE: Frank Alfred Fenn; Jefferson, Nevada County Calif

14. MOTHER'S MAIDEN NAME | BIRTHPLACE: Florence Elmira Holbrook; Hillsboro, Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-4844

17. INFORMANT'S OWN SIGNATURE: Shirley S. Fenn | ADDRESS: Kooskia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

354

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dilatation of lateral & 3rd ventricles of brain - Cerebral atrophy — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec, 1953, *to* 6 Nov, 1953 *that I last saw the deceased alive on* 5 Nov, 1953 *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Feltman MD
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 8 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Nov. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: H Ozen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Nov. 12, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR | ADDRESS: Claude T Neary Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4317
Local Reg. No. 86
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Ida
b. COUNTY: Ida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) Floyd b. (Middle) A c. (Last) Canaan.

4. DATE OF DEATH (Month) (Day) (Year): Nov-16-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sept 6, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR Months: 2 Days: 10 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad.
10b. KIND OF BUSINESS OR INDUSTRY: Section.
11. BIRTHPLACE (State or foreign country): Free Port Kansas
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jessie Canaan. BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Tucker. BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 700-67-5774
17. INFORMANT'S OWN SIGNATURE: Walter Canaan. ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma - origin unknown.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: several months

19a. DATE OF OPERATION: 2 oct 1953
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma to liver
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 16 Nov, 1953, *that I last saw the deceased alive on* 16 Nov, 1953, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J Saltman 360 (Degree or title) M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 18 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-53
24c. NAME OF CEMETERY OR CREMATORY: Prairie View
24d. LOCATION (City, town, or county) (State): Grangeville Ida

DATE REC'D BY LOCAL REG.: Nov. 23, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Glenn Cole ADDRESS:

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4318
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
c. LENGTH OF STAY (in this place) 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mason Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Anna c. (Last) Wixon

4. DATE OF DEATH (Month) (Day) (Year) March 14, 1953

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Oct. 9, 1859
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Tompkins Co. Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Filander Wixon BIRTHPLACE
14. MOTHER'S MAIDEN NAME Loris Jonston BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ella Stuart ADDRESS Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/9, 1950, *to* 3/14, 1953, *that I last saw the deceased alive on* 3/14, 1953, *and that death occurred at* 1 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 041 C. H. Bryan M.D.
23b. ADDRESS Kamiah, Id
23c. DATE SIGNED 3/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY Kamiahm
24d. LOCATION (City, town, or county) Kamiah, (State) Idaho

DATE REC'D BY LOCAL REG. 3/16-53
REGISTRAR'S SIGNATURE Burial V. Bryan
25. FUNERAL DIRECTOR Jesse Stratton
ADDRESS Grangeville.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Federal Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1953 NON-RESIDENT

Certificate of Death

State File No. A319
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

Division of Vital Statistics STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY ~~Lewis~~ IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harve Howell Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash.
b. COUNTY Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palouse
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Edwin
b. (Middle)
c. (Last) Howell

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 23, 1863
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY Wheat Farm
11. BIRTHPLACE (State or foreign country) Martinsville, Indiana
12. CITIZEN OF WHAT COUNTRY U. S.

13. FATHER'S NAME Albert Howell — BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Sarah Dilley — BIRTHPLACE Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE G. M. Howell — ADDRESS Palouse Washington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Insufficiency — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/15, 1953, *to* 6/15, 1953, *that I last saw the deceased alive on* 6/15, 1953, *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE 041 (Degree or title) C. H. Bryan M. D.
23b. ADDRESS Kamiah Idaho
23c. DATE SIGNED 6/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-17-53 01
24c. NAME OF CEMETERY OR CREMATORY Fraternal Cemetery
24d. LOCATION (City, town, or county) (State) Palouse, Washington

DATE REC'D BY LOCAL REG. 6/16-'53
REGISTRAR'S SIGNATURE Burleh H. Bryan
25. FUNERAL DIRECTOR A. E. Kimball — ADDRESS Palouse Wash

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 636
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at her home in Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle): E.
c. (Last): Hollingsworth

4. DATE OF DEATH (Month) (Day) (Year): October 28 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 1, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Galena Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George O. Harvey — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Margaret L. Harvey — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald L. Chamberlin — ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Mitral-Ms. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/20, 1948, *to* 2/1, 1953, *that I last saw the deceased alive on* Oct. 27, 1953, *and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Kamiah, Id
23c. DATE SIGNED: Oct. 29/3

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30 1953
24c. NAME OF CEMETERY OR CREMATORY: Woodland Cem.
24d. LOCATION (City, town, or county) (State): Woodland Idaho

DATE REC'D BY LOCAL REG.: Oct. 30, '53
REGISTRAR'S SIGNATURE: Claude Trevary
25. FUNERAL DIRECTOR: Claude Trevary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 634
Reg. Dist. No. 244

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): About ½ mi. West of Clearwater

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Ambrosia
c. (Last): Manes

4. DATE OF DEATH (Month) (Day) (Year): November 4, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 20, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Pleasant Valley - Stites, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Gunter — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Mary Ruark — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Ray Manes — ADDRESS: Stites Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary heart disease — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1949, *to* Nov 4, 1953, *that I last saw the deceased alive on* June 25, 1953, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Buttermore M.D. 029 (Degree or title)
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 8 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Clearwater Cem.
24d. LOCATION (City, town, or county) (State): Clearwater Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1953
REGISTRAR'S SIGNATURE: Claude Trivary
25. FUNERAL DIRECTOR: Claude Trivary — ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 635
Reg. Dist. No. 244

RECEIVED NOV 21 53

Certificate of Death

STATE OF IDAHO

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home on Airport property

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): B.
c. (Last): Langford

4. DATE OF DEATH (Month) (Day) (Year): November 6 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 13, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs ob
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-16-3714
17. INFORMANT'S OWN SIGNATURE: From records we could find Claude Trinary — ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 976X BRAIN Injury — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gun Shot wound in head
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicid.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Kooskia — (COUNTY): Idaho — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 6th 1953 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Shot self in head.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] A. Cowell (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county): Kooskia — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 6 1953
REGISTRAR'S SIGNATURE: Claude Trinary
25. FUNERAL DIRECTOR: Claude Trinary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 23 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 85
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGGINS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGGINS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SHANNON b. (Middle) ARLEN c. (Last) ST? CLAIR

4. DATE OF DEATH (Month) (Day) (Year): Nov.10,1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infnat
8. DATE OF BIRTH: Sept 19,1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 21; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): KLAMATH FALLS, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dewey St. Clair, BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Ivy Reese, BIRTHPLACE: Riggins, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Dewey R. St. Clair ADDRESS: Riggins Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

923.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration of foreign
DUE TO (c) body or material

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Riggins Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 10 53 10 Am.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Prob. suffocation from aspiration

22. *I hereby certify that I attended the deceased from* Nov. 9, 1953, *to* Nov. 10, 1953, 19__, *that I last saw the deceased alive on* Nov. 10, 1953, *and that death occurred at* 10:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard P. Growth M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.14,1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: 11-13-53
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Jess W Robertson ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 11 1953
BIRTH NO.

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No.
Local Reg. No. 35
Reg. Dist. No. 242

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location): St. Gertrudis Convent

3. NAME OF DECEASED (Type or Print): a. (First) Sister M. Callista b. (Middle) c. (Last) Bergmeir

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 9 1881

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic duties

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Augsburg Germany

12. CITIZEN OF WHAT COUNTRY?: German

13. FATHER'S NAME: Joseph Bergmeir — BIRTHPLACE: Augsburg Germany

14. MOTHER'S MAIDEN NAME: Genevieve Olfner — BIRTHPLACE: Augsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Sister M. Anna Sub-Prioress — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 6 yrs.

DUE TO (c) Cardio Renal Vascular Disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Nov. 12, 19 53 *that I last saw the deceased alive on* Nov. 12, 1953, *and that death occurred at* 12 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley J. Orr MD — **23b. ADDRESS**: Cottonwood, Idaho — **23c. DATE SIGNED**: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Nov. 14, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: St. Gertrudis Cemetery — **24d. LOCATION** (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.: 11-13-53 — REGISTRAR'S SIGNATURE: Wesley J. Orr MD by — **25. FUNERAL DIRECTOR**: Cletus Uhlorn — ADDRESS: Cottonwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 212

RECEIVED
DEC 11 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
c. LENGTH OF STAY (in this place): 18 dyas
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Concolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALTA b. (Middle) MAE c. (Last) TISOR

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 17, 1953

5. SEX: fem le
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 22, 1879
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Grettinger Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dan Snyder — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: not known — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Roy Tisor — ADDRESS: Kamiah, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatism & Arthritis — 10 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 31, 1953, *to* Nov. 17, 1953, *that I last saw the deceased alive on* Nov 17, 1953, *and that death occurred at* 2.30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley D. Orr, M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rohan Bros. F.D.
24d. LOCATION (City, town, or county) (State): Beach, North Dakota

DATE REC'D BY LOCAL REG.: 11-18-53
REGISTRAR'S SIGNATURE: Wesley D. Orr, M.D. by [illegible]
25. FUNERAL DIRECTOR: [illegible] ADDRESS: Grangeville.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 37
Reg. Dist. No. 242

BIRTH NO.

RECEIVED
DEC 11 1953
Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Wensman c. (Last)

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 14 - 1906

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months 2 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Entrup. BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Herzog BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Cash [illegible] ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gastric Adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-19-1953

19b. MAJOR FINDINGS OF OPERATION: Inoperable Fundus of stomach, Spleen, Pancreas Involve.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 19, 1953, *to* Nov. 17, 1953, *that I last saw the deceased alive on* Nov 17, 1953, *and that death occurred at* 6:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley D. Orr, M.D.

23b. ADDRESS: Cottonwood Idaho

23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 19 1953

24c. NAME OF CEMETERY OR CREMATORY: Catholic

24d. LOCATION (City, town, or county) (State): Cottonwood Ida

DATE REC'D BY LOCAL REG.: 11-19-53

REGISTRAR'S SIGNATURE: Wesley D. Orr M.D. by TN

25. FUNERAL DIRECTOR ADDRESS: Cletus Aldorn Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 11 1953
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 38
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COTTONWOOD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Our Lady of Consolation

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DEBRA	LYNN	SCOTT	Nov. 22, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	infant	Oct. 17, 1953		1	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Cottonwood, Kamiah, Ida	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kirk Scott,	Black Oak, Ark.	Audrey Gilmore,	Kamiah, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Kirk Scott	Kamiah, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Baby was dead upon admission to hospital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) I feel it was a respiratory death but

DUE TO (c) Nothing was found in trachea. Baby had been dead up to 3 hrs. before death.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 17, 1953, *to* Nov. 22, 1953, *that I last saw the deceased alive on* Oct. 22, 1953, *and that death occurred at* 1:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wesley F. Orr M.D.	Cottonwood, Idaho	11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 1953	Kamiah,	Kamiah, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-24-53	Wesley F. Orr, M.D.	Jess Robertson	Grangeville, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-15722 RECEIVED DEC 7 - 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY in this place: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 182 No. Clark

3. NAME OF DECEASED (Type or Print): a. (First) DARRELL b. (Middle) LeROY c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 29, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 19 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Lyle Brown. BIRTHPLACE: Ida. Idaho Falls,

14. MOTHER'S MAIDEN NAME: Ruth Lewis. BIRTHPLACE: Dayton, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Lawrence Lyle Brown ADDRESS: Rigby, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 1953, *to* Nov 29, 1953, *that I last saw the deceased alive on* 11/29, 1953, *and that death occurred at* 9:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/1/53

24c. NAME OF CEMETERY OR CREMATORY: Milo

24d. LOCATION (City, town, or county) (State): Milo, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A. B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1421
Reg. Dist. No. 440

BIRTH NO.

NOV 13 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 231 West 5th

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) D c. (Last) Tubbs

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 21 1882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 11 Days: 16 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan Iowa

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Tubbs BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Ludia Brown BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO. 518-07-4498

17. INFORMANT'S OWN SIGNATURE: X Jack D. Tubbs ADDRESS: Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous subarachnoid — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage — 12 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

330X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7 '53, to 11/7 '53, that I last saw the deceased alive on 11/5 '53, and that death occurred at 3:00 a m., from the causes and on the date stated above.

23a. SIGNATURE: M. Carlyle Smail (Degree or title): MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 11/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov 9, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 145
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Clara c. (Last) O'Neall

4. DATE OF DEATH (Month) (Day) (Year): November 24.1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 23 1927
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months 10 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jerome Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Lynch Burks — BIRTHPLACE: Bedford Va
14. MOTHER'S MAIDEN NAME: Edna Elliot — BIRTHPLACE: Erie Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Wm. E. Burks — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

651.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple oil emboli both lungs — INTERVAL BETWEEN ONSET AND DEATH: 22½ hrs.

ANTECEDENT CAUSES #

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Intra uterine injection of oily substance — same.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 23, 1953, *to* Nov 24, 1953, *that I last saw the deceased alive on* Nov 24, 1953 *and that death occurred at* 7 50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Sloat M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 11/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 27.1953
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 27, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
DEC 3 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jamie b. (Middle) Ruby c. (Last) Bailey

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 53

5. SEX: Female

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: June 28 1951

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 5 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wendell - Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dale Simons Bailey — BIRTHPLACE: Burley

14. MOTHER'S MAIDEN NAME: Alice Galloway — BIRTHPLACE: Idaho Falls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dale S Bailey — ADDRESS: Shoshone Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 1951, to 11-26, 1953, *that I last saw the deceased alive on* 11-26, 1953, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: Shoshone Idaho

23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 30-Nov-1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Burley - Idaho

DATE REC'D BY LOCAL REG.: Nov 30 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSF

25 FUNERAL DIRECTOR: Myrtle C. Burnett — ADDRESS: Shoshone

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
DEC 3 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 147
Reg. Dist. No. 44a

111-53-14471
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 209 E Ave B

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Miller

4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 30.1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1/2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Elvin Miller — BIRTHPLACE: Lyndon Kansas

14. MOTHER'S MAIDEN NAME: Elma LaRue — BIRTHPLACE: Sunnyside Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Elvin Miller — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: Hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolapse of cord — Hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
761.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-30, 1953, *to* 11-30, 1953, *that I last saw the deceased alive on* 11-30, 1953, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sister M. Rose, OSB

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 2.1953

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec 1 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25. FUNERAL DIRECTOR: J R Wiley

ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 143
Reg. Dist. No. 4-18

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 - Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carey b. (Middle) Huston c. (Last) Carskadon Sr

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17.1880

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 5 Days: 24 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska City Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Carskadon - BIRTHPLACE: Adams Co Ohio

14. MOTHER'S MAIDEN NAME: Sharlotte Jones BIRTHPLACE: Adams Co Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Carey H Carskadon Jr ADDRESS: Emmett Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Body Crushed & Mangled

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gored by a Bull
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rt 2 Jerome Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 11 1953 about 6:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Gored by a Bull

22. I hereby certify that I attended the deceased ~~from~~ ~~, 19~~ ~~, to~~ ~~, 19~~, that I last saw the deceased ~~alive~~ on Nov 11, 1953, and that death occurred at about 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: J R Wiley + (Degree or title) Coroner

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: Nov 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 16.1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Nov 14, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

NOV 24 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 144
Reg. Dist. No. 4410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Marvin b. (Middle) A c. (Last) York

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 29.1912

9. AGE (In years last birthday): 40 IF UNDER 1 YEAR Months: 6 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Castle Nebraska

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Al York BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Margaret Tilson BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War 2

16. SOCIAL SECURITY NO.: 976X

17. INFORMANT'S OWN SIGNATURE: Doris A York ADDRESS: Hazelton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) High Powered Rifle Shot In Head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Self Inflicted
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

21c. (CITY, TOWN, OR TOWNSHIP) Hazelton (COUNTY) Jerome (STATE) Idaho

21d. TIME OF INJURY (Month) Nov (Day) 19 (Year) 1953 (Hour) about 9:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? High Powered Rifle Shot In Head

22. *I hereby certify that I attended the deceased from* [illegible], 19___, *to* ___, 19___, *that I last saw the deceased alive on* Nov 19, 1953, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Wiley (Degree or title) Coroner

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: Nov 20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 21.53

24c. NAME OF CEMETERY OR CREMATORY: Jerome

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Nov. 21/53

REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR: J R Wiley ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 25 1953

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. 4335
Local Reg. No. 223
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 3717 Normandie

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Oscar	F.	Minch	9	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	11-16-1868	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Minch	Germany	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Frank Minch	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-10, 1953, *to* 9-15, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-16-53	Fairmount Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-18-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 Hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 708 Miltery Dr

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Thomas	Franklin	Harwell		11	1	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.	Married	Oct 21 1908	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Memphis Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkonw — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkonw

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1924 1928
16. SOCIAL SECURITY NO.: 564-14-4388
17. INFORMANT'S OWN SIGNATURE: Mrs. Pauline Harwell — ADDRESS: Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: about 90 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency — about 18 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none	none	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Aug, 1953, *to* 1 Nov., 1953, *that I last saw the deceased alive on* 1 Nov., 1953, *and that death occurred at* 12:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Theron Knight, M.D.	315 W. Garden Coeur d'Alene, Ida.	3 NOV. 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-3-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr Fox

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 214
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH NOV 16 1953
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cd'a Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Cd'a Homes

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) C. c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 26, 1879
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peder O. Nordling BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Esther C. Lee ADDRESS Spokane, Washington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal-Vascular — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) disease c̄ myocardial failure + — 2 wks

DUE TO (c) hypostatic

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. broncho pneumonia — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 8 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 11/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Hazen Jaeger Funeral Home
24d. LOCATION (City, town, or county) (State) Spokane, Wash.

DATE REC'D BY LOCAL REG. 11-6-53
REGISTRAR'S SIGNATURE Larraine K. Brush
25. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4338
Local Reg. No. 225
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Medimont
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Olaf	P.	Johnson	Nov.	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 28, 1877	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-16-9238-A
17. INFORMANT'S OWN SIGNATURE: Olaf M Johnson — ADDRESS: Everett, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Strangulated Femoral Hernia — 3 Days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-15-53	Strangulation & perforation	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-8-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Wooden M.D.	Coeur d'alene	11-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 11, 1953	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-20-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

STATE OF IDAHO

State File No. 9
Local Reg. No. 220
Reg. Dist. No. 120

BIRTH NO. NOV 13 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): P.O. Box 404

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) William; c. (Last) Smith

4. DATE OF DEATH: (Month) 11; (Day) 11; (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-4-1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George William Smith
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Rosina Velie
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-05-0729

17. INFORMANT'S OWN SIGNATURE: Mrs. Florence Smith
ADDRESS: Harrison, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4437

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio - — 10 yrs
DUE TO (c): vascular disease Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-4-53, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-14-53

24c. NAME OF CEMETERY OR CREMATORY: Harrison Cemetery

24d. LOCATION (City, town, or county) (State): Harrison, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. A. Barclay

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 224
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 2-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 321-Mil. Dr.

3. NAME OF DECEASED (Type or Print): a. (First) BREDE; b. (Middle) A.; c. (Last) BENSON

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 19, 1873

9. AGE (In years last birthday): 80 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewler

10b. KIND OF BUSINESS OR INDUSTRY: Own Shop

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Michael A. Benson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N.
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-5288

17. INFORMANT'S OWN SIGNATURE: Mrs. Benson
ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary insufficiency
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~Nov.~~ 31 Oct, 1953, *to* 15 Nov., 1953, *that I last saw the deceased alive on* 15 Nov., 1953, *and that death occurred at* 1:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Theron Knight, M.D.
23b. ADDRESS: 315 W. Garden Coeur d'Alene, Ida.
23c. DATE SIGNED: 20 Nov. '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 227
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knights Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1010 11th St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Lahd	11	18	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Jan 25, 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Kenyon Minn	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lahd	Norway	Martha Hilestad	Norway

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. Howard Lahd	Coeur d'Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1 wk
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive arterio sclerotic	
DUE TO (c)	cardio vascular Disease	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-18-53, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-21-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-25-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. D. Gumprecht

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 224
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Ground Groc.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 802-Montana ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	L.	Tucker	Nov. 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 9, 1892	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher 63	Fort Ground Groc.	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. One		mrs J. J. Tucker	Coeur d'alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 20, 1953, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Gumprecht M.D.	302 N 5th	11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-24-53	Echo Cemetery	Echo, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-24-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 230
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 15 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 404 Summitt Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Earl	Wallace	11	22	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Nov 2, 1909	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Ohio Match
11. BIRTHPLACE (State or foreign country): Missoula Montana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Wallace — BIRTHPLACE: Mich
14. MOTHER'S MAIDEN NAME: Sadie Brown — BIRTHPLACE: Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 518-03-4586
17. INFORMANT'S OWN SIGNATURE: Mrs. Marjorie Wallace — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recurrent coronary insufficiency, Chron.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Nov., 1953, *to* 22 Nov., 1953, *that I last saw the deceased alive on* 22 Nov., 1953, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Theron Knight	M.D.	Coeur d'Alene	25 Nov. 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-25-53	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-25-53	Lorraine L. Brush	Gilbert Yates	Coeur d'Alene Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gladys' Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Coeur d'Alene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 608 N. 19th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Ann	Hibbard	11	22	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	1-8-1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mr. Ernest Hibbard,	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-1, 1953, *to* 11-22, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood	M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-10-53	Lorraine L. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 228
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Knight

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 6-yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909½-N-4th, st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 909½-N-4th, st.

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle); c. (Last) Matthews

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 28, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Trentwood Rolling Mill

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm Matthews
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unknown Harvey
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War One

16. SOCIAL SECURITY NO.: 178-10-7777

17. INFORMANT'S OWN SIGNATURE: W. M. Young
ADDRESS: Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 7 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3d, 1953 *to* 22 Nov., 1953, *that I last saw the deceased alive on* 21 Nov., 1953, *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Theron Knight, M.D. 627
23b. ADDRESS: 315 W. Garden Ave. Coeur d'Alene, Idaho
23c. DATE SIGNED: 23 Nov. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Husted

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 226
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 213-Garden Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle); c. (Last) Jorgenson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 23, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Esten Flottn
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Dorothy Arneson
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Henry Jorgenson
ADDRESS: Coeur d' Alen Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) — Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 or 5 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4467

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/19, 1953, *to* 11/22, 1953, *that I last saw the deceased alive on* 11/22, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Husted M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 11-24-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 14 1953 Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 1211
Local Reg. No. 232-1
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 718 Sherman Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Dakota
b. COUNTY: Stutsman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Milo; b. (Middle); c. (Last) Calkins

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 20, 1899

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Moving 90

10b. KIND OF BUSINESS OR INDUSTRY: House Moving

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Calkins — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Imogene Gates — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Milo Calkins — ADDRESS: Rt 3 Jamestown N. Dak

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood. — (Degree or title): Coroner M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-28-53

24c. NAME OF CEMETERY OR CREMATORY: Boelter Funeral Home

24d. LOCATION (City, town, or county) (State): Bismark, North Dakota

DATE REC'D BY LOCAL REG.: 12-10-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Gates — ADDRESS: Coeur d'Alene, Idaho

Gilbert Gates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 25 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 222
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 21 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 5th St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Crowley	10	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Never Married	January 11, 1932	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Post Falls Grade
11. BIRTHPLACE (State or foreign country): Post Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Crowley — BIRTHPLACE: Wash
14. MOTHER'S MAIDEN NAME: Edith Haevernick — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mr. William Crowley — ADDRESS: Post Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

414X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Valvular Heart trouble — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic fever
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, 1953, *to* 10/20, 1953, *that I last saw the deceased alive on* 10/19, 1953, *and that death occurred at* 6 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. Stephan	M.D.	Post Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-23-53	St. Thomas	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 11-18-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: CDA Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 212
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley . Rural
c. LENGTH OF STAY (in this place) 30 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Passed away on highway 95, 3 miles east of Worley

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley
d. STREET ADDRESS (If rural, give location) -----

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) KEARNEY c. (Last) BREEDEN

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 25, 1892
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer
10b. KIND OF BUSINESS OR INDUSTRY Lumber & Fuel
11. BIRTHPLACE (State or foreign country) Arcola, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter C. Breeden
BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Sichey Morgan, Indiana
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE J. B. Breeden ADDRESS Worley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19..., *to* ..., 19..., *that I last saw the deceased alive on* ..., 19..., *and that death occurred at* 11:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D. Coroner
23b. ADDRESS Coeur d'alene, Idaho
23c. DATE SIGNED 11-6-'53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 6, 53
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) (State) Rockford, Wash.

DATE REC'D BY LOCAL REG. 11-6-53
REGISTRAR'S SIGNATURE Lorraine K. Breen
25. FUNERAL DIRECTOR H. S. Jaeger
ADDRESS Fairfield, Wash.
Jaeger Funeral Home.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 217
Reg. Dist. No. 120

BIRTH NO.

NOV 16 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls

c. LENGTH OF STAY (in this place): 2½ yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls

d. STREET ADDRESS (If rural, give location): Rural Route # 1

3. NAME OF DECEASED (Type or Print)

a. (First): Emma

b. (Middle): Della

c. (Last): Lindsey

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-10-1870

9. AGE (In years last birthday): 83

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjiman Faust

BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mr. Carl Lindsey

ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis ? 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Cardio-vascular disease 3 yrs

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-7-53 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]

(Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-10-53

24c. NAME OF CEMETERY OR CREMATORY: Post Falls Cemetery

24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-12-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gillon Giles

ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 219
Reg. Dist. No. 120

BIRTH NO. NOV 16 1953

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tautenhahns Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Estella	Manahan	11	11	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	5-17-1873	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Indiania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Mrs. Wm. J. Hill	Kingston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Chronic Myocarditis	3 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic hypertensive	
DUE TO (c)	cardiovascular disease	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-11-53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-12-53	Bruning Funeral Home	Colfax, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-12-53	Lorraine K. Brush	Ellen Gates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 234
Reg. Dist. No. 12P

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lydia		Wynia	11	17	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	July 25, 1868	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Owne Home	Covington Neb.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkow	Unkown	Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mrs. Wynia Bible	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Nott M.D. Coroner	Coeur d'Alene Idaho	11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-21-53	Post Falls	Post Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
11-20-53	Lorraine K. Briesh	Gilbert Yates P.F. Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 225
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 8 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rte # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Madeline	Violet	Merckel	11	25	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 9, 1915	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE		Mr. Ted Merckel	Rathdrum, Idaho Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20-30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Chronic — 3-4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/21/53, 19___, *to* 11/25/53, 19___, *that I last saw the deceased alive on* 11/13/53, 19___, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Cockburn M.D.	M.D.	Spirit Lake, Idaho	11/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-53	Pine Grove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
12-10-53	Lorraine K. Brush	Gilbert Yates	Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4354
Local Reg. No. 236
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): - Rural - Edgemere
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): MARY
c. (Last): NYBERG

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1909

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): unknown Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph E. Hume
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Eva May unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Arthur W Nyberg
ADDRESS: Edgemere

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asthma, cardiac — INTERVAL BETWEEN ONSET AND DEATH: 30 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis, chronic — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/15/52, 19___, *to* 11/26/53, 19___, *that I last saw the deceased alive on* 11/26/53, 19___, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Dickinson M.D.
23b. ADDRESS: Spirit Lake Idaho
23c. DATE SIGNED: 11/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/26/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 12-10-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Moon Mortuary
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

cwp

RECEIVED NOV 21 '53 DIVISION OF VITAL Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1255
Local Reg. No. 12
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 715 East Eighth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 715 East Eighth St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Ace	Pool	Nov	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Jan 15, 1862	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, ret. 04		Rio, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Pool	Iowa	Nancy McMurtry	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x Iresta L. Agrell	Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, Generalized — 4 Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

3332x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1947, *to* 3 Nov, 1953, *that I last saw the deceased alive on* 2 Nov, 1953, *and that death occurred at* 1:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 070	MD	Moscow Clinic, Moscow, Idaho	11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-7-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-7-53	Lois E. Engel	[illegible]	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4356
Local Reg. No. 4356
Reg. Dist. No. 240

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Latah County Home

3. NAME OF DECEASED (Type or Print): a. (First) A. b. (Middle) Burt c. (Last) Sanders

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 15, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomdale, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Paul Sanders
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X
INTERVAL BETWEEN ONSET AND DEATH: 1 Month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis. several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 10, 1953, *to* Nov 4, 1953, *that I last saw the deceased alive on* Nov 3, 1953 *and that death occurred at* 7:8 m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): 20th Century Mortuary
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery
24d. LOCATION (City, town, or county) (State): Viola Idaho

DATE REC'D BY LOCAL REG.: 11/25/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Harold Tate
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4357
Local Reg. No. 122
Reg. Dist. No. 200

BIRTH NO. Toehr

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Orchard Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Johnson

4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 10, 1853
9. AGE (In years last birthday): 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Books
11. BIRTHPLACE (State or foreign country): Liberty Mills, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: ? Green — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. Hugo Johnson — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Abt. 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19, *19* 45 *to* Nov. 6, *19* 53, *that I last saw the deceased alive on* Nov. 6, *19* 53, *and that death occurred at* 6:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Doris M Toehr 228 (Degree or title) MD
23b. ADDRESS: Box 402, Moscow, Idaho
23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 11-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 11/17/53
REGISTRAR'S SIGNATURE: Lois E Engel
25. FUNERAL DIRECTOR: David R Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Klaare NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4358
Local Reg. No. 126
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 122 No. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Vergil
c. (Last): Windsor

4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 18, 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rothwell — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs John Rothwell — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mal nutrition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1953, *to* Nov 6, 1953, *that I last saw the deceased alive on* Nov 6, 1953 *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 208 C G Klaarin MS
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery
24d. LOCATION (City, town, or county) (State): Viola Idaho

DATE REC'D BY LOCAL REG.: 11/21/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R Fite — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

RECEIVED NOV 21 1953

State File No. 4359
Local Reg. No. 122
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 227 No. Asbury

3. NAME OF DECEASED (Type or Print): a. (First) Lillian; b. (Middle) Emeline; c. (Last) Mills

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 26, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moorehead, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas H. West
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-6257

17. INFORMANT'S OWN SIGNATURE: x [illegible]
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 18, 1953, *to* Nov 8, 1953, *that I last saw the deceased alive on* Nov 8, 1953, *and that death occurred at* 0310 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph R. Wilson M.D.

23b. ADDRESS: Moscow, Ida

23c. DATE SIGNED: 11/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-11-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11/15/53

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4356
Local Reg. No. 119
Reg. Dist. No. 200

NOV 16 1953

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912 Deakin Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 912 Deakin Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Leslie; c. (Last) Johnson

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: January 23, 1953

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR — Months: 9 Days: 17
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wayne C. Johnson
BIRTHPLACE: Kellogg, Ida.

14. MOTHER'S MAIDEN NAME: Dolores Wright
BIRTHPLACE: Plummer, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X [signature]
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

919.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): rifle wound in front of right ear — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow, Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 10 1953 6p m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: fathers rifle accidently discharged

22. *I hereby certify that I attended the deceased from* none, 19____, *to* none, 19____, *that I last saw the deceased alive on* not seen, 19____, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Short (Degree or title): Coroner, Latah

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 11-12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-13-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 11/13/53

REGISTRAR'S SIGNATURE: Lois L. Angel

25. FUNERAL DIRECTOR: [signature]
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
Klaarn NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4361
Local Reg. No. 127
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1006 East Third St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle): Zenia
c. (Last): Klahn

4. DATE OF DEATH (Month) (Day) (Year): Nov 10 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 19, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wheatland, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick C. Fifield — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Mary Jane Clark — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 535-24-0803
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Stites, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1951, *to* Nov 10, 1953, *that I last saw the deceased alive on* Nov 10, 1953 *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C J Klaarn MD 208 (Degree or title)
23b. ADDRESS: Moscow Ida
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Kooskia Cemetery
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: 11/21/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Fritz — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4362
Local Reg. No. 133
Reg. Dist. No. 200

BIRTH NO. [illegible]53

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 615 Moore Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	Elmer	Lattig	Nov	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 28, 1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher 12	U. of Idaho	Anita, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer F. Lattig	Penn.	Martha Kirkham	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW 1	None	[illegible]	Moscow

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia. — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not known.
DUE TO (c) Not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation.		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		

22. *I hereby certify that I attended the deceased from* [illegible], 1931, *to* Nov 26, 1953, *that I last saw the deceased alive on* Nov 26, 1953, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Armstrong M.D	Moscow, Idaho.	12/2/53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-1953	Morris Hill Mausoleum	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/16/53	Lois E. Engel	David R. Tate	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-430M

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4368
Local Reg. No. 135
Reg. Dist. No. 200

BIRTH NO. Wilson

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 330 No. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Horace
c. (Last): Cobbett

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 29, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: ret.
11. BIRTHPLACE (State or foreign country): Morrison, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Cobbett — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jo Verne C. Cobbett — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

467.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute massive Gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): due to Petechial bleeding thruout intestinal tract
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Huntington's Chorea — 15 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 4-27, 1939, *to* 11-29, 1953, *that I last saw the deceased alive on* 11-29, 1953, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Wilson MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-2-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 12/16/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Fate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 118
Reg. Dist. No. 2nd

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick Rural T38N
c. LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs. Walter Benscoter Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenrick Rural T38N
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin; b. (Middle) Eddington; c. (Last) Callison

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 29, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lacygne, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel P. Callison — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Louisa C. Rush — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Kenrick

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* Nov _____, 1953, *that I last saw the deceased alive on* ?, 19____, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Kendrick Idaho
23c. DATE SIGNED: Nov 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11-13-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 21 '53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4365
Local Reg. No. 120
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): SNYDER

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 25, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Snyder — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Augusta Keck — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: G. F. Dunnler — ADDRESS: Juliaetta, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1946, to Nov 9, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 10:35 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D A Christensen MD
23b. ADDRESS: Kendrick, Idaho
23c. DATE SIGNED: Nov 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11.16.53
REGISTRAR'S SIGNATURE: Lois E. Inge
25. FUNERAL DIRECTOR: Brower-Wann K. H. Malcom — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 124
Reg. Dist. No. 202

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (in this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): August Brammer house

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Russell; b. (Middle) Benjamin; c. (Last) Rodgers

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 9, 1890

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beaver City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Rodgers
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Martha Nelson
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Adelene Brownell
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Apparently in good health

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 9, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Nov 9, 1953, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. Christensen M.D.
23b. ADDRESS: Kendrick Idaho
23c. DATE SIGNED: Nov 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-12-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 11 7 53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Harold R Shea
ADDRESS: Moscow, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 7 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 128
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT; b. (Middle) WALTER; c. (Last) JONES

4. DATE OF DEATH: (Month) (Day) (Year) November 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 24. 1873

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Terre Haute, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James W. Jones
BIRTHPLACE: Terre Haute, Ind.

14. MOTHER'S MAIDEN NAME: Alvira Pollard
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E H Jones
ADDRESS: Kendrick, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, *19*32, *to* Nov 26, *19*53, *that I last saw the deceased alive on* Nov 26, *19*53, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. D. Christensen (Degree or title) M.D.
23b. ADDRESS: Kendrick, Idaho
23c. DATE SIGNED: Nov 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Wild Rose Cemetery
24d. LOCATION (City, town, or county) (State): Big Bear Ridge, Idaho

DATE REC'D BY LOCAL REG.: 12/1/53
REGISTRAR'S SIGNATURE: Lois E. Driggs

25. FUNERAL DIRECTOR: Brower-Wann
ADDRESS: Lewiston, Idaho
K. H. Malcom

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Armstrong

RECEIVED DEC 19 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 134
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) Victor; c. (Last) Johnson

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 9, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy
11. BIRTHPLACE (State or foreign country): St. James, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gustaf Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Adolphs — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-28-0939
17. INFORMANT'S OWN SIGNATURE: Walter Johnson — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. Sudden death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) not known
DUE TO (c) not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1953 *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* Dec 1953, *19*__, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Armstrong (Degree or title) M.D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 12/7/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 12/10/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: David R. Tate — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 130
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ##### Pullman
d. STREET ADDRESS (If rural, give location): Harrison St

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Elma c. (Last) Henson

4. DATE OF DEATH: (Month) (Day) (Year) 11/28/53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 10/6/1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jess Henderson
BIRTHPLACE: Not known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Pullman Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Complications of Age — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture right hip. — several days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-27, 19 53 *to* 11-27, 19 53 *that I last saw the deceased alive on* 11-27, 19 53, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/1/53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Pullman Wn.

DATE REC'D BY LOCAL REG.: 12/4/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Dale E Turnbull
ADDRESS: Pullman Wn

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 131
Reg. Dist. No. 200

BIRTH NO. Correct

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural near Bovill

c. LENGTH OF STAY (in this place): unknown

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mi. off East Fork Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Albert	Pete	Johnson		Nov	29	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Mar 23, 1895	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Logging	Varmland, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johanns Persson	Sweden	Unknown	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-03-3331	[signature]	Clarkston, Wn

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) .32-40 rifle wound in right temple — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	while game hunting	near Bovill	Latah	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	29	1953	? m.		victimslipped on mud knoll causing gun to discharge entering right temp,

22. *I hereby certify that I attended the deceased from* never seen, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Short	Coroner, Latah Co.	Moscow, Idaho	12-2-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-7-53	[signature]	[signature]	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 690
Reg. Dist. No. .....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elsie	May	Berridge	Nov. 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Apr. 22, 1881	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muncie, Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: H. J. Hussey — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lida Heffner — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J.W. Berridge — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr myocarditis 422.2
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) sinility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1953, *to* Nov 11, 1953, *that I last saw the deceased alive on* Nov 11, 1953 *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Higgins MD
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-14-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: NOV-23-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Kenneth Klingler — ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 690
Reg. Dist. No. .....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 72 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Jane c. (Last) Tobias

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 22, 1860
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Lodi, Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jobe Gorton BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lucy Yearian BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE x Grant Tobias ADDRESS Lemhi, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331-X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9, 1953, *to* 11-12, 1953, *that I last saw the deceased alive on* 11-12, 1953, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. L. Mueller M.D.
23b. ADDRESS Salmon Ida
23c. DATE SIGNED 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-16-53
24c. NAME OF CEMETERY OR CREMATORY Leadore
24d. LOCATION (City, town, or county) (State) Leadore, Idaho

DATE REC'D BY LOCAL REG. Nov-23-53
REGISTRAR'S SIGNATURE Viola E. Johnson
25. FUNERAL DIRECTOR Delbert C. Jones ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4373
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harley; b. (Middle) Ross; c. (Last) McDonald

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 25, 1883

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Reese Creek, Montana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William F. McDonald — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Flora Johnston — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. R. McDonald — ADDRESS: Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Surgical operation for — 14 hours

DUE TO (c) Cancer of the Colon — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-24-53

19b. MAJOR FINDINGS OF OPERATION: Cancer of Sigmoid Colon

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Salmon (COUNTY) Lemhi (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Nov 24, 1953, *that I last saw the deceased alive on* Nov 24, 1953, *and that death occurred at* 10:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy M. Sinclair 576 (Degree or title) M.D.

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-27-53

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) Salmon, Idaho (State)

DATE REC'D BY LOCAL REG.: 11-30-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Dillard C. Jones

ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-0021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 12 1953 Division of Vital Statistics

State File No. .....
Local Reg. No. 690
Reg. Dist. No. .....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sallie
b. (Middle): Elizabeth
c. (Last): Frazier

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1, 1885
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Smithfield, Texas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Simon P. Thrower — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hightower — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ora P Parks — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(1) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(2) DUE TO (b) Malignant hypertension — 5 years
(3) DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 474 (Degree or title): Thurl Griggins M D
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-53 01
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-88021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 mis. below Ellis
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): May
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Bryan b. (Middle) Alfonso c. (Last) Walker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 7, 1896

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howe, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph S. Walker — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Harriet Hopper — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: yes

17. INFORMANT'S SIGNATURE: O. L. Barnes — ADDRESS: May, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia by drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart failure
DUE TO (c) Has had 2 heart attacks in past 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hot spring bath

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Ellis, Lemhi, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? heart attack while bathing in pool

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Delbert C. Jones 47? Lemhi Co. Coroner (Degree or title)

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 11-14-53

24c. NAME OF CEMETERY OR CREMATORY: May

24d. LOCATION (City, town, or county) (State): May, Idaho

DATE REC'D BY LOCAL REG.: Nov 23-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4376
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~xIDAHO~~ LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KAMIAH
c. LENGTH OF STAY (in this place) 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KAMIAH,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) ELIZABETH
c. (Last) BACON,

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH March 5, 1866
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Richville, New York
12. CITIZEN OF WHAT COUNTRY? U?S.

13. FATHER'S NAME Wm. H. Doane, BIRTHPLACE N.Y.
14. MOTHER'S MAIDEN NAME Margaret Clark, BIRTHPLACE N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Frank A. Bacon ADDRESS Kamiah,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility (Influenza — 1 week)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1, 1953, *to* Above, 19__, *that I last saw the deceased alive on* 3/21, 1953, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C H Bryan M.D.
23b. ADDRESS Kamiah Idaho
23c. DATE SIGNED 3/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 25, 1953
24c. NAME OF CEMETERY OR CREMATORY Woodland KAMIAH
24d. LOCATION (City, town, or county) (State) KAMIAH, Woodland, Idaho,

DATE REC'D BY LOCAL REG. 3/22-53
REGISTRAR'S SIGNATURE Beulah H Bryan
25. FUNERAL DIRECTOR Jess Robertson
ADDRESS Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48071

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DEC 16 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Swimming Pool.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): NORA
b. (Middle): MAE
c. (Last): MANNLEIN

4. DATE OF DEATH (Month) (Day) (Year): AUG. 10, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never
8. DATE OF BIRTH: Apr. 11, 1940
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Alvin Mannlein, BIRTHPLACE: Heyville, Neb
14. MOTHER'S MAIDEN NAME: Vera Davis, BIRTHPLACE: Reubens, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: M. C. A. Bullock, ADDRESS: Kamiah,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowned
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* Aug. 10, 1953, *that I last saw the deceased alive on _____, 19___, and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert Huff, Coroner
23b. ADDRESS: Nezperce, Idaho
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-12-53
24c. NAME OF CEMETERY OR CREMATORY: Kamiah.
24d. LOCATION (City, town, or county) (State): Kamiah

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Beulah K Bryan
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4378
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carey b. (Middle) P c. (Last) Hodson

4. DATE OF DEATH (Month) (Day) (Year): 10-6-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 20. 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months: 4 Days: 16 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kamiah Ida
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Hodson 37 — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Ellen Pearson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 318-16-8260
17. INFORMANT'S OWN SIGNATURE: Harley Hodson — ADDRESS: Port Orchard Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neonatal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Neonatal Asthma — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1948, *to* 10/6, 1953, *that I last saw the deceased alive on* 10/5, 1953, *and that death occurred at* 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bryan M D
23b. ADDRESS: Kamiah-Idaho
23c. DATE SIGNED: 10/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-53
24c. NAME OF CEMETERY OR CREMATORY: Woodland
24d. LOCATION (City, town, or county) (State): Woodland Id Ida

DATE REC'D BY LOCAL REG.: 10/8-53
REGISTRAR'S SIGNATURE: Burial C Bryan
25. FUNERAL DIRECTOR: Glenn Ailes — ADDRESS: Grangeville Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4379
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) A. c. (Last) WORTHINGTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 2, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): The Dalles, Ore.
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Frank S. Worthington. BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Emaline Kight. BIRTHPLACE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-4612
17. INFORMANT'S OWN SIGNATURE: Sylvia E Worthington ADDRESS: Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis. — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Recent myocardial Infarction 8 mo ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1953, *to* Oct 9, 1953, *that I last saw the deceased alive on* Oct 8, 1953, *and that death occurred at* 11 00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stern M D. 383 (Degree or title)
23b. ADDRESS: 307 St Johns Way Lewiston
23c. DATE SIGNED: 10-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/53
24c. NAME OF CEMETERY OR CREMATORY: Kamiah,
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 10-14-53
REGISTRAR'S SIGNATURE: Beulah H Bryan
25. FUNERAL DIRECTOR: Jesse W Robertson
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-4802

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4380
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at her home in Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jeanette b. (Middle) c. (Last) Ezekiel

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: red
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Don't Know
9. AGE (In years last birthday): About 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Kamiah Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Ezekiel — BIRTHPLACE: Kamiah Idaho
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Tony Ezekiel — ADDRESS: Kamiah Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - Myocarditis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/25, 1953, *to* Oct. 26, 1953, *that I last saw the deceased alive on* Oct. 26, 1953, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Kamiah, Idaho
23c. DATE SIGNED: Oct. 28 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29 1953
24c. NAME OF CEMETERY OR CREMATORY: First Presbyterian Church
24d. LOCATION (City, town, or county) (State): East Kamiah Idaho

DATE REC'D BY LOCAL REG.: 10/28/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Claude Tenney — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 '53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1381
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Kamiah, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alwina	R	McMillin	11	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Married	1/18/1886	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Michigan	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Wegner	Germany	Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		None	X Richard L. Robey	Kamiah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral stenosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

410X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/9, 1953, *to* 11/9, 1953, *that I last saw the deceased alive on* 11/9, 1953 *and that death occurred at* 9:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. V. Bryan M. D.	Kamiah Idaho	11/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/12/53	Kamiah	Kamiah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/12/53	Daniel C. Bryan	W. E. Gilbert	Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. NOV 18 1953

Certificate of Death

STATE OF IDAHO

State File No. 4382
Local Reg. No. 47
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Apt. 9-L Pocatello Heights

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): DAVID
c. (Last): ROBERTS Jr.

4. DATE OF DEATH (Month) (Day) (Year): November 6 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 18, 1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Divisional Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Railway Express
11. BIRTHPLACE (State or foreign country): Jerseyville Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lester D. Roberts — BIRTHPLACE: Jerseyville, Ill.
14. MOTHER'S MAIDEN NAME: Lillian May Livesay — BIRTHPLACE: Higginsville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: M
17. INFORMANT'S OWN SIGNATURE: Mrs. L. D. Roberts Jr. — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot Wound through Brain — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railway Station
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg Madison Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 6, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov 6, 1953, *and that death occurred at* 2:25 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 570
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Gates Funeral Home
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 11-8-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4383
Local Reg. No. 50
Reg. Dist. No. 630

RECEIVED
DEC 9 - 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 67 West 1st So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 67 West 1st So.

3. NAME OF DECEASED (Type or Print)
a. (First): Johnny
b. (Middle): Williams
c. (Last): Clements

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 4, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): St. Francis, Anoka Co., Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Silas Wilbur Clements
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Brita Christina Vestling
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Janet Munns
ADDRESS: R#1, Thornton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis, Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary embolism.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: 336 H. B. Rigby
(Degree or Title): M.D.

23b. ADDRESS: Rexburg

23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/14/53

24c. NAME OF CEMETERY OR CREMATORY: Rexburg

24d. LOCATION (City, town, or county): Rexburg
(State): Idaho

DATE REC'D BY LOCAL REG.: 11-24-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Roland G. Nesin
ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIPT Certificate of Death

STATE OF IDAHO

State File No. 1384
Local Reg. No. 53
Reg. Dist. No. 630

BIRTH NO.

DEC 9 - 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burton
d. STREET ADDRESS (If rural, give location) Rexburg RFD 1

3. NAME OF DECEASED (Type or Print) a. (First) Glade b. (Middle) Carl c. (Last) Struhs

4. DATE OF DEATH (Month) November (Day) 21 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Nov. 16, 1940
9. AGE (In years last birthday) 13 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nehpi Struhs BIRTHPLACE Rexburg, Idaho
14. MOTHER'S MAIDEN NAME Gertrude Drowns BIRTHPLACE Lima, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ose Madrigal ADDRESS Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5718X Gastrointestinal toxemia — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vomited food eaten 11-18-53.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1953, *to* 11-21, 1953, *that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* 11:05 m., *from the causes and on the date stated above.*

23a. SIGNATURE H B Rigby (Degree or title) M.D.
23b. ADDRESS Rexburg, Ida.
23c. DATE SIGNED 11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/25/53
24c. NAME OF CEMETERY OR CREMATORY Burton
24d. LOCATION (City, town, or county) Madison County, (State) Idaho

DATE REC'D BY LOCAL REG. 11-25-53
REGISTRAR'S SIGNATURE Leona Hamm
25. FUNERAL DIRECTOR Russell Adamson ADDRESS Rexburg

Federal Security Agency
United States Public Health Service
Form DPH-48021

NON-RESIDENT

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4385
Local Reg. No. 37
Reg. Dist. No. 630

BIRTH NO.

DEC 9 - 1953

Division of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 East 2nd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Caracas, Venezuala

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caracas

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Madge; b. (Middle); c. (Last) Lizarraga

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1913

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Centro Schbol

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Middleton — BIRTHPLACE: Ogden, Utah

14. MOTHER'S MAIDEN NAME: Hattie Dabell — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Julia Ann Johnson — ADDRESS: Ogden Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

199x

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis (Primary site unknown) — 2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 18, 1953, *to* Nov 22, 1953, *that I last saw the deceased alive on* Nov 22, 1953, *and that death occurred at* 6:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Blaine Haney (Degree or title) M.D.

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 11-24-53

REGISTRAR'S SIGNATURE: Leona Hamm

25. FUNERAL DIRECTOR: Rolland P. Rees — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
DEC 9 - 1953
Division of Vital Statistics

STATE OF IDAHO

State File No. 4386
Local Reg. No. 54
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle):
c. (Last): Lopez

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25 1953

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louis Melendez — ADDRESS: Rexburg, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.3 Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1953, *to* Nov. 25, 1953, *that I last saw the deceased alive on* Nov. 24, 1953 *and that death occurred at* 12:03 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A C Luxal, M.D. (Degree or title) 433
23b. ADDRESS: Rexburg
23c. DATE SIGNED: Nov. 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/30/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county): Rexburg (State): Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Rolland G. Reiser — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

DEC 9 - 1953

STATE OF IDAHO

Division of Vital Statistics

State File No. 4387
Local Reg. No. 58
Reg. Dist. No. 6330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Myrtie b. (Middle) Valentine c. (Last) Mortensen

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct, 1, 1878

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Valentine BIRTHPLACE: Bornholm, Denmark

14. MOTHER'S MAIDEN NAME: Sophie Loveland BIRTHPLACE: Potawatomie Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: O. Mortensen ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Embolis — 36 hrs
DUE TO (c) Chronic Myocarditis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1953 *to* Nov 29, 1953 *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* 12:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: O. M. Jensen, M.D. (Degree or title)
23b. ADDRESS: Rexburg Ida
23c. DATE SIGNED: 12-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 12-2-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Bennett & Flamm ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 4388
Local Reg. No. 56
Reg. Dist. No. 630

BIRTH NO. DEC 9 - 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 445 West Main

3. NAME OF DECEASED (Type or Print)
a. (First): Johannes
b. (Middle): (Jack)
c. (Last): Kauer

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Never~~ Divorced
8. DATE OF BIRTH: Sept. 4, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Bern, Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Johann Kauer — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Anliker — BIRTHPLACE: Switzerland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Freda K. Johnson — ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Emphysema — 5 yrs
DUE TO (c): Pulmonary Asthma — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1950, *to* Nov 29, 1953, *that I last saw the deceased alive on* Nov 28, 1953, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Blanche A Passey 570 (Degree or title): M.D.
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Rolland G. Reiser — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

NOV 9 1953

DIVISION OF VITAL STATISTICS

State File No. 4389
Local Reg. No. 376
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Archer
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Archer
d. STREET ADDRESS (If rural, give location) Thornton RFD 1

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Porter c. (Last) Squires

4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 13, 1864

9. AGE (In years last birthday) 89
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY 04

11. BIRTHPLACE (State or foreign country) Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Porter Squires
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Sarah Peters
BIRTHPLACE Fistinog, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Glen Squires ADDRESS Thornton Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Cancer of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1953, *to* Nov. 4, 1953, *that I last saw the deceased alive on* Nov. 4, 1953, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. F. Rigby (Degree or title) MD

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/7/53

24c. NAME OF CEMETERY OR CREMATORY Sutton

24d. LOCATION (City, town, or county) (State) Archer, Madison, Idaho

DATE REC'D BY LOCAL REG. 11-6-53

REGISTRAR'S SIGNATURE Leona Flamm

25. FUNERAL DIRECTOR Russell Flamm ADDRESS Rexburg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4390
Local Reg. No. 148
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Willard c. (Last) Raybould

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward L. Raybould
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Alice Hardman
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Wedan Raybould
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1953 *to* Nov. 9, 1953, *that I last saw the deceased alive on* Nov. 9, 1953, *and that death occurred at* 10:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Rigby M.D.

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 11-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/13/53

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.: 11-13-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Kenneth B. Flamm
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

m

State File No. 4391
Local Reg. No. 62
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route 2.

3. NAME OF DECEASED (Type or Print): a. (First) Elmer b. (Middle) William c. (Last) Anderson

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 26 1914.

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months 8 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lund Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ole Anderson. BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Margret Miller BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO. (If yes, give war or dates of service):

17. INFORMANT'S OWN SIGNATURE: Luella Anderson ADDRESS: Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* instant death, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-3-1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Rodney Boardman ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 4392
Local Reg. No. 67
Reg. Dist. No. 453

BIRTH NO. DEC 8 - 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Marcelino b. (Middle) Ateca. c. (Last)

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shepherder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: unknown — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-34-6763
17. INFORMANT'S OWN SIGNATURE: Cecilia Aldana — ADDRESS: Rupert, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1777 Carcinoma general — INTERVAL BETWEEN ONSET AND DEATH: ~~12~~ 4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate. — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 1953, *to* Nov 16, 1953, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 2 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-3-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney Boorman — ADDRESS: Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

C.H.E.

State File No. 1393
Local Reg. No. 64
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Marie c. (Last) Daoud

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 26 1879

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago Illinois

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Henry Hauflaire — BIRTHPLACE: Belgium

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Carl W. Adams — ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

199X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tumor, possibly Cancer, under, or as a part of the liver extending to Small Intestines — one year

DUE TO (c) Senecenia — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Nov 20, 1953, *that I last saw the deceased alive on* Nov. 19, 1953, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E.N. Edmonson — (Degree or title): MD

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: 12-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-22-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-3-53

REGISTRAR'S SIGNATURE: E.N. Edmonson

25 FUNERAL DIRECTOR: Rodney Goodman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

C.E.

State File No. 4394
Local Reg. No. 59
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route I.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Leroy c. (Last) Douglas.

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: May 16 1882

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Walworth Co. Wisconsin

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Carlos Douglas — BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Emma Bordwell. — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: no.

17. INFORMANT'S OWN SIGNATURE: Forest Douglas — ADDRESS: Rupert Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____ 1951, *to* 11/18, 1953, *that I last saw the deceased alive on* 11/18, 1953, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carroll M. Elmore, M.D.

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 12/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-27-53

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-3-1953

REGISTRAR'S SIGNATURE: E M Elmore

25 FUNERAL DIRECTOR: Rodney B Boardman — ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

2E.

State File No. 1395
Local Reg. No. 60
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH:
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 920 - 10th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ransom	Bates	Turner.	Nov. 24 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 8. 1896.	57	1	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher & Feeder		Corning Iowa.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Austin B. Turner.	New York.	Mary Crippen	unknown.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes. World War I		Corrine B. Turner	Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Cell Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 2, 1953, *to* 11/24, 1953, *that I last saw the deceased alive on* 11/24, 1953, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carol M. Elmore M.D.	Rupert, Idaho	12/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-53	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-3-1953	C M Elmore	Rodney Boardman	Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1396
Local Reg. No. 63
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): 809 - 1st St.

3. NAME OF DECEASED (Type or Print): a. (First) Lauretta b. (Middle) Mae c. (Last) Brisbin.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 19 1947
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rupert. Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wilbur Brisbin. BIRTHPLACE: Rupert.
14. MOTHER'S MAIDEN NAME: Lucy Zimmerman. BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wilbur Brisbin ADDRESS: Rupert.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

237 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb.
19b MAJOR FINDINGS OF OPERATION: Brain Tumor
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* Nov 28, 1953, *that I last saw the deceased alive on* Nov 28, 1953, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.T.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 1, 1953.
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-3-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney Goodman ADDRESS: Rupert Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4397
Local Reg. No. 2/3
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ora; b. (Middle) Cornelius; c. (Last) Lott

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1892

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months: 11; Days: 22
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Provo, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Isiah B. Lott,
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lavona Andrews
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 518-07-0728

17. INFORMANT'S OWN SIGNATURE: Mrs. Myrtle Lott
ADDRESS: Heyburn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Leukemia of Cancer & metastasis of Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 6 Months to 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy performed 13 October 1953

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Nov, 1947, *to* 20 Nov, 1953, *that I last saw the deceased alive on* 18 Nov, 1953, *and that death occurred at* 6:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern McCulloch (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 23 Nov '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: Nov 28 1953
REGISTRAR'S SIGNATURE: R P Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Certificate of Death

NOV 14 1953

STATE OF IDAHO

State File No. 4398
Local Reg. No. 225
Reg. Dist. No. 220

BIRTH NO.

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 9-18-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NezPerce
d. STREET ADDRESS (If rural, give location): Rt # 2

3. NAME OF DECEASED (Type or Print)
a. (First): SAKARIAS
b. (Middle):
c. (Last): SAKARIASON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 7, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 64
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ebestad, Norway
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Sakarias Sakariason — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Ulrika — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Anton Sakariason — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 8 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/18, 1953, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 1:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow 055
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-2-53
24c. NAME OF CEMETERY OR CREMATORY: Nez Perce
24d. LOCATION (City, town, or county) (State): Nez Perce, Idaho

DATE REC'D BY LOCAL REG.: 11/4/53
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wahn R.H. Malcom — ADDRESS: Lewiston, Idaho

Dr. J. Carssow

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4399
Local Reg. No. 226
Reg. Dist. No. 220

BIRTH NO.

NOV 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1711 - 12th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): MATTIE
b. (Middle):
c. (Last): BURNETT

4. DATE OF DEATH (Month) (Day) (Year): November 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 20, 1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Birdseye, Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Sam Hessemer — BIRTHPLACE: Louisville, Kentucky
14. MOTHER'S MAIDEN NAME: Emily Denbo — BIRTHPLACE: Schnelville, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: x Donald R Burnett — ADDRESS: 3605 - 19 ave. Spokane Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intramural clot — 2 months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1950, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 2:40 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssow 055
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 11/4/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-53 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11/4/53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wahn — K. H. Malcom
ADDRESS: Lewiston, Idaho

Dr. J. Carssow

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1400
Local Reg. No. 227
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston (Rural
d. STREET ADDRESS (If rural, give location): Clemans Addition

3. NAME OF DECEASED (Type or Print)
a. (First): ERIN
b. (Middle):
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): Nov 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 28, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Noel, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Shira — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Addie Moon — BIRTHPLACE: Senica, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: James S Walker — ADDRESS: Asotin, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paryletic ~~[illegible]~~ Illinois (peritonitis) (phoned doctor) — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric Thrombosis — 5 days
DUE TO (c) Mitral Stenosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: no Surgery
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* Nov 2, 1953, *that I last saw the deceased alive on* Nov 2, 1953 *and that death occurred at* N.A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph S. Baudenton
23b. ADDRESS: 707 11th St. Lewiston Idaho
23c. DATE SIGNED: 11/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/4/53
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 11/5/53
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR W.C. Merchant WH. — ADDRESS: Merchant Funeral Home - Clarkston, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECORD Certificate of Death

STATE OF IDAHO

State File No. 4401
Local Reg. No. 230
Reg. Dist. No. 220

BIRTH NO. NOV 14 1953

1. PLACE OF DEATH
a. COUNTY Nez Perce DIVISION OF VITAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2006 - Cedar Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) 2006 - Cedar

3. NAME OF DECEASED (Type or Print) a. (First) Ila b. (Middle) Hildegard c. (Last) Sieg

4. DATE OF DEATH (Month) (Day) (Year) 11 - 5 - 53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	married	11 - 4 - 1909	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	493-26-2546	Ogilvie, Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Rotmark	no record	Julia Helgran	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		493-26-2546	Julia Rotmark	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hepatomegaly, cause unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nutritional deficiency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10 - 2, 1953 *to* 11 - 5, 1953 *that I last saw the deceased alive on* 7 - 3, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jay W. Eastman M.D.	Lewiston, Idaho	11 - 9 - 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11 - 9 - 53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 7 1953	Jean Wagelius	[redacted] J. V. Hasson	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4402
Local Reg. No. 231
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchard
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchard
d. STREET ADDRESS (If rural, give location): 1208- Cedar St

3. NAME OF DECEASED (Type or Print)
a. (First): Evangeline Virginia
b. (Middle):
c. (Last): Manning

4. DATE OF DEATH: (Month) (Day) (Year): Nov, 6, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed

8. DATE OF BIRTH: April 24, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Ray Springs, Tenn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph L Abernathy
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Eliza J, Cash
BIRTHPLACE: Knoxville, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE: Bert J. Manning
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infirmaties of Age

4477

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 28, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* ____ a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond M. Stover, M.D.
23b. ADDRESS: 527 Burrell Lewiston, Idaho
23c. DATE SIGNED: 11/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov, 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 11-9-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1103
Local Reg. No. 233
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1329 Powers

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1329- Powers

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) ELMER; c. (Last) PIERSTORFF

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 27, 1875

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Water Plant Sup. 42

11. BIRTHPLACE (State or foreign country): Red Cloud , Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: August Pierstorff
BIRTHPLACE: Mechlenberg,Germany

14. MOTHER'S MAIDEN NAME: Eliza Mitchell
BIRTHPLACE: Paterson, New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-28-1643

17. INFORMANT'S OWN SIGNATURE: Charles Elmer Pierstorff
ADDRESS: Lewiston,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3334

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypertension apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 6 yrs.
DUE TO (c): Pyelonephritis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostate enlgmt — 3 yrs.

19a. DATE OF OPERATION: June 1951.
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic enlgmt.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec., 1946, *to* 8-23, 1951, *that I last saw the deceased alive on* July, 1952, *and that death occurred at* 8:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. D. McRoberts M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-53
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann by K.H. Melcum
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service
Form DPH-46021

Dr. D. McRoberts

RECEIVED
NOV 14 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1104
Local Reg. No. 232
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 11-4-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) JACKSON c. (Last) BOYER

4. DATE OF DEATH: (Month) (Day) (Year) November 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 18, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): St. Joseph , Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Boyer
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Minerva Unknown
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: D C Boyer
ADDRESS: Walla Walla, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIsignificant CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chr. Lymphatic Leukemia — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1953 *to* Nov 8, 1953 *that I last saw the deceased alive on* Nov 8, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. P. Haury M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 9 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-53
24c. NAME OF CEMETERY OR CREMATORY: Culdesac,
24d. LOCATION (City, town, or county) (State): Culdesac, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10 1953
REGISTRAR'S SIGNATURE: Jean Wegleitner
25. FUNERAL DIRECTOR: Brower-Wann by R K. Malcom
ADDRESS: ~~Lewiston,~~

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. P. G. Haury

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 1105
Local Reg. No. 234
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CORLLEEN
b. (Middle):
c. (Last): LAWRENCE

4. DATE OF DEATH: (Month) November (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 8, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR M. ths: 4 Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Albert Lawrence
BIRTHPLACE: Lewiston, Idaho

14. MOTHER'S MAIDEN NAME: Marjorie Shippentower
BIRTHPLACE: Spalding, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Marjorie Lawrence ADDRESS: Spalding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1953, *to* 11-16, 1953, *that I last saw the deceased alive on* 11-16, 1953 *and that death occurred at* 12:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. W. Eastwood M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-16-53
24c. NAME OF CEMETERY OR CREMATORY: Lenore
24d. LOCATION (City, town, or county) (State): Lenore, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13 1953
REGISTRAR'S SIGNATURE: Jean Vogelsang
25. FUNERAL DIRECTOR: Brown-Nash Memorial H. H. Malcom
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

12769

Dr. Eastwood

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

Certificate of Death

STATE OF IDAHO

State File No. 4406
Local Reg. No. 935
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1409 - 15th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CURIE	D.	JOHNSON	November 11, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	January 31, 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Smithville, Missouri	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Moore	Smithville, Missouri	Martha Lund	Smithville, Missouri

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			X [illegible]	Spokane, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach with metastases

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-48, to 11-11, 1953, *that I last saw the deceased alive on* 11-11, 1953 *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Eastman M.D.	Lewiston Idaho	11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/13/53	Normal-Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Nov. 13 1953	Jean Wegelin	W. H. Malson	Lewiston, Idaho

Dr. Eastman

Federal Security Agency
United States Public Health Service

Form DPH-48021

7108

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4107
Local Reg. No. 241
Reg. Dist. No. 220

111-53-1467 BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1417-7th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ann c. (Last) Ryan

4. DATE OF DEATH (Month) (Day) (Year): 11-12-53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 11-11-53

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 8 | Min.: 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Grover Ryan — BIRTHPLACE: Canfield, Idaho

14. MOTHER'S MAIDEN NAME: Dorothy Bringman — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Grover a Ryan — ADDRESS: Lewiston, Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 26 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity — 26 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 11, 1953, *to* Nov. 12, 1953, *that I last saw the deceased alive on* Nov. 12, 1953, *and that death occurred at* 11:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): O. M. Mosby, M.D. — **23b. ADDRESS**: Lewiston, Idaho — **23c. DATE SIGNED**: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-14-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 20, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 27 1953
Division of Vital Statistics

111-53-14677 BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4408
Local Reg. No. 236
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Henry c. (Last) Lorang

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: Nov, 12, 1953

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months: 0 Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Albert Lorang BIRTHPLACE: Lewiston, Idaho.

14. MOTHER'S MAIDEN NAME: Georgia Lee Webb BIRTHPLACE: Lewiston, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Albert W. Lorang ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward H. Hoffman MD
23b. ADDRESS: 337 St Johns Way Lewiston
23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 16, 53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Nov 18 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar ADDRESS: Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1109
Local Reg. No. 237
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1910 Carson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Maggie b. (Middle) — c. (Last) Brice

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 13, 1872
9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Mulhern BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Joe W Brice ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured of Left ventricle — INTERVAL BETWEEN ONSET AND DEATH: 10 sec

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 5 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1937, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carson M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Nov 18 1953
REGISTRAR'S SIGNATURE: Jean Hopkins
25. FUNERAL DIRECTOR: Brower-Wann K.H. Mahon ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 27 1953

Certificate of Death

STATE OF IDAHO

State File No. 4410
Local Reg. No. 239
Reg. Dist. No. 220

BIRTH NO.

Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 1448 Idaho Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ralph	George	Anderson	Nov.	15	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 5, 1925	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Solberg-Currie Motor Co	Motor Co.	St. Maries, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Anderson	Uniontown, Wash.	Selma Roskammer	Genesee, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II & Korea		Betty Anderson	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 196X Ewings Sarcoma with generalized Metastases-

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 29 Mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-4-52	as above	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 27, 1953, *to* Nov 15, 1953, *that I last saw the deceased alive on* Nov 15, 1953, *and that death occurred at* 4.05P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. Douglas MD	307 St Johns Way Lewiston, Idaho	Nov 16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-17-53	Normal-Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 18, 1953	Jean Weglius	Brower-Wann K. H. Malcom	Lewiston, Ida.

Dr. Douglas

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4411
Local Reg. No. 290
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1156-11 Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1156-11 Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Lyle

4. DATE OF DEATH (Month) (Day) (Year): 11-17 53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-18-1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pawnee City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reuben Rogers — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary Beach — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J. M. Lyle — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1949.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Metastases to neck and lungs — 1952.
DUE TO (c): Pneumonia Dependent — 1953. 4 dys.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ca of Breast done at Mayo Clinic.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston — Nez Perce — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Nov 17, 1953, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank G. Bartholomew
23b. ADDRESS: 707 1 Hg. St. Lewiston
23c. DATE SIGNED: 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-19-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: V. Vassar — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4112
Local Reg. No. 243
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1136-12th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1136-12th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle) Quinn; c. (Last) McKay

4. DATE OF DEATH: (Month) (Day) (Year): Nov, 22, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Chadron, Nebr.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Quinn
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Jane Smith
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: W McKay
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 154X Carcinoma of rectum & metastases — INTERVAL BETWEEN ONSET AND DEATH: about 2 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1953, *to* 11-22, 1953, *that I last saw the deceased alive on* 11-22, 1953, *and that death occurred at* 1:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Hare Jr. M.D.

23b. ADDRESS: 936 7th St. Clarkston, Wash

23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Nov. 24, 53

24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

24d. LOCATION (City, town, or county) (State): Portland, Ore.

DATE REC'D BY LOCAL REG.: Nov. 24 1953

REGISTRAR'S SIGNATURE: Jean Riegelsperger

25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

111-53-14701

BIRTH NO.

RECEIVED
DEC 12 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4413
Local Reg. No. 245
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1211 - 10th St.

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle):
c. (Last): CLOUSER

4. DATE OF DEATH (Month) (Day) (Year): November 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 25, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Floyd Clouser
BIRTHPLACE: Gifford, Idaho
14. MOTHER'S MAIDEN NAME: Alma Packswood
BIRTHPLACE: Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Floyd Clouser by L.E. DeBoum
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - (6 mos).

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Wt. 1 lb. + 10 oz.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 45 Minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 25, 1953, *to* Nov. 25, 1953, *that I last saw the deceased alive on* Nov. 25, 1953, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Purce MD
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 11/27/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-27-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-28-53
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wann K. H. Malcom
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Pierce

Certificate of Death

STATE OF IDAHO

State File No. 1114
Local Reg. No. 244
Reg. Dist. No. 220

RECEIVED DEC 12 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En route to hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2128 Hemlock Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARROL	FRANKLIN	DeBORDE	November 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 20, 1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	City Water	York, Montana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert DeBorde	Illinois	Ella Lane	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	517-01-5115	Lydia M. DeBorde	Lewiston, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	411X Aortic Stenosis	unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		10 to 15 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Silicosis	25 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 18, 1953, *to* Nov 26, 1953, *that I last saw the deceased alive on* Nov 25, 1953, *and that death occurred at* 16 3/4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stein MD.	307 St Johns Way Lewiston	11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-1953	Normal-Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-28-53	Jean Wegelius	Brower-Wann K. H. Malcom	Lewiston, Idaho

Dr. Stein

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4415
Local Reg. No. 248
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 2 '53 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 620 - 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 620 - 5th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNA	DOROTHY	TIMME	November 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 21, 1894	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Palmer, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Lindemann	Germany	Anna Hagen	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Mildred A. Timme	Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

43413

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cacifying Pericarditis — 6 "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Lewiston	Nez Perce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5 2, 1953, *to* 11-27, 1953, *that I last saw the deceased alive on* 11-27, 1953, *and that death occurred at* 5:30 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
/s/ McRae MD	Lewiston Ida	12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-1-1953	Gifford Cemetery	Gifford, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-53	Jean Wegelin	W.H. Malcom Brower-Wann	Lewiston, Idaho

Dr. McRae

Federal Security Agency
United States Public Health Service

Form DPH-40021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 4416
Local Reg. No. 246
Reg. Dist. No. 220

RECEIVED
DEC 12 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1014 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) ETHNA b. (Middle) c. (Last) MC KINLEY

4. DATE OF DEATH: (Month) (Day) (Year) Nov 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 11, 1887

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - - - 05

10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper

11. BIRTHPLACE (State or foreign country): Frazier, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Freeman P Reed
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Millisa J Adams
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: L. H. McKinley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ruptured Esophageal Varicie — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver-Portal — unKnown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1953, *to* November, 1953, *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* 4:41A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Haas Jr. M.D.
23b. ADDRESS: 936 7th Clarkston, Wash
23c. DATE SIGNED: 11-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: R. C. Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4417
Local Reg. No. 249
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 12 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1404 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	August	William	Klappenbach		Nov.	30,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov. 24, 1878	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Gaylord, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Conrad Klappenbach	Germany	Flortine Fisher	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs A. W. Klappenbach	Lewiston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of rectum with — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): genl metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-20-53 11-15-53	Cancer of rectum far advanced	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-1, 1949 *to* 11-30, 1953, *that I last saw the deceased alive on* 11-29, 1953, *and that death occurred at* 11 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Newton 191	MD	Lewiston, Ida	12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-53	Normal Hill Cemetery	Lewiston, Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-53	Jean Wegleitner	By - K. H. Malcom	Lewiston Idaho

Federal Security Agency
United States Public Health Service

Form DPH-[illegible]

Newton

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. 4418
Local Reg. No. 247
Reg. Dist. No. 220

RECEIVED
DEC 12 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2q2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. ~~STREET~~ ADDRESS (If rural, give location): 1319 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) BERT; b. (Middle) HOWARD; c. (Last) OLIVER

4. DATE OF DEATH: (Month) (Day) (Year): Nov 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months –; Days –
IF UNDER 24 HRS.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer of

10b. KIND OF BUSINESS OR INDUSTRY: Wheat

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Erastus Oliver
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Rebecca Stalter
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Launa Oliver
ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Benign Hyperplasia of Prostate

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Adeno-carcinoma of Pancreas

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10 Nov '53

19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 Nov, 1953, *to* 29 Nov, 1953, *that I last saw the deceased alive on* 20 Nov, 1953, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell T. Scott (Degree or title) M.D.

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 2 Dec '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/3/1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston Nez Perce, Idaho

DATE REC'D BY LOCAL REG.: Dec 3, 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: M C Merchant
ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 4419
Local Reg. No. 222
Reg. Dist. No. 220

BIRTH NO.

NOV 14 1953

DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural (Railway Tracks)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 935 4th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER	DRAKE	CARTER	Nov 1, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 3, 1873	80	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher Retired	Cattle	Rals Co., Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R Carter	Clarksville, Missouri	Adelia E Drake	Monroe Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Mrs Jessie Woods	Clarkston, Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain concussion - internal hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: Instantaneou

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Struck by train
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Railway tracks	Lewiston, Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov. 1, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Struck by train.

22. *I hereby certify that I attended the deceased from* ---- *, 19____, to* ---- *, 19____, that I last saw the deceased alive on* ---- *, 19____, and that death occurred at* ---- *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.H. Malcom	Coroner	1711 - 18th St. Lewiston, Ida.	11-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/4/53	Central Ridge	Mohler, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
11/3/53	Jean Wegelius	W.C. Merchant Home, Merchant Funeral W. H. Clarkston, Washington

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4420
Local Reg. No. 229
Reg. Dist. No. 220

BIRTH NO.

NOV 14 1953

DIVISION OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print): a. (First) ROBIN; b. (Middle); c. (Last) HEATH

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 24, 1953		3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eugene Heath — BIRTHPLACE: Kendrick, Idaho
14. MOTHER'S MAIDEN NAME: Betty Parks — BIRTHPLACE: Juliaetta, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): /
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Betty Jo Heath — ADDRESS: Juliaetta, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation from aspirated mucus — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spastic paralysis — 3 mos 10 days
DUE TO (c) Birth injury — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* about 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. Christensen M.D.	Kendrick Idaho	11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-6-53	Normal-Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-53	Jean Wegelius	Brower-Wann K.H. Malson	Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4121
Local Reg. No. 238
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
d. STREET ADDRESS (If rural, give location): RFD 1

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Caswell; c. (Last) King

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fireman

10b. KIND OF BUSINESS OR INDUSTRY: City Fireman

11. BIRTHPLACE (State or foreign country): Watauga Co., North Carolina

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Rufus King
BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Mary Harbin
BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E C King
ADDRESS: Southwick, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 17 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 1 yr.
DUE TO (c) Arteriosclerosis — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1935, *to* ____, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.D. Christensen M.D.

23b. ADDRESS: Kendrick, Idaho

23c. DATE SIGNED: Nov 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18 1953

REGISTRAR'S SIGNATURE: Jean Hopkins

25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom

ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1422
Local Reg. No. 242
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb Ridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb Ridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Johnson	White	November 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 17, 1879	74	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White Ferry (Wilma), Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Marion White — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Ruddy — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-6079
17. INFORMANT'S OWN SIGNATURE: Mamie P. White — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis + ASHD.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of Prostate c bony metastasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12, 1953, *to* 11/20, 1953, *that I last saw the deceased alive on* 11/20, 1953 *and that death occurred at* 8:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter K. Seeley M.D.	Clarkston, Washington	11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 23, 1953	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov 23 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co., by -- K.R. Malcom
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 4 - 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4423
Local Reg. No. 32
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 63 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 329 West 300 North St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): Evans
c. (Last): Thomas Harris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1953

5. SEX: Fe.
6. COLOR OR RACE: wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 20, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John L. Thomas — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Jane Evans — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Rex Harris — ADDRESS: Ogden, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Bright's

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1953, *to* Nov 16, 1953, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Mobley M.D.
23b. ADDRESS: Malad
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 11-20-53 01
24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery
24d. LOCATION (City, town, or county) (State): Malad City, Idaho

DATE REC'D BY LOCAL REG.: 11-20-1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25f. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 4 - 1953

Certificate of Death

State File No. 4424
Local Reg. No. 13
Reg. Dist. No. 530

BIRTH NO.

Division of Vital Statistics STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 86 West 400 North

3. NAME OF DECEASED (Type or Print)
a. (First): Clara A.Carlston
b. (Middle): Jorgensen
c. (Last): Blaisdell

4. DATE OF DEATH (Month) (Day) (Year): Nov.21 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept.6 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Fairview Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hans Carlston — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Margretta Harby — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508-28-1801
17. INFORMANT'S OWN SIGNATURE: Mrs Russel Daniels — ADDRESS: Malad Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4-days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholics — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Nov 21, 1953, *that I last saw the deceased alive on* Nov 21, 1953, *and that death occurred at* 1:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Mabey
23b. ADDRESS: Malad City Idaho
23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov.24 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Malad City
24d. LOCATION (City, town, or county) (State): Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24 1953
REGISTRAR'S SIGNATURE: J. Guy Benson
25. FUNERAL DIRECTOR: Raymond G. Dawson — ADDRESS: Malad City Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 9 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4425
Local Reg. No. [illegible]
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samaria (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): in field North of Samaria

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samaria
d. STREET ADDRESS (If rural, give location): Samaria

3. NAME OF DECEASED (Type or Print)
a. (First): MAXIMILLIAN
b. (Middle): W.
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): November 3, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 1, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Samaria Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeremiah Hodge Williams — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Ruth Williams — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dan T. Williams — ADDRESS: Mont. Billings Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed chest syndrome — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP): Samaria — (COUNTY): Oneida — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 3-53 4:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor turned over landing on pt's. chest

22. *I hereby certify that I attended the deceased from* dead on arrival, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Malez 621 — (Degree or title): M.D.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 11/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Samaria Cemetery
24d. LOCATION (City, town, or county): Samaria — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 5. 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4426
Local Reg. No. 7
Reg. Dist. No. 530

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Woodruff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home - RFD#1, Malad, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Woodruff
d. STREET ADDRESS (If rural, give location): RFD#1, Malad, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) JOHNATHAN b. (Middle) SAWYER c. (Last) WELLS

4. DATE OF DEATH: (Month) Nov. (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 12, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Eurastas Nelson Wells
BIRTHPLACE: Penna.

14. MOTHER'S MAIDEN NAME: Nancy Melinda Whitaker
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Naomi P Wells
ADDRESS: Route #1 Malad.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9837

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidney trouble
DUE TO (c) Bad Gallstones
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hit by a degree minute.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): yes
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Malad R F D Oneida Ida
21d. TIME OF INJURY (Month) 11 (Day) 9 (Year) 53 (Hour) 1:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Runaway

22. *I hereby certify that I attended the deceased from* Sept, 19__ *to* 11-13, 1953, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O F Nielsen 238 (Degree or title) MD
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 13 1953
24c. NAME OF CEMETERY OR CREMATORY: Willard Cemetery
24d. LOCATION (City, town, or county) (State): Willard, Utah

DATE REC'D BY LOCAL REG.: Nov 12. 1953
REGISTRAR'S SIGNATURE: J. Gary Benson
25. FUNERAL DIRECTOR: Rayford G. Benson
ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 13217

Local Reg. No.

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Joe's Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 409 North Kimball Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Lee; b. (Middle) Henry; c. (Last) Turrell

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 13-1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months -; Days 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feeding Cattle--King Packing Plant, Nampa

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fisher, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Turrell
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lauraine Hildreth
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: 519-14-2926

17. INFORMANT'S OWN SIGNATURE: Fred Turrell
ADDRESS: Homedale Rt. 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — 420.1
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 3, 1953, *to* Nov 6, 1953, *that I last saw the deceased alive on* Nov 5, 1953, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Nonvoner M.D.
23b. ADDRESS: Homedale Idaho
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12-1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov 14-53
REGISTRAR'S SIGNATURE: Irma Frosig
25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel
Peckham

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1123
Local Reg. No. 60
Reg. Dist. No. 320

NOV 19 1953

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. LENGTH OF STAY (in this place): 50 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1011 - 1st Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Payette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

d. STREET ADDRESS (If rural, give location): 1011 - 1st Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) WASHINGTON c. (Last) SWANK

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1875

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith-retired

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith shop

11. BIRTHPLACE (State or foreign country): Brownsville, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Swank — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Martha Arnold — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Violet L. Swank — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: less than 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive heart failure — 2 yrs

DUE TO (c) Cerebral arteriosclerosis (including thrombotic episodes) — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* SEPT 19, 1952, *to* Nov. 5, 1953, *that I last saw the deceased alive on* NOV. 5, 1953, *and that death occurred at* 6:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter S. Kotas, M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 11/7/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7 1953

REGISTRAR'S SIGNATURE: Gabriele E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4126
Local Reg. No. 61
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 58 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 - 4th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 310 - 4th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHANNAH	MARIE	SYME	November 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	August 26, 1870	83	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Fountain-Green, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Otteson	Denmark	Christina Otteson	Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ralph G Mitchell Address: Fruitland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 10, 1953, *to* Nov. 18, 1953, *that I last saw the deceased alive on* Nov. 18, 1953, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Ontario, Oregon	Nov. 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 20 1953	Roberta E Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4120
Local Reg. No. 62
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: South Dakota
b. COUNTY: Fall River
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oral
d. STREET ADDRESS (If rural, give location): - - -

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) FREDERICK CARL c. (Last) KNUEPPEL

4. DATE OF DEATH: (Month) (Day) (Year) November 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: November 30, 1876

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 11 Days 24
IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Julius Knueppel
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Kreuger
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: Mrs. R. A. Hogg
ADDRESS: New Plymouth, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardiac degeneration — 6 months.
DUE TO (c) Chronic occlusive coronary arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility
Secondary anemia — One year

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - -

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* Oct. 30, 1953, *to* Nov. 24, 1953, *that I last saw the deceased alive on* Nov. 24, 1953, *and that death occurred at* 4:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo E. Davis
(Degree or title): M.D.

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: 11/24/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY: Oral Cemetery

24d. LOCATION (City, town, or county) (State): Oral, South Dakota

DATE REC'D BY LOCAL REG.: Nov. 25, 1953

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1431
Local Reg. No. 63
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 7dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 1 Box 14A Ontario

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EDWARD
c. (Last): HARVEY

4. DATE OF DEATH (Month) (Day) (Year): 11-26-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3-19-1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Man 70
10b. KIND OF BUSINESS OR INDUSTRY: Mechanic
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Janes W Harvey — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Fanney Lee — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S OWN SIGNATURE: X Kathryn H. Simmons — ADDRESS: RFD 1 Box 14A ONTARIO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary thrombosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ~~Hypert~~

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/26, 1953, *to* 11-26, 1953, *that I last saw the deceased alive on* 11-26, 1953, *and that death occurred at* 1:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph P. Burdie 726 (Degree or title) M.D.
23b. ADDRESS: 195 SW 3rd Ave Ontario
23c. DATE SIGNED: 11/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Nyssa
24d. LOCATION (City, town, or county) (State): Nyssa Oregon

DATE REC'D BY LOCAL REG.: Nov 27, 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Nyssa Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 27
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): ½ day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Karl
b. (Middle): Eilert
c. (Last): Farwick

4. DATE OF DEATH (Month) (Day) (Year): 11 - 5 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oldenburg, Germany.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 523-12-4567
17. INFORMANT'S OWN SIGNATURE: Mrs Ada Farwick — ADDRESS: Aberdeen, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 17 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cornnary thrombosus — 17 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: arteriolarsclerosis — 4 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* Nov. 5, 1953, *that I last saw the deceased alive on* Nov. 5, 1953, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. S. Harris, M.D. (Degree or title)
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: Nov. 6, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-7-53
24c. NAME OF CEMETERY OR CREMATORY: Chapel Gold Memorial Garden
24d. LOCATION (City, town, or county) (State): Denver, Colo.

DATE REC'D BY LOCAL REG.: Nov. 7-1953
REGISTRAR'S SIGNATURE: Gertrude Trombell
25. FUNERAL DIRECTOR: H. Davis — ADDRESS: Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4130
Local Reg. No. 28
Reg. Dist. No. 500

BIRTH NO.

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Iris	Lee	Harmison	11	6	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Sept. 4, 1899	54	2	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Etna, Wyoming	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John B. Lee	Utah	Rozelia McGavin	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	529-22-9941	Ted L. Harmison	Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary thrombosis	2 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Mild cardiac decompensation (anemic)	5 months
DUE TO (c)	Secondary anemia	8 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan ____, 1953, *to* Nov. 6, 1953, *that I last saw the deceased alive on* Nov. 6, 1953, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harmison M.D.	American Falls, Idaho	Nov. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	11-10-53	Afton	Afton, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 9-1953	Gertrude Thornhill	H. L. Davis	H. L. Davis . Am. Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 500

RECEIVED NOV 12 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls, Ida.
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lenore
b. (Middle): Adale
c. (Last): Pena

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1953

5. SEX: Female
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 6, 1943
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: school
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Pena — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Corina Ramirez — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lee Pena — ADDRESS: American Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

401.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peripheral cardio-vascular failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic regurgitation — 1 year
DUE TO (c): Rheumatic fever & rheumatic heart disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1951, *to* Nov. 7, 1953, *that I last saw the deceased alive on* Nov. 7, 1953, *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Harris, M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 7-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: 11-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: Nov. 9-1953
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: H. L. Davis — ADDRESS: H. L. Davis. Am. Falls, Id

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
111-53-14725 NOV 30 1953
BIRTH NO. Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 500

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Kevin
b. (Middle): Jay
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): 11 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-19-1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 0 Days 0; IF UNDER 24 HRS. Hours 0 Min. 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): American Falls, Ida
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vaughn Morgan — BIRTHPLACE: Neeley Idaho
14. MOTHER'S MAIDEN NAME: Illah Fifield — BIRTHPLACE: Rockland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S OWN SIGNATURE: Ilah Fifield Morgan — ADDRESS: Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 20 weeks gestation (non-viable age)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Maternal (adenofibrosis uteri) — INTERVAL BETWEEN ONSET AND DEATH: 1½ years
DUE TO (c) None other

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒ Non

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ----- , 19__, to -------, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Harris, M.D.
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: 11-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-20-53
24c. NAME OF CEMETERY OR CREMATORY: Fallsview
24d. LOCATION (City, town, or county) (State): Am. Falls, Idaho.

DATE REC'D BY LOCAL REG.: 11-19-53
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: None — ADDRESS: ✓

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4136
Local Reg. No. 31
Reg. Dist. No. 500

BIRTH NO.

DEC 11 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Am. Falls, (S.W of)
c. LENGTH OF STAY (in this place): 54 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Virgie b. (Middle) Ann c. (Last) Dille

4. DATE OF DEATH: (Month) (Day) (Year) November 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 20, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months: 9 Days: 4
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Rose
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Pearlina Fife
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Pearl Dille
ADDRESS: Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus (acidosis) — INTERVAL BETWEEN ONSET AND DEATH: 16 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) left hemiplegia — 10 months

DUE TO (c) Arteriolarsclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. , 1951, *to* Nov. 12, 1953, *that I last saw the deceased alive on* Nov. 12, 1953, *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Davis (Degree or title) M. D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: Nov. 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-53
24c. NAME OF CEMETERY OR CREMATORY: Neeley
24d. LOCATION (City, town, or county) (State): Neeley, Idaho

DATE REC'D BY LOCAL REG.: Nov 28- 1953
REGISTRAR'S SIGNATURE: Gertrude Thornhill

25. FUNERAL DIRECTOR: H. L. Davis
ADDRESS: H. L. Davis Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1953

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4437
Local Reg. No. 77
Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 134 Railroad Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ermelina
b. (Middle): A.
c. (Last): Orlandini

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 22, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Albinola — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Teresa Rinaldi — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bruno Orlandini — ADDRESS: 134 Railroad Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4437

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive bronchopneumonia (terminal) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paraplegia + general debility — several years

DUE TO (c) Hypertension + hypertensive heart disease — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Nov, 1953, *to* 3 Nov, 1953, *that I last saw the deceased alive on* 3 November, 1953, *and that death occurred at* 10 53 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Cordwell, MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 5 Nov 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/14/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: 102 S. MainKellogg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4438
Local Reg. No. 75
Reg. Dist. No. 142

BIRTH NO. NOV 19 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 607 -3rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 607-3rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): T.
c. (Last): O'Neill

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tourist Camp Owner
10b. KIND OF BUSINESS OR INDUSTRY: Tourist Camp
11. BIRTHPLACE (State or foreign country): Hollbrook, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James O'Neill — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Jane Furlong — BIRTHPLACE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 Navy
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs Vina O'Neill — ADDRESS: Kellogg Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): C Bundle Branch — INTERVAL BETWEEN ONSET AND DEATH: Oct 11-53
DUE TO (c): Block

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 13, 1953, *to* Nov 6, 1953, *that I last saw the deceased alive on* Nov 5, 1953, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Stokes
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 11-9-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county): Kellogg — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4439
Local Reg. No. 71
Reg. Dist. No. 42

BIRTH NO. NOV 19 1953

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 16 E Portland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 16 E Portland

3. NAME OF DECEASED (Type or Print)
a. (First): Siver
b. (Middle):
c. (Last): Haugen

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 26, 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Work
10b. KIND OF BUSINESS OR INDUSTRY: Mining Smelter
11. BIRTHPLACE (State or foreign country): Ideal Norway
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 01-7497
17. INFORMANT'S OWN SIGNATURE: Rebecca Haugen — ADDRESS: Kellogg Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Coronary Occlusion Thrombosis
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Arteriosclerosis Severe
DUE TO (c): Found dead 4 PM 11/10/53 YES

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* In care of Dr 1-year, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 11/10, 1953 *and that death occurred at* found dead *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Mowerie, Coroner (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 11-10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/14/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Frank M. Glade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 416 S. Maple

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) Louis c. (Last) Berndt

4. DATE OF DEATH: November 18 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 11, 1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 7 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Anaconda Copper

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Louis Berndt
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Irene Wood
ADDRESS: 416 S. Maple

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease with auricular fibrillation — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gangrene of right toes — 10 days.
Anesthesia may have caused (a) — 10 minutes

19a. DATE OF OPERATION: 18 Nov 1953

19b. MAJOR FINDINGS OF OPERATION: Gangrene of right toes (cardiovascular disease)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Nov, 1953, *to* 18 Nov, 1953, *that I last saw the deceased alive on* 18 Nov, 1953, *and that death occurred at* 8½ a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Cardwell, M.D. (Degree or title)

23b. ADDRESS: Kellogg, Idaho

23c. DATE SIGNED: 19 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/19/53

24c. NAME OF CEMETERY OR CREMATORY: Great Falls

24d. LOCATION (City, town, or county) (State): Great Falls, Montana

DATE REC'D BY LOCAL REG.: 11/19/53

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Dr Gibbon

RECEIVED DEC 1 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 33
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 14 E. Mullan

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): Paul
c. (Last): Riep

4. DATE OF DEATH (Month) (Day) (Year): November 23 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 21, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Man
10b. KIND OF BUSINESS OR INDUSTRY: Sunshine Mine
11. BIRTHPLACE (State or foreign country): Annondale, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Riep — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Kellogg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 das

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov, 1953, *to* 23 Nov, 1953, *that I last saw the deceased alive on* 23 Nov, 1953, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Kellogg Ida
23c. DATE SIGNED: 27 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12-7-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Grantin Glade — ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 9 - 1953 Division of Vital Statistics

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver Star, Montana
d. STREET ADDRESS (If rural, give location): Silver Star Montana (Rural)

3. NAME OF DECEASED (Type or Print)
a. (First) Mary Grace Fickes
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) November (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Febuary 9, 1888
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Booneville, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John W. Cabbage — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Teleetha Lowe — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. William Atkinson — ADDRESS: Kellogg, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemmorhage — 6 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov, 1953, *to* 23 NOV, 1953 *that I last saw the deceased alive on* 23 Nov, 1953 *and that death occurred at* 10:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 25 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Nov. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hazen-Jaeger Mortuary
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 11-25-53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 4443
Local Reg. No. 34
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO
NOV 14 1953
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 409 Pine St.

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) c. (Last) RYAN

4. DATE OF DEATH (Month) (Day) (Year) Nov 3-1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 12
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward McGrow BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Ethel Ryan BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elsie M Ryan ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chr — INTERVAL BETWEEN ONSET AND DEATH few hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Disease Chr — Severe
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 11-3, 1953, *and that death occurred at* 8:20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE H C Mowery (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 11/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 5-1953
24c. NAME OF CEMETERY, OR CREMATORY United
24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Nov 4-1953
REGISTRAR'S SIGNATURE Dale L Cornell Dy
25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

...ant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...pewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4444
Local Reg. No. 37
Reg. Dist. No. 140

RECEIVED Certificate of Death

BIRTH NO. NOV 27 1953 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH a. COUNTY Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace; c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Odeal c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1953

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 8, 1903 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months 4 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Frenchtown, Montana | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Dalbert BIRTHPLACE | 14. MOTHER'S MAIDEN NAME Josephine Lozier BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S OWN SIGNATURE John Arthur Nelson ADDRESS

153X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma whole Sigmoid | INTERVAL BETWEEN ONSET AND DEATH Several Mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ulcer Tumor

DUE TO (c) Sigmoid Resection Bypass

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov 1951 | 19b. MAJOR FINDINGS OF OPERATION Show to Carcinoma Constriction Sigmoid | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 12, 1953 *to* Nov 5, 1953 *that I last saw the deceased alive on* Nov 5, 1953 *and that death occurred at* 1307 *m., from the causes and on the date stated above.*

23a. SIGNATURE Anthony Peterson (Degree or title) M. D. | 23b. ADDRESS Wallace, Idaho | 23c. DATE SIGNED Nov. 6, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov 9-1953 | NAME OF CEMETERY OR CREMATORY Forest | 24d. LOCATION (City, town, or county) Coeur d'Alene Idaho (State)

DATE REC'D BY LOCAL REG. Nov 9-1953 | REGISTRAR'S SIGNATURE Dale L Cornell Dep | 25. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1145
Local Reg. No. 385
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Ho spital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	Roscoe	Orr Jr.	Nov, 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Nov. 7, 1953					FEW

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	Infant	Wallace Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Orr	Homedale, Idaho	Betty Zibden	Sacramento, Calif

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X Donald Orr	Osburn, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Labor - Prematurity — INTERVAL BETWEEN ONSET AND DEATH: Baby lived only a few minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placental Difficulty v Separation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None Other than Prematurity v Immaturity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7 Nov 53, 19___, *to* 7 Nov 53, 19___, *that I last saw the deceased alive on* 7 Nov 53., 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Burt Kennedy	347 M.D.	Wallace, Idaho	19 Nov 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 8-1953	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 20-1953	Alex L Carvell	Alex L Carvell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4446
Local Reg. No. 33
Reg. Dist. No. 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 114 E Brown

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle):
c. (Last): Kessel

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1903
9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR Months: 7 Days: 6 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James McMullen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lola Sherry — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Willard Kessel — ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung Bronchogenic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953 *to* 11-12, 1953, *that I last saw the deceased alive on* 11-12, 1953 *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Peterson, M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/14/53 01
24c. NAME OF CEMETERY OR CREMATORY: Wallace
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 11/19/53
REGISTRAR'S SIGNATURE: Joe Levine
25. FUNERAL DIRECTOR: Grant M. Glady — ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1442
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 2210 N 9th

3. NAME OF DECEASED (Type or Print): a. (First) Floyd b. (Middle) c. (Last) Way

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 15 1933
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor 09
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Coeur d'Alene
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Unkown~~ William Way — BIRTHPLACE: Unkonw
14. MOTHER'S MAIDEN NAME: Esther Eken — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-34-1948
17. INFORMANT'S OWN SIGNATURE: Mrs. Willma Holstein — ADDRESS: Coeur d'Alene Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart failure [illegible] — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hunting Climbing
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on* 10-31, 1953, *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Norberg Coroner (Degree or title)
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-1-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Nov 4-1953
REGISTRAR'S SIGNATURE: Dale L. Carnell
25. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene Idaho — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48081

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4448
Local Reg. No. 3 6
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Olson c. (Last) Downie

4. DATE OF DEATH (Month) (Day) (Year) Nov, 3, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 5, 1907
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator 74
10b. KIND OF BUSINESS OR INDUSTRY Cafe
11. BIRTHPLACE (State or foreign country) Edmonton Alberta Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Geo N. Downie ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Heart Failure Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hot Apparent Chest Coronary Disease 3-4 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Osburne Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 11-3, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE H C Moverly Corporation (Degree or title)
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Nov 6. 1953
24c. NAME OF CEMETERY OR CREMATORY Nehalen Oregon
24d. LOCATION (City, town, or county) (State) Nehalen Oregon

DATE REC'D BY LOCAL REG. Nov 5-1953
REGISTRAR'S SIGNATURE Dale L Cornell Dep
25. FUNERAL DIRECTOR Dale L Cornell
ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4449
Local Reg. No. 39
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Near Lindroos
c. LENGTH OF STAY (in this place) Lookout
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Of Mullan, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Florence
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) Elizabeth
c. (Last) Corwin

4. DATE OF DEATH (Month) (Day) (Year) Nov, 8, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 17, 1914
9. AGE (In years last birthday) 39 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Richards — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Edna Brecklind — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 516-28-8577
17. INFORMANT'S OWN SIGNATURE James L Richards — ADDRESS Florence Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 981X GSW head of occiput — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found in Parked Car Near Lindroos Lookout
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homocide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lindroos Park Roadway
21c. (CITY, TOWN, OR TOWNSHIP) Mullan (COUNTY) Shoshone (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__ *that I last saw the deceased alive on* 11-7, 1953, *and that death occurred at* Lindroos Park Roadway Mullan Idaho *from the causes and on the date stated above.*

23a. SIGNATURE H. C. Mowery (Degree or title) Coroner
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Nov 11-1953
24c. NAME OF CEMETERY OR CREMATORY Florence
24d. LOCATION (City, town, or county) (State) Florence Montana

DATE REC'D BY LOCAL REG. Nov 10-1953
REGISTRAR'S SIGNATURE Dale L Cornell Dep
25. FUNERAL DIRECTOR Dale L Cornell — ADDRESS Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1450
Local Reg. No. 33
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) c. (Last) Langalia

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January 14, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: No Record — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-7275
17. INFORMANT'S OWN SIGNATURE: Shoshone County — ADDRESS: Silverton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial, Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Advanced — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* Nov 11, 1953 *that I last saw the deceased alive on* Nov 11, 1953 *and that death occurred at* 1:42 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Mowery (Degree or title) — 23b. ADDRESS: Wallace Ida — 23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/19/53
REGISTRAR'S SIGNATURE: Joe Irvine
25. FUNERAL DIRECTOR: Frank M. Glade — ADDRESS: Kellogg Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1151
Local Reg. No. 40
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burke

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emil b. (Middle) c. (Last) Canto

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 27, 1909
9. AGE (In years last birthday): 44 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Hecla Mining Co.
11. BIRTHPLACE (State or foreign country): Roslyn, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-05-5927
17. INFORMANT'S OWN SIGNATURE: Mining Co. Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell over Dead When Came Home
DUE TO (c) Arteriosclerosis Severe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 11-13, 1953 *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: Nov. 16, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov 17-1953
NAME OF CEMETERY OR CREMATORY: Springville
24c. LOCATION (City, town, or county) (State): Springville Utah

DATE REC'D BY LOCAL REG.: Nov 16 1953
REGISTRAR'S SIGNATURE: Dale S Cornell Reg
25. FUNERAL DIRECTOR — ADDRESS: Dale S Cornell Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 27 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4252
Local Reg. No. 53
Reg. Dist. No. 72

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gravity Creek
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gravity Creek - Shoshone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smeltersville
d. STREET ADDRESS (If rural, give location): Smeltersville Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Perry	I	Hart	November 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 1 HR. Hours	Min.
M	W	married	July 7, 1919	34	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Miami Oklahoma	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Hart	Oklahoma	Bitha Hatton	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Lucille Hart	Smeltersville Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary Thrombosis
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension with coronary
DUE TO (c): Preceded by Indigestion
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Mine	Gravity Creek	Shoshone	Ida

21d. TIME OF INJURY (Month)	(Day)	(Year)	Hour	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
11	21	53	2:30 a.m.		Fell down Raise

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 11-21, 19 53 *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title)	23b. ADDRESS	23d. DATE SIGNED
A. J. Mowary Coroner	Wallace Ida	11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	11/24/53	Miami Cemetery	Miami	Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/27/53	Joe Devine	Grant M. Glade	Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 19 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4150
Local Reg. No. 87
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slate Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Slate Creek-Shoshone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): P. Kellogg
d. STREET ADDRESS (If rural, give location): 133 N. Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Lamar b. (Middle) G c. (Last) Peppmuller

4. DATE OF DEATH (Month) (Day) (Year): November 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19 1932
9. AGE (If years last birthday): 21 — IF UNDER 1 YEAR Months: 4 Days: 2 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Work
10b. KIND OF BUSINESS OR INDUSTRY: Mining Smelter
11. BIRTHPLACE (State or foreign country): Spencer South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Archie Peppmuller BIRTHPLACE: S. Dakota
14. MOTHER'S MAIDEN NAME: Elvia Hart BIRTHPLACE: S. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 504-26-1796
17. INFORMANT'S OWN SIGNATURE: Anita Peppmuller ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead on front
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apparently heart block
DUE TO (c) Overexhaustion

INTERVAL BETWEEN ONSET AND DEATH: Instant; several hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Slate Creek Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Overexhaustion

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Mowery (Degree or title): Coroner
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/27/53
24c. NAME OF CEMETERY OR CREMATORY: Spencer South Dakota
24d. LOCATION (City, town, or county) (State): Spencer South Dakota

DATE REC'D BY LOCAL REG.: 11/27/53
REGISTRAR'S SIGNATURE: Joe Lanne
25. FUNERAL DIRECTOR: Gunther Glade ADDRESS: Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 20 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Druggs (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs (Rural)
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) AUGUST b. (Middle) CONSTANT c. (Last) PIQUET

4. DATE OF DEATH (Month) (Day) (Year): Nov., 13, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 27, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Boston, Mass

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Piquet
BIRTHPLACE: Long Island N.Y.

14. MOTHER'S MAIDEN NAME: Amelia Kohlepp
BIRTHPLACE: Boston Mass.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Newell Piquet
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c): Generalized Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* [redacted] *to* [redacted], *that I last saw the deceased alive on* [redacted] *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M D.
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 Nov 53
24c. NAME OF CEMETERY OR CREMATORY: Bates
24d. LOCATION (City, town, or county) (State): Driggs RFD-Teton, Idaho

DATE REC'D BY LOCAL REG.: Nov 18-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED NOV 20 1953

Certificate of Death

STATE OF IDAHO

State File No. 1157
Local Reg. No. 78
Reg. Dist. No. 626

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGIA b. (Middle) HILLMAN c. (Last) PENFOLD

4. DATE OF DEATH: (Month) Nov., (Day) 14, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26, 1898

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Jospeh Silas Hillman
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Lydia Manette Robison
BIRTHPLACE: Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: L. Penfold
ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 1 yr.
DUE TO (c) Arteriosclerotic Heart Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Nov. 14, 1953, *that I last saw the deceased alive on* Nov. 14, 1953, *and that death occurred at* 12:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland C. Larsen M D
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 Nov 53
24c. NAME OF CEMETERY OR CREMATORY: Driggs
24d. LOCATION (City, town, or county) (State): Driggs RFD, Teton, Idaho

DATE REC'D BY LOCAL REG.: Nov 18-53
REGISTRAR'S SIGNATURE: Stella Griggs

25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
DEC 7 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4450
Local Reg. No. 19
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mail route Driggs, RFD, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): BARTLESON
c. (Last): DALLEY

4. DATE OF DEATH (Month) (Day) (Year): Nov., 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept., 24, 1862
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summit, Iron County, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Dalley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Threhe Bartleson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lowell A. Dalley — ADDRESS: Driggs, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4 20.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — 1 yr.
DUE TO (c) Generalized Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arterial Embolus - Left lower leg — 4 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 26, 1953, *to* Nov 29, 1953, *that I last saw the deceased alive on* Nov 29, 1953, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward C. Hansen (Degree or title): M.D.
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 12-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec., 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pratt cemetery
24d. LOCATION (City, town, or county) (State): Driggs RFD, Idaho

DATE REC'D BY LOCAL REG.: Dec 4-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. D. Hansen — ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DIVISION OF VITAL STATISTICS NOV 10 1953

Certificate of Death

STATE OF IDAHO

State File No. 4457
Local Reg. No. 270
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	F.	CORDES	Nov. 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 4, 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elsa Corder Corbett ADDRESS: Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1-, 1953, *to* 11-4, 1953, *that I last saw the deceased alive on* 11-4, 1953, *and that death occurred at* 1:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD	Twin Falls, Idaho	11.5.53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11.6.53	Sunset Memorial Park Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Hugh Phillips ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. [illegible]
Local Reg. No. 272
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 14 1953 DIVISION OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): U.P. Depot

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): A.
c. (Last): LATHAM

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.
11. BIRTHPLACE (State or foreign country): Archie, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marian Latham — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Penning — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712 05 1072
17. INFORMANT'S OWN SIGNATURE: Erma Latham — ADDRESS: Filer, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 7—10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

442 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1952, *to* Nov 10, 1953, *that I last saw the deceased alive on* Nov 10, 1953, *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harwood L Stowe, M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11.12.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11.13.53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11/12/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, TwinFalls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 4459
Local Reg. No. 273
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 486 Washington

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) CHRISTINE c. (Last) BROWNING

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct. 5, 1870
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Upsala, Sweden
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Matson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Sophia Abramhamson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE & ADDRESS Dan Browning

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18, 1950, *to* 8-12, 1953, *that I last saw the deceased alive on* 12 Aug, 1953, *and that death occurred at* 8:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Coffelt (Degree or title) MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/13/53
24c. NAME OF CEMETERY OR CREMATORY Annis Cem
24d. LOCATION (City, town, or county) (State) St Anthony, Idaho

DATE REC'D BY LOCAL REG. 11-13-53
REGISTRAR'S SIGNATURE Viola A. Richardson
25. FUNERAL DIRECTOR M. L. Hansen
ADDRESS St Anthony Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 21 .. 53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4160
Local Reg. No. 279
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701 2nd Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 701 2nd Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ed	R.	Brennen	Nov. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 9, 1905	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Yellow Cab
11. BIRTHPLACE (State or foreign country): Hendley, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ed Brennen — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Emma Amen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-05-8900
17. INFORMANT'S OWN SIGNATURE: Mrs Ed. Brennen — ADDRESS: Idaho Twin Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis 1 day — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1952, *to* 11-13, 1953, *that I last saw the deceased alive on* 11-13, 1953, *and that death occurred at* 9:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Offlick MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 16 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Deputy Edythe D. Koontz
25. FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Reynolds Funeral Home-Twin Falls

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 4461
Local Reg. No. 275
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1129 5th Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1129 5th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. ELLA
b. (Middle): STIFFLER
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 24, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Red River Valley, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. W. Livermore — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Annie Ketchum — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. George F. Smith — ADDRESS: TF

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19-, 1953, *to* 8-22, 1953, *that I last saw the deceased alive on* 8-22-, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dean H. Affleck MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 16 Nov

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 28 1953
Division of Vital Statistics

RECEIVED NO. 28

Certificate of Death

STATE OF IDAHO

State File No. 4150
Local Reg. No. 283
Reg. Dist. No. 460

BIRTH NO. 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 337 - 2nd Avenue West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maud	Eliza	Hodder	Nov. 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 14, 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Salt Lake City, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Snowball	England	Jane Thomas	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Kenneth R Hodder	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CARDIAC ARREST	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	CARDIAC FAILURE, SEVERE	
DUE TO (c)	CHRONIC AURICULAR FIBRILLATION	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-13, 1953 *to* 11-21, 1953 *that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. J. Welford M.D.	Twin Falls, Idaho	11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-24-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/27/53	deputy Edythe D. Koontz	[illegible]	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 280
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Forrest
b. (Middle):
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Rockland, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Edwin D. Webb — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lizzie Fife — BIRTHPLACE: Utah
Pauline Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Pauline Webb, ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Adenocarcinoma of Prostate Gland

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8/2/53. Lor Angeles
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Prostate with metastasis.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/7, 1953, *to* 11/22, 1953, *that I last saw the deceased alive on* 11/22, 1953, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George T. Davis M. D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery
24d. LOCATION (City, town, or county) (State): Rockland, Idaho

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz, deputy
25. FUNERAL DIRECTOR: [signature] Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4464
Local Reg. No. 287
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 10 1953 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nightengale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 329 Jackson Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Pearl
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beatrice, Nebr.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Norvel Lewis — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mattie Shaw — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Mrs Andra Behlke — ADDRESS: Benkelman, Nebr.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 199x

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Adeno Ca - disseminated

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard C. Luke MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/8/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4455
Local Reg. No. 286
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 9 - 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence McCollum Addition

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): McCollum Addition

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) C.; c. (Last) Draper

4. DATE OF DEATH: (Month) (Day) (Year): November 29, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 2, 1876.

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxxxxxxxxxx

16. SOCIAL SECURITY NO.: 519 07 9021A

17. INFORMANT'S OWN SIGNATURE: G. H. Lee
ADDRESS: Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 25, 1953, *to* Nov. 29, 1953, *that I last saw the deceased alive on* Nov. 28, 1953 *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson, M.D
23b. ADDRESS: Buhl, Ida.
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12/7/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 10 1953
DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 4466
Local Reg. No. 268
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Yakima Street

3. NAME OF DECEASED (Type or Print): a. (First) Lovisa; b. (Middle) Alice; c. (Last) Moseley

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 17, 1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeville, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Beer
BIRTHPLACE: Penna.

14. MOTHER'S MAIDEN NAME: Adline Beshee
BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Paul Moseley,
ADDRESS: Twin Falls., Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 15 yrs.
DUE TO (c): Senility — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 12, 1943, *to* Nov 3, 1953, *that I last saw the deceased alive on* Nov 2, 1953, *and that death occurred at* 9:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Filer, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-1953
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR ADDRESS: [signature] Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 1 C 7
Local Reg. No. 274
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 3 Buhl
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roy Wood Home RR # 3 Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 3 Buhl
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) P. c. (Last) Sudweeks

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 22, 1860

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Loban Morrill
BIRTHPLACE: Freemont, Vermont

14. MOTHER'S MAIDEN NAME: Premollia Drury ?
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXXXXXXXXX

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Roy Wood
ADDRESS: Buhl, Idaho R # 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.C

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart failure
INTERVAL BETWEEN ONSET AND DEATH: 1 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* Nov 12, 1953, *that I last saw the deceased alive on* Aug 5, 1953, *and that death occurred at* 4:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Vern H. Anderson, M.D.
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 16, '53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 11/16/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: D. T. Alderson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1168
Local Reg. No. 276
Reg. Dist. No. 460

BIRTH NO. NOV 19 1953

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Savage Ranch - Murtaugh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Murtaugh
d. STREET ADDRESS (If rural, give location): Murtaugh, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) c. (Last) MOSER

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 13, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 22, 1906	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Creighton, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred B. Moser — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Lillian — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 507-10-0893
17. INFORMANT'S OWN SIGNATURE: Mary Moser — ADDRESS: Murtaugh, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 20 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: T. Woodson Creed (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Nov 14, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Dwight Williams — ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 277
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Filer, Idaho. Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer, Ida,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho. b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer, Ida.
d. STREET ADDRESS (If rural, give location): North Street,

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) N. c. (Last) Edwards
4. DATE OF DEATH (Month) (Day) (Year): Nov. 16- 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr.27Th 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10b. KIND OF BUSINESS OR INDUSTRY: Hiway Road work
11. BIRTHPLACE (State or foreign country): Almo Idaho.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Edwards — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Helen Nickles — BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-14-2619
17. INFORMANT'S OWN SIGNATURE: Edwin D Edwards — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 151X Cancer of the Stomach

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): gastric achlorhydria

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: Oct 6 1953
19b. MAJOR FINDINGS OF OPERATION: Cancer of Stomach c Metastases to Liver
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September, 1953, *to* Nov 16, 1953, *that I last saw the deceased alive on* Nov 40, 1953 *and that death occurred at* 7 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M. Peterson M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Nov 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.19-1953
24c. NAME OF CEMETERY OR CREMATORY: Ioof Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho.

DATE REC'D BY LOCAL REG.: 11/20/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4476
Local Reg. No. 281
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 1 mile north of Filer

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) C. c. (Last) Nuzman

4. DATE OF DEATH: (Month) November (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 3, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Acting Postmaster 3r

10b. KIND OF BUSINESS OR INDUSTRY: Filer Post Office

11. BIRTHPLACE (State or foreign country): Soldier, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Nuzman
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Katie Midkelf ?
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 519 10 7659

17. INFORMANT'S OWN SIGNATURE: C. W. Nuzman
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Coronary Thrombosis — 10 min
DUE TO (c): Coronary arteriosclerosis — 2½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1943, *to* Nov 16, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 2 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D

23b. ADDRESS: Filer - Ida

23c. DATE SIGNED: Nov 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 20. '53

24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery

24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 11/23/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4471
Local Reg. No. 287
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5th Street Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 5th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALLEN	LEE	DOWNEY	Nov. 21 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	Oct. 1, 1953		1 / 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0?
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Keith Taylor — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Katie Fox — BIRTHPLACE: Dora, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lizzie Fox — ADDRESS: Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Nov., 1953, *to* 20 Nov., 1953, *that I last saw the deceased alive on* 17 Nov., 1953, *and that death occurred at* 7:25 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray M. Kellogg M.D. (Degree or title)
23b. ADDRESS: 313 Shoshone St. N. Twin Falls
23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-23-53
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 11/23/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Keith Byrd — ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 1 - 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 4172
Local Reg. No. 284
Reg. Dist. No. 460
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) J. FERDINAND; b. (Middle) (Ferd); c. (Last) Kaster

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13, 1897

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Daws County, Nebr.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ? ?

17. INFORMANT'S OWN SIGNATURE: Elmer D. Kaster — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Insanition — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Brain tumor with body wide metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 July, 1953, *to* 17 Nov., 1953, *that I last saw the deceased alive on* 17 Nov., 1953, *and that death occurred at* 2:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jay McKellogg MD — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz
25. FUNERAL DIRECTOR: Dwight Gillespie — **ADDRESS**: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 4 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 285
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 2 residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Buhl
d. STREET ADDRESS (If rural, give location): Route # 2 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) E va; b. (Middle) Q.; c. (Last) Bohannan

4. DATE OF DEATH: (Month) (Day) (Year): November 27, 1953

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17, 1883

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Marble, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ellick Qualls
BIRTHPLACE: Tennesee

14. MOTHER'S MAIDEN NAME: Adaline Litteral
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xxxxxxxxxxxx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X [illegible] Bohannan
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — year
DUE TO (c): Myocardial degeneration — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 19 42 *to* Nov., 19 53 *that I last saw the deceased alive on* 11-21, 19 53 *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): M A Drake M D

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 30 '53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12/3/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: B. I. Albertson
ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 21171
Local Reg. No. 293
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Filer, at home on Hiway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer, at home on Hiway 30

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ALBERT	HOWELL	Nov. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 30, 1887	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ottowa, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Howell — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ellen Farnham — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-26-9191
17. INFORMANT'S OWN SIGNATURE: Mrs. J. A. Howell — ADDRESS: Filer, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, moderate — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 13, 1953, *to* Nov 30, 1953, *that I last saw the deceased alive on* Nov 25, 1953, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W. Carver	M. D.	Filer, Idaho	Dec 3 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-4-53	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/10/53	Viola A. Richardson	Dwight Rollins	White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4475
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lake Fork
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lake Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRANS
b. (Middle): EMIL
c. (Last): STENBERG

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24, 1880

9. AGE (In years last birthday): 73-6-21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Siipyy, Finland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Richard Stenberg
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Betty Josephine Lahten Korvi-Finland
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Dom Fleming
ADDRESS: Lake Fork Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal Influenza — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Asthma — 8 yrs.

487.X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19 45 *and that death occurred at* 7:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Susan B. Kerr D.O.
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/53
24c. NAME OF CEMETERY OR CREMATORY: Finnish Cemetery
24d. LOCATION (City, town, or county) (State): Lake Fork, Idaho

DATE REC'D BY LOCAL REG.: Nov 24 1953
REGISTRAR'S SIGNATURE: Maydelle M. Gardner

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

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DEC 1 - 1953
Division of Vital Statistics

Dr. McGrath

Certificate of Death

STATE OF IDAHO

State File No. 53
Local Reg. No.
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print): a. (First) ABE; b. (Middle) COSSEN; c. (Last) DUDGEON

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 13 1872

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Fruit Farm

11. BIRTHPLACE (State or foreign country): Hurdland, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jim Dudgeon — BIRTHPLACE: Don't Know

14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harvey Dudgeon — ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 22 1953 *to* Oct 24th 53, *that I last saw the deceased alive on* Oct 24th 53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE H. McGrath Smith MD (Degree or title)

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: Oct. 26 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/ /53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 10/26/53

REGISTRAR'S SIGNATURE: Marie Hawthorn

25. FUNERAL DIRECTOR: C. L. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 9 1953 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 28
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 719 E. Park St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 719 E. Park St.

3. NAME OF DECEASED (Type or Print)
a. (First): ZENIA
b. (Middle):
c. (Last): DOUGHERTY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-4-1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Scott Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don't Know — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Don't Know — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXXX
16. SOCIAL SECURITY NO.: XXXXXXXXXX
17. INFORMANT'S OWN SIGNATURE: Chas Marshall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Disease — 3 yrs
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10, 1950, *to* 10-26-, 1953, *that I last saw the deceased alive on* 10-16, 1953, *and that death occurred at* 3 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-4-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-2-53
REGISTRAR'S SIGNATURE: Marie Hauthorn
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1953

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Norton Conval. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): DORA
b. (Middle): E.
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): November #4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 26 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife(Invalid)
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pike County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Wheeler — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Matilda Battershell — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Beulah Sutton — ADDRESS: Midvale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

33 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 5 days.
DUE TO (c) Senile change — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/24, 1953, *to* 11/1/53, 19__, *that I last saw the deceased alive on* 11/1/53, 19__, *and that death occurred at* 7:03P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.
23b. ADDRESS: Cambridge, Idaho
23c. DATE SIGNED: 11/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/7/53
24c. NAME OF CEMETERY OR CREMATORY: Midvale Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 11/6/53
REGISTRAR'S SIGNATURE: Marie Hanthorn
25. FUNERAL DIRECTOR: A. S. Jones — ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 1173
Local Reg. No. 20
Reg. Dist. No. 320

BIRTH NO. NOV 17 1953

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 914 E. Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 914 E. Parke

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) ELIZABETH c. (Last) HURD BRADEN

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 12 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bates County Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joshua Hurd
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Irene Cope
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harry O Braden
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: at least 6 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage left Motor area — 2 yr. ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 23rd June *19* 53 *to* Nov. 8th, *19* 53, *that I last saw the deceased alive on* Nov. 8th, *19* 53, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Robert M. Coatsworth
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/13/53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: C E Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 32
Reg. Dist. No. 3-20

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser, Idaho
d. STREET ADDRESS (If rural, give location): Rt. # 3, Weiser, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) HAMILTON c. (Last) WOODS

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 25, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Monmouth, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel W. Woods — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Pauline Blackwood — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16 SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles R Woods — ADDRESS: San Diego, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Colon
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5-, 1953, *to* Nov. 15, 19 53, *that I last saw the deceased alive on* Nov. 15, 19 53 *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-15-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 36
Reg. Dist. No. 3-10

RECEIVED
DEC 10 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 East Liberty St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 435 East Liberty Street

3. NAME OF DECEASED (Type or Print): a. (First) ANN b. (Middle) WALLACE c. (Last) TAYLOR

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 3 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Raccoon Ford, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin S. Stringfellow
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Nellie Madison
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mary T. Moulton
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Nov, 1953 *to* 24 Nov, 1953 *that I last saw the deceased alive on* 24 Nov, 1953, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Louthan M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Hillcrest

24b. DATE: 11-28-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11-28-53

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR: C. L. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1166
Local Reg. No. 31
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) OTIS c. (Last) NEILL

4. DATE OF DEATH: (Month) (Day) (Year): Nov 11 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming

11. BIRTHPLACE (State or foreign country): Newton County Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Neill
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Ellen Cook
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-18-4423

17. INFORMANT'S OWN SIGNATURE: Dale Neill
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Myocarditis
DUE TO (c) Chr. Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

592 X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-11-53 *to* 11-11-53, *that I last saw the deceased alive on* 11-11-53, *and that death occurred at* 9:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. McGrath MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/16/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11/14/53

REGISTRAR'S SIGNATURE: Marie Hamilton

25. FUNERAL DIRECTOR ADDRESS: A. E. Jones

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 32c

BIRTH NO.

RECEIVED
DEC 10 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Rural North Council Idaho

3. NAME OF DECEASED (Type or Print): a. (First) EVERETT b. (Middle) CLAYTON c. (Last) REED

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 5 1902

9. AGE (In years last birthday): 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10b. KIND OF BUSINESS OR INDUSTRY: Cement Finisher

11. BIRTHPLACE (State or foreign country): Walla Walla, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Reed BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Stella Martin BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Yes 1923 - 1926

16. SOCIAL SECURITY NO.: 542-07-8020

17. INFORMANT'S OWN SIGNATURE: Gilbert Shaw ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ☒ Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Adams, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14, 53 P 5 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* [illegible], 19 53, *to* [illegible], 19 [illegible], *that I last saw the deceased alive on* Nov. 14, 19 53, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] md

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-18-1953

24c. NAME OF CEMETERY OR CREMATORY: Hornet Creek

24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Marie Hatthorn

25. FUNERAL DIRECTOR: A. L. Jones ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

State File No. 4181
Local Reg. No. 38
Reg. Dist. No. 220

BIRTH NO.

DEC 10 1953

STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print) a. (First) ELI b. (Middle) JAMES c. (Last) GOODRICH

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 19 1868

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac F. Goodrich
BIRTHPLACE Don't Know

14. MOTHER'S MAIDEN NAME Mary A. Kellerman
BIRTHPLACE Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. XXXXXXX

17. INFORMANT'S OWN SIGNATURE E E Goodrich
ADDRESS Portland Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 22nd 1953, *to* Nov. 22nd, 1953, *that I last saw the deceased alive on* Nov 22nd, 1953, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. A. McGrath MD

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-27-53

24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery

24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 11-25-53

REGISTRAR'S SIGNATURE Maree Southwood

25. FUNERAL DIRECTOR C. S. Jones

ADDRESS Weiser, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4485
Local Reg. No. 465
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1511 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) VERNA b. (Middle) ESTHER c. (Last) HUFF

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1898
9. AGE (In years last birthday): 55-1-23 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grand River, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John N. Andrews — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Evaline Akers — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James E. Huff — ADDRESS: 1511 Franklin Boise

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Subarachnoid & Subdural Hemorrhage — Cerebral Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Jumped
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 4 53 12 N.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Jumped Lead on floor at home.

22. I hereby certify that I attended the deceased from 11-4, 1953, to 11-6, 1953 that I last saw the deceased alive on 11-6, 1953, and that death occurred at 7:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Owen V. Floyd M.D.
23b. ADDRESS: 500 Eastman Bldg Boise
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/10/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED DEC 22 1953 Division of Vital Statistics

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 4486
Local Reg. No. 438
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3-weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence 1611 State St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culver
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle) Melvina; c. (Last) Clark

4. DATE OF DEATH: (Month) November (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 21 - 1896

9. AGE (In years last birthday): 57; IF UNDER 1 YEAR: Months 2, Days 27; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Amboy, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Farley; BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Mary Breen; BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: R.W. Clark ADDRESS: , Culver, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) natural causes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): nursing home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 21 53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? natural causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Kelly (Degree or title): Coroner

23b. ADDRESS: 318 N. Latah, Boise, Idaho

23c. DATE SIGNED: 11/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: November 24-1953

24c. NAME OF CEMETERY OR CREMATORY: Roswell

24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 12-15-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: Peckham-Dakan Chapels
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4187
Local Reg. No. 453
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Collins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banks
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MILTON b. (Middle) c. (Last) WHITENTON
4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 1, 1888
9. AGE (In years last birthday): 65-4-0 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clyde E. Summers — ADDRESS: 1205 Bannock Boise

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive heart dis. right side — 2 to 3 years.
DUE TO (c) pulmonary emphysema — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. general arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951, to Nov, 1953, that I last saw the deceased alive on Nov 30, 1953, and that death occurred at 6:15a m., from the causes and on the date stated above.

23a. SIGNATURE: 267 John A Mather MD (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPHS-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

DEC 10 1953 STATE OF IDAHO

Division of Vital Statistics

State File No. 4488
Local Reg. No. 229
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1702 Atlaniic St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1702 So Atlantic

3. NAME OF DECEASED (Type or Print): a. (First) Stella b. (Middle) May c. (Last) Richardson

4. DATE OF DEATH: (Month) Dec. (Day) 2nd. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Aug. 8, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Making 42

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winona Co. Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Richardson
BIRTHPLACE: Philadelpha, Penna.

14. MOTHER'S MAIDEN NAME: Florella Caldwell
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: G. F. Richardson
ADDRESS: Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coma — 4 days
DUE TO (c): Senility — 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10: P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 025 W. M. Brayton
23b. ADDRESS: 411 Eastman Bldg
23c. DATE SIGNED: Dec 3 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-5-53
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma Idaho.

DATE REC'D BY LOCAL REG.: 12-3-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bell & Thurston
ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021 3-47-71

RECEIVED
DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4489
Local Reg. No. 457
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1107 North 20th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1107 North 20th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): W.
c. (Last): ELVIN

4. DATE OF DEATH (Month) (Day) (Year): December 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2 November 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Fairview, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: John A. Elvin -Tillbrga, Westmaland, Sweden
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Anna Victoria Anderson-Sjovde, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Ruth Elvin — ADDRESS: 1107 N. 20th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Dec 3, 1953, *that I last saw the deceased alive on* Nov, 1953, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson (Degree or title) M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/6/53
24c. NAME OF CEMETERY OR CREMATORY: Murray City Cemetery
24d. LOCATION (City, town, or county) (State): Murray, Utah

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell R. Relyea — ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RE Certificate of Death

3-4221

State File No. 4490
Local Reg. No. 226
Reg. Dist. No. 371

BIRTH NO.

DEC 10 1953

STATE OF IDAHO
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY in this place: 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3617 Collister Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3617 Collister Drive

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Reece c. (Last) Webster

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 13, 1880

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultryman

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Lancaster, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William C. Webster
BIRTHPLACE: Lancaster, Mo.

14. MOTHER'S MAIDEN NAME: Mary E. Masters
BIRTHPLACE: Centerville, Iowa

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Mar. 31, 1906 to Mar. 31, 1910

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Mrs George R. Webster
ADDRESS: 3617 Collister Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1951, *to* Dec 6, 1953 *that I last saw the deceased alive on* Nov. 7, 1953 *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul J. Miner (Degree or title): MD
23b. ADDRESS: 105 N. 8th St. Boise Idaho
23c. DATE SIGNED: 12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-9-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4491
Local Reg. No. 233
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 801 E. Jefferson Street

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) c. (Last) THURLIMAIN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1868

9. AGE (In years last birthday): 85-2-8 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washburn, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Martin Thurlimann-Switzerland

14. MOTHER'S MAIDEN NAME: Anna Maria Muller Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Leota Thurlimann ADDRESS: 801 E. Jefferson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 13, 1953, *to* Dec. 7, 1953, *that I last saw the deceased alive on* Dec. 6, 1953, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice H. Rudnick M.D.
23b. ADDRESS: 401 Idaho St. Boise Idaho
23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/8/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Carroll, Iowa

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4492
Local Reg. No. 451
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) HANCOCK; c. (Last) REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1 April 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook (retired) 49
10b. KIND OF BUSINESS OR INDUSTRY: Cooking
11. BIRTHPLACE (State or foreign country): St. Agnes, Cornwall, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Reynolds — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Bessie (No record) — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No (Canadian army-W.W.I)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ~~[illegible]~~ Error H MC

ANTECEDENT CAUSES — Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 18 hr

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Pulmonary edema — 18 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1953, *to* Dec 7, 1953 *that I last saw the deceased alive on* Dec 7, 1953, *and that death occurred at* 1P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-11-1953
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-11-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] RELYEA MORTUARY — ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4493
Local Reg. No. 466
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1110½ Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle):
c. (Last): GALLAGHER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15, 1904
9. AGE (In years last birthday): 49-5-22 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: City Hall
11. BIRTHPLACE (State or foreign country): Aberdeen, Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 442-03-7468
17. INFORMANT'S OWN SIGNATURE Boise Idaho — ADDRESS: Clyde E Summers 1205 Bannock St

18. CAUSE OF DEATH — 592X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis with uraemia — INTERVAL BETWEEN ONSET AND DEATH: about 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1953, *to* 12-7, 1953, *that I last saw the deceased alive on* 12-7, 1953, *and that death occurred at* 10:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE O. F. Swindell — (Degree or title): M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/16/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Merced, California

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4494
Local Reg. No. 452
Reg. Dist. No. 370

111-53-14911
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian,
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) ----- c. (Last) Krider

4. DATE OF DEATH: (Month) Dec. (Day) 8th. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 7th. 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days; IF UNDER 24 HRS. Hours: Min.: 1 day

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Kenyon Krider BIRTHPLACE: Pullman, Wash.

14. MOTHER'S MAIDEN NAME: Hazel A. Temple BIRTHPLACE: Washington, D. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: K Krider ADDRESS: Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 8 1953, 2 PM - 5 PM, *to* Dec 8, 1953, *that I last saw the deceased alive on* Dec 8 53, 19____, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M.D. (Degree or title)

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/9/53

24c. NAME OF CEMETERY OR CREMATORY: Meridian

24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 12-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Bill Robinson ADDRESS: Meridian, Idaho,

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4195
Local Reg. No. 4[illegible]
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1510 Hays Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WILLIAM
c. (Last): WAYLAND

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 8, 1873
9. AGE (In years last birthday): 80-0-1
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boston, Massachusetts
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Wayland
BIRTHPLACE: Massachusetts
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Heard
BIRTHPLACE: Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. P. Wayland
ADDRESS: 1602 Harrison Blvd. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: about 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterio-sclerotic Heart Disease — 5 yr

19a. DATE OF OPERATION: 12-5-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* 12-9, 1953, *that I last saw the deceased alive on* 12-8-, 1953 *and that death occurred at* 9a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Swindell M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Boise Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 26 1953

Certificate of Death

STATE OF IDAHO

State File No. 4496
Local Reg. No. 427
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Division of Vital ... Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hyrum	Grant	Monson	12	9	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	3/3/1914	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Rigger	U.S. Naval Ordnance	Moreland, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo Monson	Hyrum, Utah	Margaret Jane Yates	Park Valley, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	no record	LaVonia Maillon	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns 2nd & 3rd degree 80% body — INTERVAL BETWEEN ONSET AND DEATH: Nov 24 53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Atelectasis + pneumonitis — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/4/53	Tracheotomy	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Gas explosion fire	Motel	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	24	53	2:10 p.m.		Gas Explosion + fire

22. I hereby certify that I attended the deceased from 11/24/53, 10 a.m., to 12/9, 1953, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	611 Idaho First Natl Bank Bldg Boise	12/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
removal	12/10/53	Blackfoot	Blackfoot	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	Myrtle Palmer	Russell Relyea	318 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4407
Local Reg. No. 467
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1940. West State Street.

3. NAME OF DECEASED (Type or Print): a. (First) MABEL b. (Middle) GREEN c. (Last) FARMER.

4. DATE OF DEATH (Month) (Day) (Year): December.10.1953.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: April.8.1882.

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.: 71-8-2.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Craig, Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George. W. Green. — **BIRTHPLACE**: Wisconsin.

14. MOTHER'S MAIDEN NAME: Lucinda Phillips. — **BIRTHPLACE**: New York.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: 0665.S.W.Caruthers Portland, Mrs. Mildred K. Fraunfelter

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction
DUE TO (c) Coronary arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized edema

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* autopsy only, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Beckman MD

23b. ADDRESS: Boise

23c. DATE SIGNED: 11 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 15.1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR ADDRESS: Clyde E. Summers — Summers Funeral Home, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-40881

State File No. 4498
Local Reg. No. 240
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meyer Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #5

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): BECK
c. (Last): MYERS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7, 1885
9. AGE (In years last birthday): 68-7-3 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walshville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Beck — BIRTHPLACE: Walshville, Illinois
14. MOTHER'S MAIDEN NAME: Urith Kingston — BIRTHPLACE: Walshville, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Herbert G. Myers — ADDRESS: Box 828, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1947, to Dec. 10, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. Swindell M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4199
Local Reg. No. 468
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3309 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print): a. (First) ROSCOE b. (Middle) WILLIAM c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 22, 1868
9. AGE (In years last birthday): 85-8-19 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Ephraim Smith
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Caroline Atherton
BIRTHPLACE: New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-6756
17. INFORMANT'S OWN SIGNATURE: Mrs Roscoe W. Smith ADDRESS: Boise, Idaho 3309 Crescent Rim

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
due to (b): Basilar artery Syndrome
due to (c): Arteria Sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: myocardial degeneration

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1951, *to* Dec, 1953, *that I last saw the deceased alive on* Dec 11, 1953, *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Carpenter (Degree or title): M D
23b. ADDRESS: 211 Idaho St Boise Idaho
23c. DATE SIGNED: 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/14/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40881

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4500
Local Reg. No. 479
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 15 1954 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alph. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 421 So. 11th

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Elanor
c. (Last): Cayford

4. DATE OF DEATH (Month) (Day) (Year): Dec.12,1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept.16,1934
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur B. Cayford — BIRTHPLACE: Emmett, Ida.
14. MOTHER'S MAIDEN NAME: Dona A. Payton — BIRTHPLACE: Okalohoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Fred Cayford — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 592X Hydonephritis - Chr. Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 3, 1953, *to* 12-13, 1953, *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec.16,1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Glenn W Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 450
Local Reg. No. 463
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 702 Fort St.

3. NAME OF DECEASED (Type or Print): a. (First) LETHA b. (Middle) JEAN c. (Last) HAVIRD

4. DATE OF DEATH (Month) (Day) (Year): December 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7 August 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Creston, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ed McGuffin — BIRTHPLACE: Claysville, Penn.
14. MOTHER'S MAIDEN NAME: Eliza Spear — BIRTHPLACE: Rochelle, Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Raymond C. Havird — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular accident — 1 month
DUE TO (c) Hypertension — 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 19 53, *to* 12-12-53, *that I last saw the deceased alive on* 12-12-53, *and that death occurred at* 1230 m. *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Spencer (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/15/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell C. Relyea — ADDRESS: 318 N. Latah
RELYEA MORTUARY — Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DR FORNEY

Certificate of Death

STATE OF IDAHO

State File No. 4502
Local Reg. No. 476
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 620 So. Phillippi St.

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): PERRY
c. (Last): WOLFE

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6 January 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Clinchport, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Henderson Wolfe — BIRTHPLACE: Clinchport, Virginia
14. MOTHER'S MAIDEN NAME: Amanda J. Powers — BIRTHPLACE: Clinchport, Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: x [signature] — ADDRESS: Richmond, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Extensive cerebral injury
~~Extensive Chest injury.~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and Right Inguinal Hernia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 12/15/53
19b. MAJOR FINDINGS OF OPERATION: Right Pneumothorax; Laceration of Right Lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Automobile
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 15, 1953 11:40 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? In Automobile Accident

22. *I hereby certify that I attended the deceased from* Dec. 15, 1953, *to* Dec. 15, 1953, *that I last saw the deceased alive on* Dec. 15, 1953, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — 121
23b. ADDRESS: 421 Eastman Bldg. Boise,
23c. DATE SIGNED: 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1953 — 3
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG: 12-30-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] RELYEA MORTUARY — ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4503
Local Reg. No. 467
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 908 Pueblo

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) MYRTLE c. (Last) GEDDES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 26, 1891

9. AGE (In years last birthday): 62-1-19
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Barker BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Edith Josephine Thompson BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elsie M. Geddes ADDRESS: 908 Pueblo St. Boise Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 12-15, 1953, *that I last saw the deceased alive on* 12-15, 1953, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. J. Swindell (Degree or title) M. D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4504
Local Reg. No. 454
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 48 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 107 East Idaho St

3. NAME OF DECEASED (Type or Print): a. (First) Reilly; b. (Middle); c. (Last) Atkinson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 7th 1880

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mercantile Broker 47

10b. KIND OF BUSINESS OR INDUSTRY: Genl:

11. BIRTHPLACE (State or foreign country): Detroit Mich

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): Spanish American

16. SOCIAL SECURITY NO.: 430-14

17. INFORMANT'S OWN SIGNATURE: Stanley Atkinson — ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3+ wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary insufficiency — 9+ months
DUE TO (c): Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of the Prostate — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 27, 1953, *to* Dec 16, 1953, *that I last saw the deceased alive on* Dec 16, 1953, *and that death occurred at* 5:39 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: William D Forney 727 — (Degree or title): M.D
23b. ADDRESS: 303 N 5th St Boise
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18. 1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho
J. F. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 470
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2211 Heron Street

3. NAME OF DECEASED (Type or Print): a. (First) LILLIAN b. (Middle) FROST c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 24, 1882

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.: 71-1-22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Star, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Huston Frost — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Sidney Elizabeth Ward — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Kenneth Martin — ADDRESS: 2211 Heron Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 241X Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6, 1953, *to* 12-16, 1953, *that I last saw the deceased alive on* 12-16, 1953, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 207 N. 3rd. Boise Ida.
23c. DATE SIGNED: 12/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No. 471
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 62 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 211 Jefferson St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 211 West efferson St

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) L. c. (Last) Tipton

4. DATE OF DEATH: (Month) Dec. (Day) 17. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15 1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney At Law. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perrysville Ohio

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Tipton BIRTHPLACE: Carroll Ohio

14. MOTHER'S MAIDEN NAME: Martha Straver BIRTHPLACE: Carroll Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute congestive failure. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease years.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding activity from peptic Ulcer

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 10, 1953, *to* Dec. 17, 1953, *that I last saw the deceased alive on* Dec. 16, 1953, *and that death occurred at* 7:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] - M.D.

23b. ADDRESS: Eastman Bldg, Boise Idaho

23c. DATE SIGNED: Dec. 18. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 19. 1953.

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson ADDRESS: Boise Idaho

[signature]

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 22 1953 Division of Vital Statistics

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 4507
Local Reg. No. 460
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. 1700 Dora St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anaconda Mont.
d. STREET ADDRESS (If rural, give location): 314 Hickory St.

3. NAME OF DECEASED (Type or Print): a. (First) Julia; b. (Middle); c. (Last) Burke

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 2 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florence N.Y.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Patrick Caffery
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Ann Symons
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Robert G Clarke
ADDRESS: Bois Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3347

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: -?-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1951, *to* Dec 17, 1953, *that I last saw the deceased alive on* Dec 16, 1953 *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Swoon
(Degree or title): M D
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 19th 1953.
24c. NAME OF CEMETERY OR CREMATORY: Anaconda
24d. LOCATION (City, town, or county) (State): Anaconda Montana

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR
ADDRESS: Schreiber-McCann-Gibson. Boise Idaho
S L McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 15108
Local Reg. No. 462
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 611 N. 6th.

3. NAME OF DECEASED (Type or Print)
a. (First): Lida
b. (Middle):
c. (Last): Hopkins

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 8, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Henry Sagers
BIRTHPLACE: Tooele, Utah

14. MOTHER'S MAIDEN NAME: Olive Amelia Hale
BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: + Earl D. Hopkins
ADDRESS: San Carlos, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Caecum and Sigmoid Colon with metastases
INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/21/53

19b. MAJOR FINDINGS OF OPERATION: Ca of Caecum and Sigmoid Colon with extensive metastases and partial obstruction

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August 14, 1953, *to* December 19, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 10 - P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph R. Jones (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/22/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25 FUNERAL DIRECTOR: C. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4509
Local Reg. No. 243
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3302 Teton Street

3. NAME OF DECEASED (Type or Print): a. (First) NORMAN b. (Middle) c. (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, 1894

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR: Months: 8 Days: 1 | IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book store operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arch Cunningham BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Sophia Strode BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Marion Cunningham ADDRESS: Boise Idaho 3302 Teton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 years.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1953, *to* Dec 21, 1953, *that I last saw the deceased alive on* Dec 14, 1953, *and that death occurred at* 6:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Isaac B Ward +31 (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematorium
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1510
Local Reg. No. 477
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY in this place: D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #3

3. NAME OF DECEASED (Type or Print): a. (First) MILO b. (Middle) RAYMOND c. (Last) AXFORD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 23, 1892

9. AGE (In years last birthday) IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 61-3-29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Axford — BIRTHPLACE: Ohio.

14. MOTHER'S MAIDEN NAME: Catherine Raimer, Ohio. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Marjorie L. Axford — ADDRESS: R.D.#3 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary insufficiency — 1 month
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 9, 1953, *to* Dec 22, 1953, *that I last saw the deceased alive on* Dec 22, 1953 *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 040 Robert Brennand
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 26, 1953.
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4511
Local Reg. No. 472
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 60 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 222 West Bannock St

3. NAME OF DECEASED (Type or Print)
a. (First): Carolyn
b. (Middle):
c. (Last): Baxter

4. DATE OF DEATH (Month) (Day) (Year): Dec 23. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Apr: 16. 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apartment House Operator. & Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baker Oregon
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Baxter. BIRTHPLACE: Patterson New Jersey
14. MOTHER'S MAIDEN NAME: Kitty Kane. BIRTHPLACE: Newark New Jersey

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Baxter, Jr. ADDRESS: 4221 Hoover St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolo and athero sclerosis — years.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

332 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 23, 1953, only, 19__, *that I last saw the deceased alive on* Dec. 23, 1953, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Frazier. M.D.
23b. ADDRESS: Boise Idaho.
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29th 1953.
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho
J. T. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 31 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 15 10
Local Reg. No. 2713
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 934 Park Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2610 N. 24th St.

3. NAME OF DECEASED (Type or Print): a. (First) Dell b. (Middle) Davis c. (Last) Merritt

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 14, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eugene, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William L. Davis
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Julia Sophrona Brown
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank C. Merritt ADDRESS 2610 N 24 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — 450.0
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 21, 1953 *to* 12/24, 1953, *that I last saw the deceased alive on* Dec, 1953 *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12/28

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4513
Local Reg. No. 478
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 148 E. Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE
b. (Middle) BUTTERWORTH
c. (Last) PITTENGER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 19, 1869
9. AGE (In years last birthday) 84-5-6 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hiram Butterworth BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Mary Johnson BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Fred. A. Pittenger Boise Idaho ADDRESS 148 E Jefferson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis - especially of Heart & Kidneys - years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1952, *to* Dec. 25, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 10 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert M. Frazier, M.D.
23b. ADDRESS Eastman Bldg. Boise, Idaho
23c. DATE SIGNED 12.28.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 12/29/53
24c. NAME OF CEMETERY OR CREMATORY Portland Crematorium
24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. 12-31-53
REGISTRAR'S SIGNATURE Myrtle Palmer
25. FUNERAL DIRECTOR Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1511
Local Reg. No. 474
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 506 N 5th St.

3. NAME OF DECEASED (Type or Print): a. (First) Sister Mary Monita b. (Middle) (Ellen) c. (Last) Dunphy

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 53

5. SEX: F.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6/23/1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sister of the Holy Cross

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ballygory Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dunphy
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Margaret Madden
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Sister Olivia Marie
ADDRESS: 506 N. 5th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1949, *to* Dec. 25, 1953, *that I last saw the deceased alive on* Dec 23, 1953, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Forrest L. Ward (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28. 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
F. J. McCann

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 15 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4515
Local Reg. No. 48
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1712 Broxon Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) MOSE c. (Last) JENSEN

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1884

9. AGE (In years last birthday): 69-5-5
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Hyrum, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Jensen
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Yaagmon, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: 519-05-6074

17. INFORMANT'S OWN SIGNATURE: Maude C Jensen ADDRESS: 1712 Broxon Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchial Obstruction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchogenic Carcinoma

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac failure

19a. DATE OF OPERATION: 10/3/53

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Dec 31, 1953, *that I last saw the deceased alive on* 30 Dec, 1953, *and that death occurred at* 2:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/4/54

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-12-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-49021

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JAN 5-1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4516
Local Reg. No. 475
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3116 Palouse St.

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): L.
c. (Last): WILES

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5 April 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Friends Church
11. BIRTHPLACE (State or foreign country): Cicero, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wiles — BIRTHPLACE: Hamilton Co., Indiana
14. MOTHER'S MAIDEN NAME: Rebecca Bowman — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S OWN SIGNATURE: X Effie M. Wiles — ADDRESS: 3116 Palouse-Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis. — 9 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Atelectasis both lung bases. — 4.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Dec 31, 1953, *that I last saw the deceased alive on* Dec 31, 1953 *and that death occurred at* 4:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 532 (Degree or title) MD
23b. ADDRESS: 1320 Vista, Boise, Ida
23c. DATE SIGNED: 4 Jan '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4 January 1954
24c. NAME OF CEMETERY OR CREMATORY: Maplegrove, Cemetery
24d. LOCATION (City, town, or county) (State): Wichita, Kansas

DATE REC'D BY LOCAL REG.: 1-4-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1517
Local Reg. No. 231
Reg. Dist. No. 371

BIRTH NO.

DEC 10 1953

STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Rt. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 4.

3. NAME OF DECEASED (Type or Print)
a. (First): Madeliene
b. (Middle):
c. (Last): Laca

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20. 1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rosendale Missouri
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Newman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X V P Laca Rt 4 Boise Ida — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatic of lungs — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 18 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1951 *19___, to* 12-3-53 *19___, that I last saw the deceased alive on* 12-2-53 *19___, and that death occurred at* 6 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7. 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1516
Local Reg. No. 232
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 95 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) Dawson; c. (Last) Parr

4. DATE OF DEATH: (Month) December (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-16-91

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 5; Days 20
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Delvan, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Parr
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Fannie J. Dawson
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate with metastases to both lungs, brain, neck, dorsal & lumbar spine & pelvis. — 3 yrs
DUE TO (c) Cachexia — 6 mos plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 2, 1953, *to* Dec 6, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 9:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): E. W. PARKS, M. D. Ward Physician
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/7/53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers, SUMMERS FUNERAL HOME, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4519
Local Reg. No. 454
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): P. O. Box 62

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ANN
c. (Last): DENTON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 28, 1873
9. AGE (In years last birthday): 80-3-8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Evanston, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Coles — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah M. Brown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard H. Martin — ADDRESS: R.D. 3, Boise

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 d.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive Cardio-Vascular Disease — Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized Arteriosclerosis. — Yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* on 12-5, 1953, *to* only, 19__, *that I last saw the deceased alive on* 12-5, 1953, *and that death occurred at* 8:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. C. Lemcombe M.D.
23b. ADDRESS: 512 N. 16 St. Boise Idaho
23c. DATE SIGNED: 12.9.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/53 01
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4520
Local Reg. No. 235
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
c. LENGTH OF STAY (in this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Her Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City.
d. STREET ADDRESS (If rural, give location): 40th & Hi Way 20

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle) May; c. (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year): Dec 6. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 25. 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Shelbyville Ill:

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Pearl Toller
ADDRESS: Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) spontaneous rupture of aorta — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) aneurism of entire aorta — 4 years

DUE TO (c) arteriosclerosis — 5-10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 19[illegible], *to* Dec 6, 1953, *that I last saw the deceased alive on* Nov 3, 1953, *and that death occurred at* 7:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A Mathews MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12. 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson.
ADDRESS: Boise Idaho
McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4521
Local Reg. No. 237
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rt. 4
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rt. # 4
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ben; b. (Middle) -----; c. (Last) Reed

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/5/1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist 44

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John F. Reed — BIRTHPLACE: London, England

14. MOTHER'S MAIDEN NAME: Frances Farnes — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lillian S. Reed — ADDRESS: Boise, Tda. Rt. 4

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3327

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1952 *to* Dec. 12, 1953, *that I last saw the deceased alive on* Dec. 12, 1953 *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice W. Robbins M.D.
23b. ADDRESS: 401 Idaho St. Boise Ida
23c. DATE SIGNED: 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B.W. Robison — ADDRESS: Meridian, Idaho.

401 Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4500
Local Reg. No. 238
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 52 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 4.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Olive	Wartman	Dec. 14th. 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Widow	Aug. 8. 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Champaign Ill;	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gabriel Castor	Ill;	Unknown	Indiana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Gabriel L. Wartman	Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Terminal Broncho pneumonia	96 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	fractured hip	unk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 16, 1953, *to* Dec 14, 1953, *that I last saw the deceased alive on* Nov 13, 1953, *and that death occurred at* 5:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusby MD	Meridian Ida	12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 17. 1953	Joplin Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J S McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Johnson Robinson

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DEC 19 1953
Division of Vital Statistics

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4523
Local Reg. No. 456
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 26yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 52 Cottonwood Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 52 Cottonwood Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): M.
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16th. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 25, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Polk Co. Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Baker — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Romance Ellis — BIRTHPLACE: Valley City, No. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A J Richardson — ADDRESS: Meridian, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

525X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Fibrosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1950, *to* Dec. 16, 1953, *that I last saw the deceased alive on* Dec. 12, 1953, *and that death occurred at* 12:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson 197 (Degree or title) MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 Dec. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho.

DATE REC'D BY LOCAL REG.: 12-17-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: B W Robison — ADDRESS: Meridian, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4524
Local Reg. No. 239
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 617 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Gilbert b. (Middle) P. c. (Last) Chriss

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 10-9-72

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 2 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Field Man

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Spencer, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Chriss BIRTHPLACE: Christianna, Norway

14. MOTHER'S MAIDEN NAME: Anna BIRTHPLACE: Christianna, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wm. P. Chriss ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

541.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Perforated duodenal ulcer with paralytic ileus — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 12, 1953, *to* Dec 16, 1953, *that I last saw the deceased alive on* December 16 1953, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BELLAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/19/53

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 22 1953

Certificate of Death

STATE OF IDAHO

State File No. 4505
Local Reg. No. 237
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hyway # 30 -19 mi. East of Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: San Juan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JIM		JOHNSON	December 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Am. Indian	Married	1 September 1925	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section hand 70	Railroad	Farmington, New Mexico	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
(No record)	(No record)	Katherine (No record)	(No record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War II	Unknown	X Herbert L. Jones	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush injury Chest Area — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile-pedestrian accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hyway # 30	Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
December 18, 1953 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Passenger car-Pickup truck collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell L. Relyea CORONER	318 North Latah- Boise, Idaho	12/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-24-1953	Farmington Cemetery	Farmington, San Juan Co., N. M.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-53	Myrtle Palmer	Russell L. Relyea RELYEA MORTUARY	318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4526
Local Reg. No. 236
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meyer Nursing Home Rt2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) William c. (Last) Malin

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 3, 1865
9. AGE (In years last birthday): 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): -------Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Malin BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Meridian Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: Dorothy L. Graff ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Renal Hypertensive disease 4427
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs ave.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1950, *to* Dec 20, 1953 *that I last saw the deceased alive on* Dec 19, 1953 *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl D Rusty MD
23b. ADDRESS: Meridian Ida
23c. DATE SIGNED: 12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Portland Crematory
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 12-21-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bill Johnson
ADDRESS: Meridian, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 242
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 20 at 41st. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 521 Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Emil b. (Middle) Axon (Svendingen) c. (Last) Olson or Edvinson

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 23, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Stockholm, Sweden
12. CITIZEN OF WHAT COUNTRY? USA ?

13. FATHER'S NAME: no record — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 503-01-1584
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: Probably due to fracture and dislocation of the cervical
ANTECEDENT CAUSES vertibrae with injury to the spinal cord.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile-pedestrian accident — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 20
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Garden City, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 20, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile-pedestrian accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: 318 N. Latah
23c. DATE SIGNED: 12.22.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12: 23: 53
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: [signature] RELYEA MORTUARY
ADDRESS: 318 N. Latah Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 244
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 81 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 807 1st St. North

3. NAME OF DECEASED (Type or Print): a. (First) Ervin; b. (Middle) W.; c. (Last) Panick

4. DATE OF DEATH: (Month) (Day) (Year): December 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-6-04

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months: 4; Days: 16
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edmond, Okla.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Panick
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Ella Campbell
BIRTHPLACE: Monticella, Ind.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 455185798

17. INFORMANT'S OWN SIGNATURE: [signature] Records, VA Hospital
ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma with myocardial, cerebral & hepatic metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 2, 1953, *to* Dec. 22, 1953, *that I last saw the deceased alive on* Dec. 22, 1953, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

NON-RES

Certificate of Death

STATE OF IDAHO

State File No. 4529
Local Reg. No. 245
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 85 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unity
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): WESTON

4. DATE OF DEATH: December 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 7-24-05

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months: 5 Days: 2
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James A. Weston
BIRTHPLACE: South Hampton, Eng.

14. MOTHER'S MAIDEN NAME: Sara Powell
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 553052067

17. INFORMANT'S OWN SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

355X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Disseminated demyelinizing lesions of brain stem — Unknown
DUE TO (c): — Poss 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mural thrombosis of abdominal aorta. — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October 2, *1953*, *to* Dec. 26, *1953*, *that I last saw the deceased alive on* Dec 26, *1953*, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BEEMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/29/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Seattle, Washington

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 241
Reg. Dist. No. 371

BIRTH NO.

JAN 12 1954

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1690 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) W. c. (Last) Jones

4. DATE OF DEATH: (Month) December (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-25-79

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months: 5 Days: 8 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Minning

11. BIRTHPLACE (State or foreign country): Havod S. Wales, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jones BIRTHPLACE: S. Wales, Eng.

14. MOTHER'S MAIDEN NAME: Margaret Jones BIRTHPLACE: S. Wales Eng.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Records, VA Hospital, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Esophageal Varices with terminal hemorrhage — Terminal

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 19 49, *to* Dec 31, 19 53, *that I last saw the deceased alive on* Dec. 31, 19 53, *and that death occurred at* 10:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): JOSEPH BEEMAN, M. D. Pathologist

23b. ADDRESS: VA Hospital, Boise, Idaho

23c. DATE SIGNED: 1-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/14/54

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Hanna, Wyoming

DATE REC'D BY LOCAL REG.: 1-12-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 453
Local Reg. No. 3
Reg. Dist. No. 51

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAN b. (Middle) ANTONY c. (Last) KARWOWSKI

4. DATE OF DEATH: (Month) (Day) (Year) November 21 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 7, 1902

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 17

10b. KIND OF BUSINESS OR INDUSTRY: Schools

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Wiktor Karwowski
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: Ludwika Ostojska
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-34-2581

17. INFORMANT'S OWN SIGNATURE: Eva M. Karwowski
ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, both lower extremities

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 11-14-53

19b. MAJOR FINDINGS OF OPERATION: Gangrene, both lower extremities

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10, 1953, *to* 11-21, 1953, *that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* 10:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: David J. Nelson 296 (Degree or title) M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec 28, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Orland C. Greer

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - [illegible]
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4532
Local Reg. No. 373
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Idaho
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At daughters Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 146 North 6th St.

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Jane c. (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year) Dec 4, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 25 1867
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Farmington Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Lee Robinson BIRTHPLACE Boonville N.Y.
14. MOTHER'S MAIDEN NAME Lucy Miller BIRTHPLACE Quincy Adams, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE V. Dunn ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

904.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 20 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Open reduction fracture femur — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/16/53
19b MAJOR FINDINGS OF OPERATION Fracture neck R. femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-16-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 11/16, 1953, *to* 12/4, 1953, *that I last saw the deceased alive on* 12/4, 1953 *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D. Pocatello
23b. ADDRESS
23c. DATE SIGNED 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG Dec. 28, 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Wile Matthews ADDRESS Montpelier, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

State File No. 1533
Local Reg. No. 308
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 12 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (If not in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1205 N. Arthur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1205 No. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) WALTER c. (Last) ROBERTS

4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30, 1891
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Norfolk, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Roberts BIRTHPLACE USA
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE USA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-07-2221
17. INFORMANT'S OWN SIGNATURE Mrs Mary Roberts ADDRESS Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of Stomach Ulcer

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ******, 19___, *to* ********, 19___, *that I last saw the deceased* deadme *on* Dec. 5, 1953, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Just Kindemann (Degree or title) Bannock County
23b. ADDRESS Coroner, Pocatello, Idaho
23c. DATE SIGNED Dec. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. DEC 7 1953
REGISTRAR'S SIGNATURE Eva M. Wallin
25. FUNERAL DIRECTOR Downard Funeral Home ADDRESS Pocatello, Id.
by John P. Grossman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 311
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pocatello
d. STREET ADDRESS (If rural, give location): Rt. 2 No.

3. NAME OF DECEASED (Type or Print): a. (First) Anita b. (Middle) Marie c. (Last) Brennan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 21, 1938

9. AGE (In years last birthday): 15
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Brennan BIRTHPLACE: Deer Lodge, Montana

14. MOTHER'S MAIDEN NAME: Mary Jupan BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: A. J. Brennan ADDRESS: Pocatello Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Grand mal convulsions state — 15 years.
DUE TO (c) Cerebral damage at birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to 8 Dec, 1953 that I last saw the deceased alive on 8 Dec, 1953, and that death occurred at 8:25A m., from the causes and on the date stated above.

23a. SIGNATURE: M. R. Kearns (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-10-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 16 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home ADDRESS: Pocatello Ida.
By John P. Grossman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4555
Local Reg. No. 1
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 3 (Riverton)

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) EUGENE c. (Last) BYINGTON

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 29, 1935

9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Darrel Byington, BIRTHPLACE: Downey, Idaho

14. MOTHER'S MAIDEN NAME: Blanche D. Taylor, BIRTHPLACE: Lapwai, Idaho.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 519-36-5239

17. INFORMANT'S OWN SIGNATURE: Walter Byington Jr. Rt. 3 ADDRESS Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction — 8 hrs
DUE TO (c) Total Colectomy for multi- polyposis — 8 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June '53

19b. MAJOR FINDINGS OF OPERATION: Generalized Multipolyposis of colon -

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Dec. 10, 19 53, *that I last saw the deceased alive on* Dec. 10, 19 53, *and that death occurred at* 3:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jarrit L. Howard M.D.

23b. ADDRESS: Pocatello, Idaho.

23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-53

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Jan. 2, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1526
Local Reg. No. 27
Reg. Dist. No. 510

111-53-15096
BIRTH NO.

RECEIVED Certificate of Death

JAN 20 1954
Division of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 12hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 706 N. 8th

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle):
c. (Last): Dalton

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 12, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - 03
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bill J. Seidell
BIRTHPLACE: Alice Kansas
14. MOTHER'S MAIDEN NAME: Elizabeth Dalton
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: X Bill Seidel
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity
INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-12, 1953, *to* 12-12, 1953 *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul E. Schoff MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-14-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello, Ida.
by John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-16339 RECEIVED JAN 4 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4537
Local Reg. No. 316
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Mink Creek Road.

3. NAME OF DECEASED (Type or Print)
a. (First): BONITA
b. (Middle): LEIGH
c. (Last): ANDERSON

4. DATE OF DEATH (Month) Dec. (Day) 12, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 10, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melvin J. Anderson — BIRTHPLACE: Pocatello, Idaho
14. MOTHER'S MAIDEN NAME: Marjorie Lindstrom — BIRTHPLACE: Louisville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Melvin J. Anderson — ADDRESS: Mink Creek Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Non-viable fetus	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) prematurity	2 months
	DUE TO (c) partial placental separation	2 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

761.5

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1953, *to* Dec. 12, 1953, *that I last saw the deceased alive on* Dec. 12, 1953 *and that death occurred at* 1:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ARCH T. WIGLEY, M.D. 4E3
23b. ADDRESS: 1605 N. Arthur, Pocatello
23c. DATE SIGNED: Dec. 16

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello Bannock (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Allen J. Manning — ADDRESS: Manning Funeral Chapel, Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954

Certificate of Death

State File No. 4538
Local Reg. No. 37
Reg. Dist. No. 510

BIRTH NO.

Division of Vital Statistics STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 918 N. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) Cleveland b. (Middle) C. c. (Last) Arnold
4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1953
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 12, 1890
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman-switchman
10b. KIND OF BUSINESS OR INDUSTRY U.S. Naval Ordnance Plant
11. BIRTHPLACE (State or foreign country) Lowell, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME C.C. Arnold
BIRTHPLACE Tennesee
14. MOTHER'S MAIDEN NAME Susan Hubbard
BIRTHPLACE Arkansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-3703
17. INFORMANT'S OWN SIGNATURE * Lloyd J. Arnold ADDRESS Pocatello Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9, 1953, to Dec 13, 1953, *that I last saw the deceased alive on* Dec 13, 1953, *and that death occurred at* 10 30 a m, *from the causes and on the date stated above.*

23a. SIGNATURE 3-7 F.M. Ray (Degree or title) M.D
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. Dec 28 1953
REGISTRAR'S SIGNATURE Eva M. Wallen
25. FUNERAL DIRECTOR Downard Funeral Home ADDRESS Pocatello Ida.
by John P. Downard

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4539
Local Reg. No. 10
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1138 East Benton Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1138 East Benton Street

3. NAME OF DECEASED (Type or Print)
a. (First): MAXWELL
b. (Middle): THURLOW
c. (Last): LIEURANCE

4. DATE OF DEATH (Month) (Day) (Year): December 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 30, 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Indian Service
11. BIRTHPLACE (State or foreign country): Cherryvale, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Calvin Lieurance — BIRTHPLACE: No data
14. MOTHER'S MAIDEN NAME: Alice Schewell — BIRTHPLACE: No data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 518-26-2356
17. INFORMANT'S OWN SIGNATURE: Mrs. M. T. Lieurance — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) severe arteriosclerotic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) heart disease
DUE TO (c) Possibly a cerebral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Vascular accident

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Permit exclude autopsy on head
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify* ~~that I attended the deceased from~~ *******, *19*___, *to* *******, *19*___, *that I last saw the deceased* dead ~~alive~~ *on* Dec. 13, *19* 53, ~~and that death occurred at~~ xxxxxxxx *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E B Webb MD 521
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 13, 195

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan. 7, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NON-RESIDENT
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 45 10
Local Reg. No. 320
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 7days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Kern
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mojave
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Doris b. (Middle) McDaniel c. (Last) Olney

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 10, 1916

9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Newmarket Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: M.L. McDaniel
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Lois Maxwell
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: John A McDaniel
ADDRESS: Pocatello Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1907

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma — ?
DUE TO (c) Mammary Carcinoma — ? 2-6yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1953 *to* 12-14, 1953 *that I last saw the deceased alive on* 12-14, 1953 *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-17-52
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR
ADDRESS: Doward Funeral Home Pocatello Idaho
by John P. Grosman

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 318
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1901 South Fifth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLOTTE b. (Middle) ELLIS c. (Last) BANGE

4. DATE OF DEATH (Month) (Day) (Year): December 14 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1905

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Fort Oglethrope, Georgia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Montgomery
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: no data
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Charles D. Bange
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept '53

19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Dec. 14, 19 53, *that I last saw the deceased alive on* Dec. 14, 19 53, *and that death occurred at* 2:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerrie H. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 16, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 17, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Funk Lyndmon
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 319
Local Reg. No.
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 750 E. Poplar

3. NAME OF DECEASED (Type or Print): a. (First) Fergus b. (Middle) c. (Last) Ferguson

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 14, 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20, 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: electrical appliance

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fergus Ferguson
BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Jeanette Sharp
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 1 & 11

16. SOCIAL SECURITY NO.: 528-01-6303

17. INFORMANT'S OWN SIGNATURE: Robert T Stoker
ADDRESS: Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* Dec 14, 1953, *that I last saw the deceased alive on* Dec 14, 1953 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Howard MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-17-53

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallen

25. FUNERAL DIRECTOR
ADDRESS: Downard Funeral Home Pocatello, Ida.
by John P. Downard

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

JAN 6 - 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 2
Local Reg. No.
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 8yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 858 N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 858 N. Main

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Louise c. (Last) Jacobson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 19, 1912

9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H.P. Hansen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Sena Bergquist
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: L. W. Jacobson
ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary edema, Massive pleural effusion. — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): anemia, chronic — years

DUE TO (c): chronic nephritis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe malnutrition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1950, *to* Dec. 15, 1953, *that I last saw the deceased alive on* Dec. 15, 1953 *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ARCH T. WIGLE, M.D
23b. ADDRESS: 1605 No. Arthur, Pocatello
23c. DATE SIGNED: Dec. 17

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-18-53
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: Jan 2, 54
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello Ida.
By John P. Thomson

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 15445
Local Reg. No. 3
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 2mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Idaho
d. STREET ADDRESS (If rural, give location) 125 N. 5th

3. NAME OF DECEASED (Type or Print) a. (First) Nat b. (Middle) c. (Last) Lucarelli

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH May 27, 1879

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer ret. 19

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dominic Lucarelli
BIRTHPLACE Italy

14. MOTHER'S MAIDEN NAME Marie Bollege
BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Mary Busco
ADDRESS Pocatello Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1954 Carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Undifferentiated Carcinoma of neck.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 5-6-53

19b. MAJOR FINDINGS OF OPERATION Undifferentiated carcinoma - primary site not determinable

20. AUTOPSY? YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-6 *19*53, *to* 12-15, *19*53 *that I last saw the deceased alive on* 12-15, *19*53, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Melvin M. Braves, M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-19-53

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. Jan. 2, 1954

REGISTRAR'S SIGNATURE Eva M. Wallin

25. FUNERAL DIRECTOR
ADDRESS Downard Funeral Home Pocatello Ida.
& John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4545
Local Reg. No. 12
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 2 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 760 No. 6th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Pocatello

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): R. F. D. 2 North

3. NAME OF DECEASED (Type or Print)

a. (First): SHIZUYA

b. (Middle): NAKAMORO

c. (Last): TSUKAMOTO

4. DATE OF DEATH (Month) (Day) (Year): December 16 1953

5. SEX: Female

6. COLOR OR RACE: Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 15, 1894

9. AGE (In years last birthday): 59

IF UNDER 1 YEAR — Months / Days

IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Yasumura, Niroshima, Japan

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME / BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Mrs Tsukamoto Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension, essential — 1 year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19___, *to* Dec 16, 1953, *that I last saw the deceased alive on* Aug, 1953 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 19, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan 4, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR / ADDRESS: Jack Kendrick Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 5-10

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 793 Cyprus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 793 Cyprus

3. NAME OF DECEASED (Type or Print): a. (First) Kate b. (Middle) Woodhead c. (Last) Geddes Wilding

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: George Woodhead
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Reeves
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. Geddes
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia (Kidney failure) Senility — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio renal insufficiency — 1 yr
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 17, 1953, *to* Dec 19, 1953, *that I last saw the deceased alive on* Dec. 19, 1953 *and that death occurred at* 7 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE: O. Call 447 (Degree or title): M.D.
23b. ADDRESS: Pocatello Idaho.
23c. DATE SIGNED: Dec 24, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Preston
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: Jan. 4, 1954
REGISTRAR'S SIGNATURE: Evan M. Wallin

25. FUNERAL DIRECTOR: Ashcraft Webb
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

JAN 6 - 1954

Division of Vital Statistics

State File No. 4

Local Reg. No. 4

Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 21 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If in [illegible] residence before admission).

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Thomas

d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)

a. (First): Martha

b. (Middle):

c. (Last): Murdock

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 22, 1867

9. AGE (In years last birthday): 86

IF UNDER 1 YEAR: Months 9 Days 28

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Louis Dunbar Wilson

BIRTHPLACE: Nauvoo, Illinois

14. MOTHER'S MAIDEN NAME: Catherine Wiggins

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: See above

ADDRESS: Daniel L Murdock R 2.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 2 0 1 0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arterio sclerotic heart disease — 10 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension, Auricular Fibrillation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952 *to* Dec 20, 1953, *that I last saw the deceased alive on* Dec 20, 1953, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 01 Richard G. Crandall M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 12/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 01 12-23-53

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Rt.2, Ida.

DATE REC'D BY LOCAL REG.: Jan. 2, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Howard Peckham

ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 - [illegible]

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 5
Reg. Dist. No. 510

BIRTH NO. 111-53-15117

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1050 Meadowbrook

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): Wayne
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: December 18, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wayne T. Harris
BIRTHPLACE: Paul, Idaho
14. MOTHER'S MAIDEN NAME: Lila Mae Stanger
BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Wayne T. Harris
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): atelectasis
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): prematurity, + breech delivery
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/18, 1953, *to* 12/20, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon M.D.
23b. ADDRESS: Kane Bldg. Pocatello, Idaho
23c. DATE SIGNED: 12/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-21-53
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Conway Grant Hall Grant Mortuary Poc.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 8
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 726 West Whitman

3. NAME OF DECEASED (Type or Print): a. (First) MARY ANN b. (Middle) JAMES WORLEY c. (Last) WILLMORE

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 26, 1889

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry James
BIRTHPLACE: Dover, England

14. MOTHER'S MAIDEN NAME: Elizabeth Answorth
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Mrs. Judy [illegible]
ADDRESS: San Jose Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1 — , 1953 *to* Dec 27, 1953 *that I last saw the deceased alive on* Dec 27, 1953 *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Gibson, M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 12/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/30/53

24c. NAME OF CEMETERY OR CREMATORY: Logan Cemetery

24d. LOCATION (City, town, or county) (State): Logan, Utah

DATE REC'D BY LOCAL REG.: Jan. 2, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant Mort.

ADDRESS: Pocatello,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place): 27 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3813 Hawthorne Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 3813 Hawthorne Road

3. NAME OF DECEASED (Type or Print)

a. (First): REO

b. (Middle): RADO

c. (Last): HANSON

4. DATE OF DEATH: December 28 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: December 17, 1866

9. AGE (In years last birthday): 87

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Donphan County Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William H. Hanson

BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Elizabeth Jane Selby

BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: R. R. Hanson

ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Natural causes due to old age

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ****, 19____, *to* *****, 19____, *that I last saw the deceased alive on* Dec. 28, 1953, *and that death occurred at* about 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Henderson, Bannock County Coroner

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Dec. 29, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Jan. 4, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Henderson

ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1551
Local Reg. No. 15
Reg. Dist. No. 5/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 North 10th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 614 North 10th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) LEROY; c. (Last) BRANSON

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25, 1922

9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Deputy Sheriff

10b. KIND OF BUSINESS OR INDUSTRY: Bannock County

11. BIRTHPLACE (State or foreign country): Helena Oklahoma

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Coleman P. Branson
BIRTHPLACE: no data

14. MOTHER'S MAIDEN NAME: Blanche Lee Corson
BIRTHPLACE: Great Bend, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. LaVerna Branson
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrosarcoma with coneralized metastases. — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Starvation — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 19 49 to December 30 53, that I last saw the deceased alive on Dec. 30, 19 53, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: ARCH T. WIGLE, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 31, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello, (State): Idaho

DATE REC'D BY LOCAL REG.: JAN 12 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: James Henderson
ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-49021

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JAN 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4552
Local Reg. No. 46
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 N. Hayes, Apt. 302

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 303 N. Hayes, Apt. 302

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) THERESA c. (Last) FELD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 25, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Klein — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise VonSchroeder — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Sylvia Smetham — ADDRESS: Pocatello.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease, senile & arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 1952, to* Dec. 30 *, 1953, that I last saw the deceased alive on* Dec. 29 *, 1953, and that death occurred in stay* a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 55% (Degree or title): M D
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1954 01
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 12 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello, Idaho
[signature]

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 14 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 18
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 332 N. 10th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer	C.	Hobson	Dec. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	married	Sept. 20, 1886	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman retired ?	General Mills	Co. Indianapolis, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen Hobson	Unknown	Mary Ferguson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	494-05-9367	Mrs Helen Marlow	Pocatello Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease, [illegible] & Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion — 1wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* Dec. 31, 1953; *that I last saw the deceased alive on* Dec. 31, 1953, *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 558	M.D.	Pocatello Idaho	1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	1-4-54	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JAN 12 1954	Eva M. Wallin	Downard Funeral Home Pocatello Ida.
		By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 307
Local Reg. No. 307
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
DEC 12 1953
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valleyview Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Valleyview Rest Home

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) Bloom c. (Last) Martin

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 5 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 27 1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cleveland Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund C. Karibo
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Barbara Brown
BIRTHPLACE: Alsace-Lorraine

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Esther Irene Coker
ADDRESS: Lodi, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4-22-54

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 Mo's.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Interstitial Nephritis — 3 Mo's.

DUE TO (c) Large Ventral Hernia — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Strangulation - Hernia-Mild. — 3 Wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4/17, 1952 to Nov. 5, 1953 that I last saw the deceased alive on Nov 5, 1953 and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE: David G. Harris, M.D. (Degree or title)
23b. ADDRESS: Lava Hot Springs, Idaho
23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-8-53
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Downard Funeral Home
ADDRESS: Pocatello, Ida.
By John P. Grossman

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 310
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MATILDA c. (Last) ROBERTS

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 22, 1886

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Denver Colorado

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lawrence Kramer
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Brusch
BIRTHPLACE: Denver, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. H. L. Sutton
ADDRESS: Mountain Home, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Found dead in home

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* **** , 19___, *to* ***** , 19___, *that I last saw the deceased alive on* Dec. 7 , 19 53, *and that death occurred at* about 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Bannock County Coroner, Pocatello, Idaho
23c. DATE SIGNED: Dec. 9, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon Idaho

DATE REC'D BY LOCAL REG.: DEC 16 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 312
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place): 73 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SLIM	****	NEPHI	December 10 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Married	June 30 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self Employed	Fort Hall Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No data		No data	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	*****	none	Personal Records	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ******, 19____, *to* ******, 19____, *that I saw the deceased alive on* Dec. 10, 19 53, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Henderson Bannock County	Coroner, Pocatello, Idaho	Dec. 11, '53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Unknown	Fort Hall Reservation	Fort Hall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
DEC 16 1953	Eva M. Wallin	Jack Henderson	Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 6 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 9
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Reservation
d. STREET ADDRESS (If rural, give location): Ballard Road

3. NAME OF DECEASED (Type or Print)
a. (First): FLOSSIE
b. (Middle): ****
c. (Last): NEPHI

4. DATE OF DEATH (Month) (Day) (Year): December 14 1953

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: no data
9. AGE (In years last birthday): Unknown — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Fort Hall Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: No data — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Data — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Personal records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-92 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* ~~[illegible]~~ _____, 19___, *to* _____, 19___, ~~[illegible]~~ *saw the deceased* dead ~~alive~~ *on* Dec. 14, 1953, ~~[illegible]~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Bannock County
23b. ADDRESS: Coroner Pocatello, Idaho
23c. DATE SIGNED: Dec. 14, 195

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: not known
24c. NAME OF CEMETERY OR CREMATORY: Fort Hall Indian Reservation Cemetery
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED Certificate of Death

JAN 6 - 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]

Local Reg. No. 6

Reg. Dist. No. 5-11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Black Rock Rt.1 So.
c. LENGTH OF STAY (in this place): 19yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½mi. So. of Black Rock R.R.Crossing.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Black Rock Rt. 1 So. Pocatello,
d. STREET ADDRESS (If rural, give location): ½mi. So.of Black Rock R.R.Crossing

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) c. (Last) MATTINGLY

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: June 24, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Wheatland, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Mattingly
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Isadore Jackson
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Grace Palmer (Daughter)
ADDRESS: Rt. 2, Pocatello,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to 24 Dec, 1953, that I last saw the deceased alive on 24 Dec, 1953, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Richard G. Crandall, M.D.
23b. ADDRESS: 804 E. Center Pocatello, Ida.
23c. DATE SIGNED: 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/8/53
24c. NAME OF CEMETERY OR CREMATORY: American Falls
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Conway Grant Hall Grant Mortuary
ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1553
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Downey, Bannock Co Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Luetta b. (Middle) Brown c. (Last) Hartvigsen

4. DATE OF DEATH (Month) Dec. (Day) 24, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 28, 1874
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph R. Brown BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Jane Richmond BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE Vernon Hartvigsen ADDRESS Downey Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Heart failure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bowel Obstruction

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Dec 24, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Downey
23c. DATE SIGNED 12-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 28-53
24c. NAME OF CEMETERY OR CREMATORY Downey
24d. LOCATION (City, town, or county) (State) Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG. Dec 27 1953
REGISTRAR'S SIGNATURE Orissa Salvesen
25. FUNERAL DIRECTOR Raford G. Benson ADDRESS Malad Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Lake
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Orval b. (Middle) Edwin c. (Last) Hendricks

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Ranch
11. BIRTHPLACE (State or foreign country): Lewiston, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William D. Hendricks — BIRTHPLACE: West Franklin Kentucky
14. MOTHER'S MAIDEN NAME: Almira Davenport — BIRTHPLACE: Winter Quarters Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James Abbott — ADDRESS: Swan Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart disease
DUE TO (c) Premium Myocardial infarcts

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec, 1953, that I last saw the deceased alive on Sept, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Richmond
24d. LOCATION (City, town, or county) (State): Richmond, Utah

DATE REC'D BY LOCAL REG.: Dec 29, 1953
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: Therum Webb — ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Whitestone Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): EARL
c. (Last): WARD

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: November 13, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm and Mining
11. BIRTHPLACE (State or foreign country): Clockville, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Ward — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Eluta (last name unknown) — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 520-18-4535
17. INFORMANT'S OWN SIGNATURE: Mrs. A.E. (Gertrude Lloyd) — ADDRESS: Portland, Ore.

X (Mrs A.E.) Gertrude Lloyd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo's.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema — 1 Month
DUE TO (c) Anneriism Aorta — 4 Mo's.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1952, *to* Dec. 30, 1953, *that I last saw the deceased alive on* Dec 30, 1953 *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: David E. Harris, M.D. (Degree or title) — David E. Harris, M.D.
23b. ADDRESS: Kane Bldg. Pocatello — 303 Kane Bldg. Pocatello, Idaho
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/3/54
24c. NAME OF CEMETERY OR CREMATORY: Rose City Crematorium
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: Jan. 8, 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edward, Hall Grant Mort. — ADDRESS: Pocatello

Federal Security Agency
United States Public Health Service

Form DPH-48021

53-12912

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 31 1953 Division of Vital Statistics

State File No. 4562
Local Reg. No. 552
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 634 Adams St.

3. NAME OF DECEASED (Type or Print) a. (First) Kirk b. (Middle) c. (Last) Kunz

4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 17 1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Glen Kunz BIRTHPLACE Bern Idaho
14. MOTHER'S MAIDEN NAME Dorothy Murphy BIRTHPLACE Pegram Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Glen Kunz ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature 6 mos. — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta Previa
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/17/53
19b. MAJOR FINDINGS OF OPERATION Placenta Previa. 6 mos Premature
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1953, *to* Nov 18, 1953, *that I last saw the deceased alive on* Nov 18, 1953 *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Reed J Rich 333 MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 11/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho.

DATE REC'D BY LOCAL REG. 12/18/53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 31 1953
Division of Vital Statistics

State File No. 4563
Local Reg. No.
Reg. Dist. No. 57

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital
d. STREET ADDRESS (If rural, give location) 332 So 7th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier

3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Green c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 5, 1912
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Green BIRTHPLACE
14. MOTHER'S MAIDEN NAME Minnie Pollick BIRTHPLACE Montpelier Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE George J Hall ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Nov 18, 1953, *that I last saw the deceased alive on* Nov 18, 1953, *and that death occurred at* 5:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C. H. Burgoyne 542 (Degree or title) MD.
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED Nov 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Nov 24 1953 01
24c. NAME OF CEMETERY OR CREMATORY Pocatello Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 1/5/53
REGISTRAR'S SIGNATURE H. Kling
25. FUNERAL DIRECTOR Vile Matthews ADDRESS Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 31 1953
Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (In this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
d. STREET ADDRESS (If rural, give location) 2431 4th St.

3. NAME OF DECEASED (Type or Print) a. (First) Delmar b. (Middle) Owens c. (Last) Stephens

4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1953.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 6, 1884
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bennington Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Stephens BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Elnora Owens BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Frank D. Stephens ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 14, 1953, *to* Nov 20, 1953, *that I last saw the deceased alive on* Nov. 20, 1953, *and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE R B Lindsay (Degree or title) M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED Nov. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 24 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 12/10/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Pete Matthews ADDRESS Montpelier, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4566
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 279 So. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First) Keith b. (Middle) Carlyle c. (Last) Parker

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 3, 1925.
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman 70
10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad
11. BIRTHPLACE (State or foreign country) Wardboro Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oscar T. Parker — BIRTHPLACE Liberty Ida.
14. MOTHER'S MAIDEN NAME Hilda Young. — BIRTHPLACE London, England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II 976X
16. SOCIAL SECURITY NO. 319-20-4746
17. INFORMANT'S OWN SIGNATURE O. T. Parker — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot - Suicide — INTERVAL BETWEEN ONSET AND DEATH 20 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Physical Exam. Gunshot wound thru left chest
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho

21d. TIME OF INJURY (Month) Dec. (Day) 28 (Year) 1953 (Hour) 3 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Suicide Gunshot wound

22. *I hereby certify that I attended the deceased from* Dec 28, 1953, *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 28, 1953, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich 333 (Degree or title) MD.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 1-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 31 1953
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 1/7/54
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Nile Nattaus — ADDRESS Montpelier, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1566
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. NOV 20 1953

STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bear Lake County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 12 miles S.E. of Soda Springs, Ida.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Caribou Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 246 East Elm

3. NAME OF DECEASED (Type or Print)
a. (First): PERCY
b. (Middle): WILLIAM
c. (Last): WALTERS

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 12
10b. KIND OF BUSINESS OR INDUSTRY: Butane Gas
11. BIRTHPLACE (State or foreign country): Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: George Washington Walters — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Charlotte Ellen Bigelow — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. War II
16. SOCIAL SECURITY NO.: 518-14-2373
17. INFORMANT'S OWN SIGNATURE: X Mary Walters — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally Shot while

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hunting deer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 12 Miles S. E. of Soda Bear Lake Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14 1953 3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Accidental Gun Shot wound

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 3:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nile Matthews Coroner
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 11/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-14-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 11/18/53
REGISTRAR'S SIGNATURE: N. N. King
25. FUNERAL DIRECTOR: Colin M. Edward — ADDRESS: Colin M. Edward Hall Grant Mort. Poc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1567
Local Reg. No. 17
Reg. Dist. No. 5

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington Idaho.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Stephen	Thomson	Rasmussen	Dec	31	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug 30 1861	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		State of Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Thomson	Denmark	Mary Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Leo Rasmussen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4343

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 15 1946 *to* Dec 31, 1953, *that I last saw the deceased alive on* Dec 31, 1953, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Spencer H Rich	M.D.	Box 276 Paris Idaho	Jan 5-1954

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan 5 1954	Bloomington Cemetery	Bloomington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/7/54	[illegible]	[illegible]	[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 48
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 429½ South 8th St.

3. NAME OF DECEASED (Type or Print): a. (First) Sophronia; b. (Middle) ---; c. (Last) Ford

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: December 11, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Mountain Valley, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Fowler
BIRTHPLACE: ---

14. MOTHER'S MAIDEN NAME: No information
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [illegible] Lynch
ADDRESS: St. Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 15 yrs X Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ---
DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19---, *to* Dec 12, 1953, *that I last saw the deceased alive on* Dec 12, 1953 *and that death occurred at* 1A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Dec 22 1953
REGISTRAR'S SIGNATURE: Aileen J. Scott
25. FUNERAL DIRECTOR: Gerald E. Brown
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1763
Local Reg. No. 49
Reg. Dist. No. 130

BIRTH NO. 111-53-15177

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries,
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) Martin; c. (Last) Bader Jr.

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: December 14, 1953

9. AGE (In years last birthday): 2xdays; IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---- 52

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): St. Maries, Idaho.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Martin Bader Sr. BIRTHPLACE: North Dakota

14. MOTHER'S MAIDEN NAME: Mae Dobbs BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Elmer Martin Bader ADDRESS: St Maries Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14, 1953, *to* Dec 16, 1953, *that I last saw the deceased alive on* Dec 16, 1953, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title) M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Dec 22 1953
REGISTRAR'S SIGNATURE: Aileen J. Scott

25. FUNERAL DIRECTOR: Gerald E. Browning ADDRESS: Gerald E. Browning, St. Maries, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1570
Local Reg. No. 50
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) Martin c. (Last) Beeman

4. DATE OF DEATH: (Month) December (Day) 16, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7, 1884
9. AGE (In years last birthday): 69 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad-Farming
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Genoa, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry C. Beeman — BIRTHPLACE: - - -
14. MOTHER'S MAIDEN NAME: Celia Moser — BIRTHPLACE: - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Sevilla Beeman — ADDRESS: St Maries, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Dec 16, 1953, *that I last saw the deceased alive on* Dec 1, 1953, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: Dec 23, 1953
REGISTRAR'S SIGNATURE: Aileen J. Scott
25. FUNERAL DIRECTOR: Gerald E Brannon — ADDRESS: St Maries, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form PHS-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 14 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 21
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 6½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Capitol Hill

3. NAME OF DECEASED (Type or Print)
a. (First): Terri
b. (Middle): Lee
c. (Last): Craner

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 19, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6 Days 9; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----- 02
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): St. Maries, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Craner — BIRTHPLACE: Twin Falls, Idaho.
14. MOTHER'S MAIDEN NAME: Sally Ann Vogel — BIRTHPLACE: St. Maries, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: St Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

340.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 25, 1953, *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 28, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bergen A. Rapp (Degree or title): M.D.
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho.

DATE REC'D BY LOCAL REG.: 1/4/54
REGISTRAR'S SIGNATURE: Vivian Jackson
25. FUNERAL DIRECTOR: Gerald E. Browning — ADDRESS: St. Maries, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 196
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - So. of Blackfoot on Hiway
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) Dennis; b. (Middle) George; c. (Last) Dixey

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1953

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Feb. 22, 1950
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 9, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Dixey — BIRTHPLACE: Blackfoot, Idaho
14. MOTHER'S MAIDEN NAME: Mary Edmo — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Richard Dixey — ADDRESS: Rt. #3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Neoplasm tissue not yet determined — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1953, *to* Dec 4, 1953, *that I last saw the deceased alive on* Dec 4, 1953, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 12-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Bingham Co. Idaho

DATE REC'D BY LOCAL REG.: Dec 9 1953
REGISTRAR'S SIGNATURE: Mrs Evaline E. Patrick
25. FUNERAL DIRECTOR: Howard Packham
ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4573
Local Reg. No. 201
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Elks Club- 123 N. Ash St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	ELMER	GAFFNER	Dec. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 4, 1878	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor-Watchman	Idaho Potato Starch Co.	Olney, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	518-10-8739	Vernon Gaffner	Arco, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 5, 1953, *to* Dec. 16, 1953, *that I last saw the deceased alive on* Dec. 15, 1953, *and that death occurred at* 3:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A E Miller	M.D.	Blackfoot, Idaho.	12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-19-53	Grove City Cemetery	Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 18-1953	Mrs Evalein E. Farris	John C. Sandberg	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4574
Local Reg. No. 204
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): South Asylum Lane

3. NAME OF DECEASED (Type or Print)
a. (First): THEADORE
b. (Middle): CARL
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 24, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-U.S. Land Office
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stockholm, Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Peterson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Roy C. Peterson — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 2, 1953, *to* Dec. 22, 1953, *that I last saw the deceased alive on* Dec. 21, 1953, *and that death occurred at* 8:18a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 179 Walter G. Hoge M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-53 03
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec 23 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 213
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eccles Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Eccles Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): D. "Jack"
c. (Last): Gibbs

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 28, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Judge 62
10b. KIND OF BUSINESS OR INDUSTRY: Civic
11. BIRTHPLACE (State or foreign country): Portage, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel W. Gibbs — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Loretta McCrary — BIRTHPLACE: Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5712
17. INFORMANT'S OWN SIGNATURE: Maxine Harris — ADDRESS: Spokane, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular — 5 yrs
~~DUE TO (c)~~ disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocardial insufficiency — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/30, 1951, *to* Dec. 28, 1953, *that I last saw the deceased alive on* Dec. 28, 1953, *and that death occurred at* 8:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-53
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 31-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. [signature]
25. FUNERAL DIRECTOR: [signature] M C Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4576
Local Reg. No. 216
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): 358 W. Idaho

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) PETER c. (Last) BISCHOFF (Sr)

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 21, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Miralenbach, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Bischoff
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Helena Catherine --
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Charley L. Bischoff
ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio - pulmonary decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral encephalopathy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post operative hernia left — 10 days

19a. DATE OF OPERATION: Dec. 17, 1953

19b. MAJOR FINDINGS OF OPERATION: Hernia left inguinal not reducible

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1953, *to* Dec. 31, 1953, *that I last saw the deceased alive on* Dec. 31, 1953, *and that death occurred at* 7:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dean Packer (Degree or title) M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: Jan 2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 4-54

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham Idaho.

DATE REC'D BY LOCAL REG.: Jan. 3 1954

REGISTRAR'S SIGNATURE: Mrs Evalin E. Davis

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 602

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frederick; b. (Middle) Lawrence; c. (Last) Storer

4. DATE OF DEATH: (Month) 12; (Day) 2; (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 11, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 9; Days 22
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): custodian

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Newton, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Henry Storer
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Cynthia Ruth Marshall
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-4061

17. INFORMANT'S OWN SIGNATURE: Mrs. Philip Styfel
ADDRESS: Aberdeen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular Disease — 6 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 30, 1953, *to* Dec 2, 1953, *that I last saw the deceased alive on* Dec 2, 1953, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Henry Rock, M.D.
23b. ADDRESS: Aberdeen, Idaho
23c. DATE SIGNED: Dec 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-5-53
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: Dec 5, 1953
REGISTRAR'S SIGNATURE: L. Henry Rock, M.D.
25. FUNERAL DIRECTOR: H. L. Davis
ADDRESS: Am. Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 14 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 197
Reg. Dist. No. 607

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1Y 6M 25 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~XXXXXXXXX~~ BUHL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) R. c. (Last) SPRECHER

4. DATE OF DEATH: (Month) DEC. (Day) 6 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG. 24 1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): NEBRASKA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Sprecher
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Susan Hintz
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alton Young ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 50 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cerebral Atrophy — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Psychosis, Toxic — 2 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* APRIL 13, 1952, *to* DEC. 6, 1953, *that I last saw the deceased alive on* DEC. 6, 1953, *and that death occurred at* 2:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.8.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-53
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. South
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 10 1953
REGISTRAR'S SIGNATURE: Mrs Valeir E. Johnston
25. FUNERAL DIRECTOR: C. Hansberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 198
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle):
c. (Last): STANFORD

4. DATE OF DEATH (Month) (Day) (Year): DEC. 7 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 20, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days: 17 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: OLIE PETERSON — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: MARIE HANSON — BIRTHPLACE: DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3347

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 yrs.
DUE TO (c): Addiction (Bromides) — ? 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis (Toxic) — ? 10 " ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC. 2, 1953, *to* DEC. 7, 1953, *that I last saw the deceased alive on* DEC. 7, 1953, *and that death occurred at* 6:17 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Spangler
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.7.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/7/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Carey Ida.

DATE REC'D BY LOCAL REG.: Dec 7 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: W. S. Marvel
ADDRESS: Arco Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 9 14
Reg. Dist. No. 6 07

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth R.F.D. #1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Oscar	E	Nelson	Dec. 10 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 19 1888	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Julesburg Neb.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Nelson	Sweden	Emma Vickbaum	Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	I World War I		Ian J Nelson	Firth R# 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 146X Transition Cell Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Papillomatosis with

DUE TO (c) Cystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* February, 1953 *to* 12-10, 1953, *that I last saw the deceased alive on* 12-10, 1953, *and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kendall Petty, M.D.	Idaho	12-12-53.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, 53	Fielding Memorial	Idaho Falls, ~~Bingham~~ Bonneville Idah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 13-1953.	Mrs Evalen E. Gatrin	Loyd M Walden	Shelley Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4581
Local Reg. No. 199
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLACKFOOT
c. LENGTH OF STAY (in this place) 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SHOSHONE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	W.	DANIELS	DEC. 12 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	DIVORCED	DEC. 29, 1877	75	11	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER 37		IOWA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Daniels			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Myrtle Burdett	RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Senility — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DEC. 5, 1953, *to* DEC. 12, 1953, *that I last saw the deceased alive on* DEC. 12, 1953, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Spurgeon M. D.	State Hospt. So. Blackfoot,	12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-13-53		Shoshone, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
DEC 14 1953	Mrs Valeria E. Patrick	John C. Sandberg For Myrtle C. Burdett, Shoshone, Idaho.	Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4582
Local Reg. No. 200
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2 M 13 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
d. STREET ADDRESS (If rural, give location): 402 UTAH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): LULA
b. (Middle):
c. (Last): MILLEM

4. DATE OF DEATH (Month) (Day) (Year): DEC. 12 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JUNE 29, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 491X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Senility — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT. 29, 1953, *to* DEC. 12, 1953, *that I last saw the deceased alive on* DEC. 12, 1953, *and that death occurred at* 9:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.15.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Bur.
24b. DATE: Rem. 12-13-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Gooding — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 15-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrice
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4593
Local Reg. No. 2013
Reg. Dist. No. 6-04

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 5Y 1M 9D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3109 CRESCENT RIM DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) MYRA b. (Middle) (Almyra) A. c. (Last) WAHIE

4. DATE OF DEATH: (Month) DEC. (Day) 17 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: FEB. 4, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES HIGGINS — BIRTHPLACE: IRELAND
14. MOTHER'S MAIDEN NAME: MARIA FORTIN — BIRTHPLACE: IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Ifton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

304X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Cerebral Atrophy — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [+] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 8, 1953, *to* DEC. 17, 19 53, *that I last saw the deceased alive on* DEC. 17, 19 53, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles N. Spragens M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 12.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-53 01
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 6 1953
REGISTRAR'S SIGNATURE: Mrs Calista E. Patrick
25. FUNERAL DIRECTOR: John C. Sandberg
ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4554
Local Reg. No. 202
Reg. Dist. No. 207

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): IY 8D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) W. c. (Last) WHITTEN

4. DATE OF DEATH: (Month) DEC. (Day) 17 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: July 3, 1888

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 5 Days: 14 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CALIFORNIA (Chico)

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: AL. WHITTEN BIRTHPLACE: MAINE

14. MOTHER'S MAIDEN NAME: NOT GIVEN BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Afton Young ADDRESS: RECORDS STATE HOSPITAL SOUTH, BLACKFOOT IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 450.0

DUE TO (c): Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC. 9, 19 52, *to* DEC. 17, 19 53 *that I last saw the deceased alive on* DEC. 17, 19 53, *and that death occurred at* 5:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles W. Sprague M.D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 12.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12-21-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Grove City Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec 6 1953 — **REGISTRAR'S SIGNATURE**: Mrs Coalin E. Fannie — **25. FUNERAL DIRECTOR**: John C. Sandberg — **ADDRESS**: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 15 5
Local Reg. No. 204
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Thomas
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural - Rt. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Thomas
d. STREET ADDRESS (If rural, give location): Rural - Rt. #2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Andrew
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 28, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Alsocken, Sweden
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Andrew Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Bertha Danielson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-9745
17. INFORMANT'S OWN SIGNATURE: Louis M. Anderson — ADDRESS: Rt. Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5 *1953 only, to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 7:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Dean Packer 323 — (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 12-22-53 01
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Thomas, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Dec 20-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4586
Local Reg. No. 205
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 26 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHESTER
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PERRY
b. (Middle):
c. (Last): BOWLSBY

4. DATE OF DEATH (Month) (Day) (Year): DEC. 19 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 3, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 1, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DANIEL BOWLSBY — BIRTHPLACE: NEBRASKA
14. MOTHER'S MAIDEN NAME: LYDIA THOMPSON — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 30 yr.
DUE TO (c): Arteriosclerosis — 30 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 23, 1953, *to* DEC. 19, 1953, *that I last saw the deceased alive on* DEC. 19, 1953, *and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Hsprague M. D. 414
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12. 19. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-21-53 01
24c. NAME OF CEMETERY OR CREMATORY: State Hosp, South Cem.
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Dec. 20 1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Palmie
25. FUNERAL DIRECTOR: Howard Packham — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 206
Reg. Dist. No. 607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
c. LENGTH OF STAY (in this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	Norman	Galeazzi	Dec. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan. 27, 1894	59	10	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Road Supervisor & Farmer	Bingham County	Salt Lake City, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Galeazzi	Trinidad, Colorado	Josephine Bocker	Helsenborg, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-13-2653	Arthur Galeazzi Jr.	Rt. #3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 21 Apr., 19 53, *to* 19 Dec., 19 53 *that I last saw the deceased alive on* 19 Dec., 19 53, *and that death occurred at* 4:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter L Hoge M. D.	Blackfoot, Idaho	12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1953	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 20/953.	Mrs Walter E. Patrie	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 28 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4588
Local Reg. No. 4588
Reg. Dist. No. G 07

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: BINGHAM

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT

c. LENGTH OF STAY (in this place): 27 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: WASHINGTON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): RICHARD

b. (Middle): LEE

c. (Last): BARNS

4. DATE OF DEATH: (Month) DEC. (Day) 22 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED

8. DATE OF BIRTH: APRIL 28 1865

9. AGE (In years last birthday): 88

IF UNDER 1 YEAR: Months 7 Days 24

IF UNDER 24 HRS.: Hours) Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLACKSMITH 38

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CALIFORNIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS BARNS

BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: SALLY FORD

BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alton Yo ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c) Senility — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* NOV. 25, 1953, *to* DEC. 22, 1953, *that I last saw the deceased alive on* DEC. 22, 1953, *and that death occurred at* 4:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 414 Charles N. Sprague M.D.

23b. ADDRESS: State Hosp. So. Blackfoot

23c. DATE SIGNED: 12.23.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-23-53

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: Dec 23 1953

REGISTRAR'S SIGNATURE: Mrs Calein E. Tate

25. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 4 - 1954

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. 4580
Local Reg. No. 309
Reg. Dist. No. 607

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: BINGHAM

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT, IDAHO.

c. LENGTH OF STAY (in this place): 6Y. 9M. 13D

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO

b. COUNTY: ADA

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE.

d. STREET ADDRESS (If rural, give location): 1114 N. 14th

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) c. (Last) BENTON

4. DATE OF DEATH: (Month) DECEMBER (Day) 25, (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NOT GIVEN

8. DATE OF BIRTH: OCT. 8, 1872

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 2 Days: 17 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ALBERT BENTON — BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: NAOMI HOPKINS — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Elsie M. Mamar. RECORDS, STATE HOSPITAL SOUTH, BLACKFOOT, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis Senile — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MAR. 12, 1947, *to* DEC. 25, 1953, *that I last saw the deceased alive on* DEC. 25, 1953, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Gray M.D. — **23b. ADDRESS**: State Hosp. So. Blackfoot — **23c. DATE SIGNED**: 12.26.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec. 30, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Grove City Cemetery — **24d. LOCATION** (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Dec. 29-1953 — **REGISTRAR'S SIGNATURE**: Mrs Evalen E. Patrie — **25. FUNERAL DIRECTOR**: Howard Packham — **ADDRESS**: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4590
Local Reg. No. 210
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 2 M 20 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDVALE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): REUBEN
b. (Middle): G.
c. (Last): GAUNTLETT

4. DATE OF DEATH (Month) (Day) (Year): DEC. 27 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED
8. DATE OF BIRTH: AUG. 15 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK 49
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MICHIGAN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRED GAUNTLETT — BIRTHPLACE: NOT GIVEN
14. MOTHER'S MAIDEN NAME: RENA WESTFALL — BIRTHPLACE: MICHIGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE after Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH 541.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — 15 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 7, 1953 *19*__, *to* DEC. 27, *19* 53, *that I last saw the deceased alive on* DEC. 27, *19*53, *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague 414 M.D.
23b. ADDRESS: State Hosp. So., Blackfoot
23c. DATE SIGNED: 12.28.58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec-29-53 02
24c. NAME OF CEMETERY OR CREMATORY: State Hospt. So. Cemetery,
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 29-1953
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: John C Sandberg — ADDRESS: Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. [illegible]
Local Reg. No. 212
Reg. Dist. No. 601

BIRTH NO. JAN 8 - 1954 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, R.F.D. #1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Della~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle):
c. (Last): France

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Ephiam Garner — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary R. Wadsworth — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Cae France — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multipal injuries
DUE TO (c): Train & Car crash

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rail Road away
21c. (CITY, TOWN, OR TOWNSHIP): Shelley, — (COUNTY): Bingham — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 29 193 8:40 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by train

22. *I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 470 — Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho — Bonneville Co

DATE REC'D BY LOCAL REG.: 1-2-1954
REGISTRAR'S SIGNATURE: Mrs Walter E. Patrick
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Shelley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 217
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 18 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 102½ So. 10th.

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED

8. DATE OF BIRTH: JUNE 19 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months 6 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FREDRICK VIERICH
BIRTHPLACE: GERMANY

14. MOTHER'S MAIDEN NAME: HANNAH LAWSON
BIRTHPLACE: NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alton Young
ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis, Senile — 3 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DEC. 12, *19* 53, *to* DEC. 30, *19* 53 *that I last saw the deceased alive on* DEC. 30, *19* 53, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sprague M.D.
23b. ADDRESS: State Hosp. So. Blackfoot
23c. DATE SIGNED: 12.30.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Dec. 30 1953.
REGISTRAR'S SIGNATURE: Wm Evalen E. Patrick
25. FUNERAL DIRECTOR: Howard Parkham
ADDRESS: Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 4 - 1954

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. 1593
Local Reg. No. 212
Reg. Dist. No. 607

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
c. LENGTH OF STAY (in this place): 1 m 21 d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS IDAHO
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) E. c. (Last) TAYLOR

4. DATE OF DEATH: (Month) DEC. 30 (Day) (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: MAY 31, 1858

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR Months: 7 Days: 30 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: P.T.TAYLOR — BIRTHPLACE: NOT GIVEN

14. MOTHER'S MAIDEN NAME: JANE SURTLIFF — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elton Young — ADDRESS: RECORDS STATE HOSPITAL SOUTH BLACKFOOT IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 304 Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, Senile — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 9, 19 53, *to* DEC. 30, 19 53, *that I last saw the deceased alive on* DEC. 30, 19 53, *and that death occurred at* 12:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H Sprague (Degree or title) M.D. — 23b. ADDRESS: State Hosp. So. Blackfoot — 23c. DATE SIGNED: 12.30.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — 24b. DATE: 12-30-53 — 24c. NAME OF CEMETERY OR CREMATORY: Clifton — 24d. LOCATION (City, town, or county): Clifton, Ills, (State): Idaho.

DATE REC'D BY LOCAL REG.: Dec 30 1953. — REGISTRAR'S SIGNATURE: Mrs Evalen E. Farris — 25. FUNERAL DIRECTOR: Leo A Dillion — ADDRESS: Idaho Falls, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey.
c. LENGTH OF STAY (in this place): 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AUDREY	MARIE	DREXLER	12	27	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	W.	Child	MAY 29 1953		6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Sun Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MELVIN A DREXLER	KIMBERLY, IDA	MEITA D. SCHLONEGGER	CHANDLER ARIZ

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Melvin A. Drexler — ADDRESS: Hailey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gastro-enteritis -
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 dys -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1953, *to* Dec 27, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 1 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Hailey Idaho	Dec 28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	12-30-53	Hailey	Hailey. Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan-4-1954	Robert H. Wright - per LBW.	Ray M Goldrick	

Federal Security Agency
United States Public Health Service

Form DPH-48(2)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4595
Local Reg. No. 352
Reg. Dist. No.

RECEIVED Certificate of Death

BIRTH NO. DEC 12 1953 STATE OF IDAHO

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
c. LENGTH OF STAY (in this place): 35 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. Idaho CIty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): As Above

3. NAME OF DECEASED (Type or Print)
a. (First): Lola
b. (Middle): L.
c. (Last): Rossi

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5. 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 8. 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmistress Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kerwin Kansas
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Warren A. Lindsey. 30 — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lizzie Spoory — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clyde W. Lindsey — ADDRESS: Nampa Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio sclerosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Excessive weight

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 470 4 (Degree or title): Reginald John Miller — Corner
23b. ADDRESS: Idaho City, Idaho
23c. DATE SIGNED: Dec. 9,1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10.1953 03
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-10-53
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. — ADDRESS: Boise Idaho

J. T. McCann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 23 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4596
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Idaho City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ miles S.W. Idaho City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Dean c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 19, 1929

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marsing, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Larsen
BIRTHPLACE: Ashton, Idaho

14. MOTHER'S MAIDEN NAME: Leona Stredder
BIRTHPLACE: Roseberry, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-32-3382

17. INFORMANT'S OWN SIGNATURE: Marion Larsen
ADDRESS: Marsing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 9328

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Exposure Zero Weather
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho City, Boise, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): December 12, 1953 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell in creek in zero weather

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Reginald John Mellor (Degree or title): Coroner
23b. ADDRESS: Idaho City, Idaho
23c. DATE SIGNED: Dec. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/16/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: 12-21-'53
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Original

RECEIVED Certificate of Death

JAN 12 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 4597
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Idaho City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Box 3

3. NAME OF DECEASED (Type or Print)
a. (First): Troy
b. (Middle): G.
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-21-30

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months: 3 Days: 10
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Berry Hill, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph O. Nichols
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lona D. Keeling
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): Korean

16. SOCIAL SECURITY NO.: 519285713

17. INFORMANT'S SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9768

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suicide. Gunshot wound in chest.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): chest

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho City 22 miles Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): DECEMBER 31. 1953 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: 12 Guage Shot Gun

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Reginald John Mellor.
(Degree or title): Coroner

23b. ADDRESS: Idaho City Idaho

23c. DATE SIGNED: Jan. 6th 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1/5/54

24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 1-9-54

REGISTRAR'S SIGNATURE: Mrs. E. S. Robison

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4596
Local Reg. No. 122
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 Church

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 916 Church

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): BILL
c. (Last): BOWENKAMP

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): unknown Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-05-2222
17. INFORMANT'S OWN SIGNATURE: Gilbert Norlen — ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis Generalized. 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Shaw (Degree or title): Coroner
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 12-11-53
REGISTRAR'S SIGNATURE: Grace Keeph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

#121

RECEIVED
DEC 14 1953
Division of Vital Statistics

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. 4599
Local Reg. No. 121
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Farland Pole Yard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): B.O.Q. Geiger Air Force Field

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): THOMAS
c. (Last): CRAWFORD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 10, 1931
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air force lieut.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
11. BIRTHPLACE (State or foreign country): Lee Summit, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknwon
14. MOTHER'S MAIDEN NAME: Ida Pearl Crawford — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): since 6/12/51
16. SOCIAL SECURITY NO.: 488-30-3341
17. INFORMANT'S OWN SIGNATURE: Merton P. Shelton MD USAF MC — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

860X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Traumatism Accidental — INTERVAL BETWEEN ONSET AND DEATH: Instant death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Explosion, Jet Plane Crash
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pole Yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sandpoint Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 9 1953 10:37 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____ 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Dec. 2 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/9/53
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Funeral Home Spokane,
24d. LOCATION (City, town, or county) (State): Wash.

DATE REC'D BY LOCAL REG.: 12-9-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 30 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4600
Local Reg. No. 127
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 South Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 323 South Boyer

3. NAME OF DECEASED (Type or Print): a. (First) SEVERYNA b. (Middle) c. (Last) FRANKOWSKI

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1865

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Gydnia, Poland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Nora Frankowski
ADDRESS: Sandpoint, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO: Generalized Arterio Sclerosis — 10 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 28, 1953, *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 14, 1953, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Tyler M D

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53

REGISTRAR'S SIGNATURE: Grace Ralph

25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5681
Local Reg. No. 126
Reg. Dist. No. 11-0
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rural - Route #1 No. Boyer

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	AUGUSTA	LENUCK	PAULET	Dec. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 6, 1896	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Kattemippen, Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Lenuck	Germany	Augusta Schories	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Werner E. Paulet	Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 8, 1949, *to* Dec 19, 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Sandpoint Idaho	12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1953	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-23-53	Grace Rapp	Hoon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48081

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4902
Local Reg. No. 128
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1109 Oak Street

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): ----
c. (Last): MAKI

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June ? 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Swamper
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): unknown Finland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-4253
17. INFORMANT'S OWN SIGNATURE: + Mrs Ida Maki — ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 1953, *to* Dec 27, 1953, *that I last saw the deceased alive on* Dec 27, 1953, *and that death occurred at* 10 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Tyler M D
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Jan. 4, 1954
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home — ADDRESS: Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48621

RECEIVED
DEC 21 1953
Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No. 4068
Local Reg. No. 128
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J.H. Morehouse residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla - Rural
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) BELVILLE c. (Last) MOREHOUSE

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 22, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): unknown Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Morehouse BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Amanda Jane Couch BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James J. Morehouse ADDRESS: Priest River,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 20 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 1953 *to* Dec. 10, 1953 *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. J. Stauffer M.D.
23b. ADDRESS: Priest River, Ida.
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: 12-17-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR: Moon Funeral Home
ADDRESS: Priest River, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 124
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Whitetail Butte
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home-Nordman Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Whitetail Butte
d. STREET ADDRESS (If rural, give location): Nordman Route, Priest River,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	GEORGE	CHURCH	Dec. 16, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sep. 23, 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	General farming	Belleplane, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes Word War I	518-05-2226	Mrs Riva Church	Priest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Passed Away Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____ 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Laurence Gilbert M Coroner	Sandpoint Idaho.	12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 21, 1953	Smith Crematory	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-18-53	Grace Rapp	Moon Funeral Home	Sandpoint, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 125
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Squaw Valley
c. LENGTH OF STAY (in this place): 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home-Nordman Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Squaw Valley
d. STREET ADDRESS (If rural, give location): Nordman Route of Priest River

3. NAME OF DECEASED (Type or Print): a. (First) BIRDIE b. (Middle) MAE c. (Last) HARROLD

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 30, 1952

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infancy

11. BIRTHPLACE (State or foreign country): Hot Springs, Mont.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Virgil Harrold
BIRTHPLACE: Libby, Montana

14. MOTHER'S MAIDEN NAME: June St. Claire
BIRTHPLACE: Superior, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Virgil Harrold
ADDRESS: Nordman Route, P.R. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Smothered — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Burning of dwelling
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Squaw Valley Bonner Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 21, 1953 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Burning of Dwelling

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner
23b. ADDRESS: Sandpoint, Idaho.
23c. DATE SIGNED: Dec. 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Brazington farm
24d. LOCATION (City, town, or county) (State): Squaw Valley, Bonner, Idaho

DATE REC'D BY LOCAL REG.: 12-23-53
REGISTRAR'S SIGNATURE: Grace Ralph
25. FUNERAL DIRECTOR ADDRESS: [illegible] Sandpoint, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. [illegible]
Local Reg. No. 262
Reg. Dist. No. 610

BIRTH NO. [illegible] JAN 12 1954 Division of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Mother 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan, rural
d. STREET ADDRESS (If rural, give location): 4 miles North of Menan

3. NAME OF DECEASED (Type or Print): a. (First) CATHY b. (Middle) MAYE c. (Last) GOHR

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: November 23, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 3, Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Gohr — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Helen Henrie — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leonard Gohr — ADDRESS: Menan, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8:40A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: 306 [signature] (Degree or title) M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 15 - 53
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 12 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 259
Local Reg. No. 259
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 263 - H" ST

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 263 H" St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Milton	Boulter	Nov 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married -	March 26-1882	71	7	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Livestock
11. BIRTHPLACE (State or foreign country) Draper - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Boulter — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Fannie Monroe — BIRTHPLACE Canada.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ray Boulter — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease 443X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Bronchial Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1953, *to* Nov 24, 1953, *that I last saw the deceased alive on* [redacted] 11-24-53, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John Hiter Mrg
23b. ADDRESS Idaho Falls
23c. DATE SIGNED 12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov 26-1953
24c. NAME OF CEMETERY OR CREMATORY Cedar Butte Cemetery
24d. LOCATION (City, town, or county) (State) Annis - Idaho

DATE REC'D BY LOCAL REG. Dec. 5-53
REGISTRAR'S SIGNATURE Dena Bridges
25. FUNERAL DIRECTOR Rob A. Williams — ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 12 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 270
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 468 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Eric Hadley Mayes
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 20, 1948
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hadley C. Mayes — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Harriett Garrett — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: H. C. Mayes — ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

343 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Debility gradual over 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) following severe progressive encephalitis

DUE TO (c) About 2 yrs ago

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reed Henderson, M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR ADDRESS: Jack A. Wood — Jack A. Wood Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. 1603
Local Reg. No. 264(a)
Reg. Dist. No. 610

BIRTH NO. JAN 12 1954 Division of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonniville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
d. STREET ADDRESS (If rural, give location) 337 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Dora
b. (Middle) Bradley
c. (Last) Larsen

4. DATE OF DEATH (Month) Nov. (Day) 29, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 24 1893
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Morani, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Amos Bradley, BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Lenora Rees, BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lay N. Larsen ADDRESS Shelley R#2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial infarction. 4201

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5, 1953, *to* 11-29, 1953, *that I last saw the deceased alive on* 11-29, 1953, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE John S. McMillin M.D. 673 (Degree or title)
23b. ADDRESS 355 "F", street
23c. DATE SIGNED 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 3, 1953 01
24c. NAME OF CEMETERY OR CREMATORY Goshen
24d. LOCATION (City, town, or county) Shelley R#2 Bingham (State) Idaho

DATE REC'D BY LOCAL REG. 12-3-53
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR [illegible] ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

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DEC 15 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1510
Local Reg. No. 251
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WENDELL b. (Middle) LEE c. (Last) DAYLEY

4. DATE OF DEATH (Month) (Day) (Year): Dec., 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: December 5, 1935

9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clifton E. Dayley
BIRTHPLACE: Parker, Idaho

14. MOTHER'S MAIDEN NAME: Vivian Durney
BIRTHPLACE: Ora, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-34-8507

17. INFORMANT'S OWN SIGNATURE: Clifton E. Dayley
ADDRESS: Ashton, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lacerations of Brain	Min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gun shot wound, 22 cal.	4 hr.
DUE TO (c)	entrance left temple.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lacerations of brain sagittal sinus.	4 hr.

19a. DATE OF OPERATION: Nov. 27 '53
19b. MAJOR FINDINGS OF OPERATION: - Laceration of Brain, Laceration of sagittal sinus
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): St. Anthony (COUNTY): Fremont (STATE): Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 27 '53 2:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Shot by friend - .22 cal rifle.

22. *I hereby certify that I attended the deceased from* 22 Nov., 1953, *to* 1 Dec., 1953, *that I last saw the deceased alive on* 30 Nov., 1953, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): Angel, Md.
23b. ADDRESS: 385 E. St. Idaho Falls
23c. DATE SIGNED: 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 Dec 53
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.: Dec. 7-1953
REGISTRAR'S SIGNATURE: Anna Budge
25. FUNERAL DIRECTOR: M. A. Hansen
ADDRESS: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Rev.

Federal Security Agency
United States Public Health Service

Form DPH-480a

RECEIVED
DEC 15 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4611
Local Reg. No. 232
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) ALEX; b. (Middle) A.; c. (Last) WEBER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20, 1902

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Weber. BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Anna Grassmick. BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO. 519-36-5431

17. INFORMANT'S OWN SIGNATURE: Mrs. Alex Weber Jr. ADDRESS: Lorenzo, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5401 Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Perforated Peptic Ulcer

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Pancreas ? & Metastasis to the Liver.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* Dec 3, 1953, *that I last saw the deceased alive on* Dec 2, 1953, *and that death occurred at* 2:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford L. Hughes M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-5-53

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis

DATE REC'D BY LOCAL REG.: Dec. 7-1953

REGISTRAR'S SIGNATURE: Anne Bridges

25. FUNERAL DIRECTOR: A.B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 12 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 361
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 302 E. 17th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 302 E. 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) ITHA; b. (Middle) ARDELLE; c. (Last) JOHNSON

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 28, 1921

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Hansen
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Myrtle Ardelle Munsee
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-38-3744

17. INFORMANT'S OWN SIGNATURE: Rose C Johnson
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial hypertension, severe — 5 yrs.

DUE TO (c) Myocardial damage — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, *to* Dec 4, 1953 *that I last saw the deceased alive on* Nov 20, 1953 *and that death occurred at* 5:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: N E Guyett (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Dec 7 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Bonneville County Idaho

DATE REC'D BY LOCAL REG.: Dec. 16-1953
REGISTRAR'S SIGNATURE: Anna Rudges
25. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-4802

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JAN 12 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4613
Local Reg. No. 271
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 494 2nd Street

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) M. c. (Last) Fouts

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 47

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Fouts
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Sarah McCracken
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roy Fouts
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 304X Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Starvation — 4 mo
DUE TO (c) Senile Psychosis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1953 *to* Dec 5, 1953, *that I last saw the deceased alive on* Dec 5, 1953, *and that death occurred at* 1-30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David W. Smith M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/7/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54
REGISTRAR'S SIGNATURE: Anna a Burgess
25. FUNERAL DIRECTOR: Jack A. Wood, Idaho Falls, Idaho
ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JAN 5 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1611
Local Reg. No. 260
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 130 - 3rd St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wilford	Woodruff	Croft.	Dec - 7 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 18, 1882	71	2	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroading 70
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orderville - Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Croft. BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ellen Rothwell - BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE F H Croft. ADDRESS Idaho Falls, Idaho

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4402 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28, 1953, *to* 12-7, 1953, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hutes	MD	Idaho Falls	12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal to Burial	Dec-10-1953	Mt. View Cemetery	Pocatello - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 10-1953	Irma Rudges	Geo. A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 12 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 272
Reg. Dist. No. 610

BIRTH NO. —

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rosa	Olive	Wallace	Dec 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept 5, 1890	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ammon, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Albert Owen — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rosa Ellingford — BIRTHPLACE: England

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16 SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rosa Wallace — ADDRESS: Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1953, *to* Dec 7, 1953, *that I last saw the deceased alive on* Dec 7, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds, M.D.	357 First St. Idaho Falls Idaho	12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/10/53	Ammon Cemetery	Ammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-5-1954	Anna Ridges	Jack A Wood	Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4516
Local Reg. No. 255
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 585 12th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 585 12 St.

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy b. (Middle) Elizabeth c. (Last) Jeppson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 24, 1869
9. AGE (In years last birthday): 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ol
11. BIRTHPLACE (State or foreign country): Melville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Riggs BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Dorothy Nielson BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO
17. INFORMANT'S OWN SIGNATURE: O Jeppson ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility - arteriosclerotic changes. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) apoplexy — several months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A Hatch - M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Dec. 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: Dec. 9-1953
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Jack A Wood ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-480.2

RECEIVED
JAN 12 1954

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 263
Local Reg. No. 263
Reg. Dist. No. 610
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): R-1

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Mack c. (Last) Guymon

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 27, 1918

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 0, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: U.S.I. Sugar Co.

11. BIRTHPLACE (State or foreign country): Castle Dale - Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis Wesley Guymon — BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Pearl McElprang — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Mack Guymon — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 30, 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Crushed between crane & train at Utah-Idaho Sugar Factory

22. *I hereby certify that I attended the deceased from* 11-30, 1953, *to* 12-8, 1953, *that I last saw the deceased alive on* 12-8, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Hatch — (Degree or title): MD

23b. ADDRESS: 100-8th St Idaho Falls Idaho

23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 11 1953

24c. NAME OF CEMETERY OR CREMATORY: Milo Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 12-15-53

REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Des G. Stevens — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Recorder

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4610
Local Reg. No. 258
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 493 N. Higbee

3. NAME OF DECEASED (Type or Print)
a. (First): Randy
b. (Middle): Gayle
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Dec-10-1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb-3-1958
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 9; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Rusell White — BIRTHPLACE: Shelley
14. MOTHER'S MAIDEN NAME: Colleen Blackburn — BIRTHPLACE: Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Raymond R. White — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

587.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic Deficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Malnutrition
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1953, *to* 12-11, 1953, *that I last saw the deceased alive on* 12-10, 1953, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 15x7 S12bd Idaho Falls
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec-12-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillview Cemetery
24d. LOCATION (City, town, or county) (State): Shelley - Idaho

DATE REC'D BY LOCAL REG.: 12-12-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

H. Smith

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Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. 264 (B)
Local Reg. No. 610
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 219 Lava

3. NAME OF DECEASED (Type or Print) — a. (First) Mary — b. (Middle) Catherine — c. (Last) Eskridge

4. DATE OF DEATH (Month) (Day) (Year) Dec - 12 - 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant.

8. DATE OF BIRTH Dec - 11 - 1953

9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 1 — IF UNDER 24 HRS. Hours 4 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond L. Eskridge — BIRTHPLACE Bellevue Ida.

14. MOTHER'S MAIDEN NAME Elsie Hollett — BIRTHPLACE Liverpool, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Raymond L. Eskridge — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

17167

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 16 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 1 day

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* Dec 13, 1953, *that I last saw the deceased alive on* Dec 13, 1953, *and that death occurred at* 5 m., *from the causes and on the date stated above.*

23a. SIGNATURE David D. Smith (Degree or title) M.D. — 23b. ADDRESS Idaho Falls Idaho — 23c. DATE SIGNED 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - 1 — 24b. DATE Dec - 14, 1953 — 24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery — 24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Dec. 15-53 — REGISTRAR'S SIGNATURE Rena Bridger

25. FUNERAL DIRECTOR Geo A Williams — ADDRESS Idaho Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1503
Local Reg. No. 273
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1450 Idaho Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Myler

4. DATE OF DEATH (Month) (Day) (Year): Dec 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Don C. Walker
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: ?
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: O. M. Myler
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with failing compensation — Interval between onset and death: Indef.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic rheumatic and sclerotic heart.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema with failure right heart

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: X-rays on two occasions. No autopsy. Elecro cardiogram

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17 19 53, *to* Dec. 16, 1953, *that I last saw the deceased alive on* Dec. 16, 1953, *and that death occurred at* Idaho Falls *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kim C. Weller, M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Dec. 21, 19

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-53
24c. NAME OF CEMETERY OR CREMATORY: Lewisville Cemetery
24d. LOCATION (City, town, or county) (State): Lewisville Idaho

DATE REC'D BY LOCAL REG.: 1-5-1954
REGISTRAR'S SIGNATURE: Anna Bridges

25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death — STATE OF IDAHO

State File No. 1621
Local Reg. No. 26T
Reg. Dist. No. 610
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annis Rural
d. STREET ADDRESS (If rural, give location): 1 Mi No. of Annis

3. NAME OF DECEASED (Type or Print): a. (First) RILEY; b. (Middle); c. (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 18, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Frank Hall. BIRTHPLACE: IOWA

14. MOTHER'S MAIDEN NAME: Mary Serepta Lake. BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Blaine E. Hall ADDRESS: Lorenzo, Ida. #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Diabetic coma — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Patient had prostatic resection — 12-1-53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-21-51, 19___, *to* 12-17-53, 19___, *that I last saw the deceased alive on* 12-17-53, 19___, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Blair E. Emmett M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-21-53

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 12-23-53

REGISTRAR'S SIGNATURE: Anna Bridges

25 FUNERAL DIRECTOR: C. B. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4622
Local Reg. No. 276
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) c. (Last) LAM

4. DATE OF DEATH: (Month) December (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 29, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Therneau
BIRTHPLACE: Alsace-Lorraine

14. MOTHER'S MAIDEN NAME: Lena Weber
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wm. Therneau
ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1953, *to* Dec. 18, 1953, *that I last saw the deceased alive on* Dec. 18, 1953, *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas. Tall, M.D. (Degree or title)
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 13-54
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR: Leland & Beck
ADDRESS: Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 12 1954

Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 274
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Secred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 250 West Elva

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) M c. (Last) Grow

4. DATE OF DEATH (Month) (Day) (Year): Dec 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 22, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Grow
BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Esther Coffin
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mr Ray Cole
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

45 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of aneurysm of abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH: 3d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 19, 1953, *to* Dec 21, 1953, *that I last saw the deceased alive on* Dec. 20, 1953, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley Engel M.D.
23b. ADDRESS: 983 F St. Idaho Falls
23c. DATE SIGNED: 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12 23 53
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54
REGISTRAR'S SIGNATURE: Anna Rudges
25. FUNERAL DIRECTOR: Jack A. Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 12 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4624
Local Reg. No. 266
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Don c. (Last) Wilson

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 29, 1940

9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Firth Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Daniel Wilson — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Bessie Pearl Mangum — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----- (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT'S OWN SIGNATURE: George D Wilson — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

919.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema & hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 22 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) secondary to gunshot wound.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Along Snake River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Firth, Bingham co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: No one knows

22. *I hereby certify that I attended the deceased from* Dec. 21, 1953, *to* Dec 22, 1953, *that I last saw the deceased alive on* Dec. 22, 1953, *and that death occurred at* 12 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kendall Betty, M.D.

23b. ADDRESS: Shelley Idaho

23c. DATE SIGNED: Dec 26 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail

24b. DATE: 12-26-1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Bonniville Idaho

DATE REC'D BY LOCAL REG.: Dec. 27-53

REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Lloyd McFadden — ADDRESS: Shelley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4625
Local Reg. No. 277
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cliff & Chamberlain Streets

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 370 Cliff Street

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): JOHN
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): December 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman, ret.
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Neil Anderson 04
BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Minnie Ott
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-20-3876
17. INFORMANT'S OWN SIGNATURE: Margaret K. Anderson
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Indart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1957, *to* Dec 24, 1953 *that I last saw the deceased alive on* Dec 22, 1953, *and that death occurred at* 7:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: 059 [signature] (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13-54
REGISTRAR'S SIGNATURE: Anna Bridgen
25. FUNERAL DIRECTOR: Orland C. Buck
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 269
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) [illegible] c. (Last) Barrett

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct., 3, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan A. Barrett, BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Eliza Ellen Shesley, BIRTHPLACE: Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Darell Barrett ADDRESS: Teton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed by train - 8027
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street -
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls, (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about 2:00 PM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Run over by Union engine

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo A Williams (Degree or title) (Coroner)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12028-53
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 12-27-53
REGISTRAR'S SIGNATURE: Dewa Bridges
25. FUNERAL DIRECTOR: Geo A Williams ADDRESS: Idaho Falls,

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1695
Local Reg. No. 265
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 284 E. 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JENNY
b. (Middle):
c. (Last): IRIANA

4. DATE OF DEATH (Month) (Day) (Year): December 31 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?: Italy

13. FATHER'S NAME: Joseph Magnacavallo — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Eddie Dumont — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:50A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Davis — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 1, 1954
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Philadelphia Pennsylvania

DATE REC'D BY LOCAL REG.: 12-31-54
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Orland C. Buck — ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1506
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palisades
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palisades
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nicholas b. (Middle) Wm. c. (Last) Hinz
4. DATE OF DEATH (Month) (Day) (Year): October 5, 1953
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Nov 20, 1948
9. AGE (In years last birthday): 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Estes Park, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theodore W. Hinz BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Marcella Mary Ripley BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE ADDRESS: Palisades, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Explosion of Fire extinguisher in — sudden
DUE TO (c) Closed Auto

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Palisades, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Palisades, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 5, 1953-1:30pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? As above

22. *I hereby certify that I attended the deceased from* Oct 5, *19* 53, *to* Oct. 5, *19* 53 *that I last saw the deceased alive on* Oct 5, *19* 53, *and that death occurred at* 1:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Afton, Wyoming
23c. DATE SIGNED: 1-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: New Woodlawn
24d. LOCATION (City, town, or county) (State): Pipestone, Minn.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR ADDRESS: Douglas A. Barrus

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 18 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 275
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1100 Bl. Fremont Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 143 College St.

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): J
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): 12/29/53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4/11/31
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brown — BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Nora B. Wadsworth — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korea
16. SOCIAL SECURITY NO.: 519-30-7155
17. INFORMANT'S OWN SIGNATURE: John Brown — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Around 1-3 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hose from exhaust Pipe run into Car

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo A. Williams (Coroner)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: Jan 7, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/53
24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
24d. LOCATION (City, town, or county) (State): Taylor, Idaho

DATE REC'D BY LOCAL REG.: 1-5-1954
REGISTRAR'S SIGNATURE: Anna Budges
25. FUNERAL DIRECTOR: Ralph M Wood — ADDRESS: Idaho Falls, Idaho

Ralph M. Wood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
53-14127 DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1C[illegible]
Local Reg. No. 39-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Celia
b. (Middle) Marie
c. (Last) Munyan

4. DATE OF DEATH (Month) (Day) (Year) November 26, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH II/22/53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bonners Ferry Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ralph Munyan BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Leila Marie Felt BIRTHPLACE Caram Montana

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Spencer Munyan ADDRESS Bonners Ferry Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762,5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive atlectasis — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 4 days
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov 22, 1953, *to* Nov 26, 1953, *that I last saw the deceased alive on* 8:00 AM Nov 26, 1953, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Everett L Eddy M.D. (Degree or title) 695
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 12/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE I2/I2/53
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 12/12/53
REGISTRAR'S SIGNATURE Ken Bowell
25. FUNERAL DIRECTOR E. H. Whitney ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4621
Local Reg. No. 40-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Rachiel
b. (Middle) Ophelia
c. (Last) Cypert

4. DATE OF DEATH (Month) (Day) (Year) December 13, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH March 20, 1877
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Saltillo Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Love Burns BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS Hope Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

722.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Rheumatoid arthritis 18 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Dec 13, 1953, *that I last saw the deceased alive on* Dec 12, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. M. Bowell 037 (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 12/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1
24b. DATE 12/19/53 01
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. 12/15/53
REGISTRAR'S SIGNATURE R. M. Bowell
25. FUNERAL DIRECTOR N. F. Riplinger Jr. ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 41-53
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Copeland
c. LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Copeland
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) Allen c. (Last) Curless

4. DATE OF DEATH (Month) (Day) (Year) December 23, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH March 4, 1915

9. AGE (In years last birthday) 38
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mentally retarded invalid

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salina Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alva Hall Curless II
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Laverne ------
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Beverly C Curless
ADDRESS Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

49.37

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE E F Whitney (Degree or title) Coroner

23b. ADDRESS Bonners Ferry Idaho

23c. DATE SIGNED 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/28/53

24c. NAME OF CEMETERY OR CREMATORY Copeland Cemetery

24d. LOCATION (City, town, or county) (State) Boundary County Idaho

DATE REC'D BY LOCAL REG. Dec 31 1953

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR E F Whitney
ADDRESS Bonners Ferry Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 16 1953
Division of Vital Statistics

Amended Jan 20, 1981

Certificate of Death

STATE OF IDAHO

State File No. 4633
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Etta c. (Last) McGuire

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Feb. 29, 1872

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 9 Days: 11 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Malad. Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin A. Pearson
BIRTHPLACE: ✓

14. MOTHER'S MAIDEN NAME: Mary Eliza Curtis
BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S OWN SIGNATURE: Charles McGuire
ADDRESS: Moore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1953, *to* Dec 9, 1953, *that I last saw the deceased alive on* Dec 8, 1953, *and that death occurred at* 2:07 *m., from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): J. H. Egbert M.D.

23b. ADDRESS: Arco Idaho.

23c. DATE SIGNED: 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 12-53

24c. NAME OF CEMETERY OR CREMATORY: Lost River Cemetary

24d. LOCATION (City, town, or county) (State): Moore - Idaho

DATE REC'D BY LOCAL REG.: Dec. 13-53

REGISTRAR'S SIGNATURE: Betty J. Marvel #670

25. FUNERAL DIRECTOR: Betty J. Marvel
ADDRESS: Arco Idaho
F.D. # 19

Federal Security Agency
United States Public Health Service

Form DPH-49021

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

DEC 9 4 38 PM '80

Certificate No. 53-4633
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Death

for Mary Etta McGuire (Name on Original Certificate) who died (Was Born, Died, etc.) on Dec 9, 1953 (Date of Event)

in Moore, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#8 Date of Birth	Feb 28, 1953	Feb. 29, 1872

Subscribed and sworn to before me this 21 day of November, 1980.
Notary Public, Jean H. Smith
Residing at Butte County Idaho
My commission expires Life time
(Seal)

X J. Harry Pearson
Signature of Applicant
X Howe 3 M
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4604
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle b. (Middle) Leona c. (Last) Powers

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State of foreign country): Heber Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Sims — BIRTHPLACE: ✓
14. MOTHER'S MAIDEN NAME: Mary Anne Henderson — BIRTHPLACE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy Powers — ADDRESS: Arco Idaho

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

42011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: at once

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension & malnutrition — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Marvel (Degree or title): Butte County Coroner
23b. ADDRESS: Arco Idaho
23c. DATE SIGNED: 1/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/3/54
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco Idaho

DATE REC'D BY LOCAL REG.: 1-5-54
REGISTRAR'S SIGNATURE: Betty J. Marvel
25 FUNERAL DIRECTOR: W. Marvel
ADDRESS: Arco Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 88[illegible]
Reg. Dist. No. 36 D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #2 (Greenleaf)

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Beryl
c. (Last) McIndoo

4. DATE OF DEATH (Month) (Day) (Year) December 4-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 19-1906
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months 4 Days 15 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY J.R. Simplot Co.
11. BIRTHPLACE (State or foreign country) Jewel County, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Edward McIndoo
BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Cora Winslow,
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-8705
17. INFORMANT'S OWN SIGNATURE Mrs. H. B. McIndoo, ADDRESS Rt. 2 Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occulusion — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September 1951, *to* Dec. 4, 1953, *that I last saw the deceased alive on* Dec. 4, 1953, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J.H. Strowd (Degree or title) DO.
23b. ADDRESS Box 528 Caldwell, Idaho
23c. DATE SIGNED 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8-1953
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 12/9/53
REGISTRAR'S SIGNATURE Agnes M Denman
25. FUNERAL DIRECTOR Deckham-Dakan Chapel ADDRESS Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. [illegible]
Local Reg. No. 90
Reg. Dist. No. 360

111-53-15425 DEC 14 1953

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 9hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1214 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sherri
b. (Middle): Kaye
c. (Last): Fercho

4. DATE OF DEATH: (Month) Dec. (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 8. 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.: 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emil F. Fercho
BIRTHPLACE: Nortonville N. D.

14. MOTHER'S MAIDEN NAME: Patsy Ruth Black
BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs. Emil F. Fercho
ADDRESS: 1214 Blaine St. Caldwell Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 8, 1953, *to* Dec. 8, 1953, *that I last saw the deceased alive on* Dec. 8, 1953, *and that death occurred at* 7:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oakes H. Weaver M.D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: Dec. 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 12/53

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/10/53

REGISTRAR'S SIGNATURE: Agnes M Penman

25. FUNERAL DIRECTOR ADDRESS: Davis-Warrick Funeral Home Caldwell

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Permit issued to: Peckham-Dakan Chapel
Caldwell, Idaho

Sent 8-16-56

RECEIVED
AUG 13 56
Division of Vital Statistics

August 7, 1956
Date

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: Sherri Kaye Ferche

NAME OF DECEASED Sherri Kaye Ferche

DATE OF DEATH December 8, 1953

CAUSE OF DEATH Prematurity

ATTENDING PHYSICIAN Dr. Oaks Hoover

BURIED IN Canyon Hill Cemetery CEMETERY

TO BE REMOVED TO Canyon Hill Cemetery CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Father

NAME OF LICENSED EMBALMER Merville D. Davis

REASON FOR DISINTERMENT To be placed beside her brother

Very truly yours,

Emil L Ferche
Signature of relative or person requesting permit.

1420 North Ohio, Caldwell, Idaho
Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Canyon) ss

On this 7th day of August, 1956, before me ~~Emil L Ferche~~ Nell Wilson a Notary Public in and for the within county and state personally appeared Emil L Ferche known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

Nell Wilson
Notary Public, residing at Caldwell, Idaho
My commission expires June 8-1960

(Seal)

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 Albany Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): M.
c. (Last): RHODES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 27, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Timberville, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abram Garber — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Frank J. DeCoursey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/19, 1952, *to* 12/15, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joe Salter MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 12/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 18, 53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): San Jose, California

DATE REC'D BY LOCAL REG.: 12/22/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: John F Alsip, Jr. — ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 97
Reg. Dist. No. 960

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Apt. 18 Canyon Hill Park

3. NAME OF DECEASED (Type or Print): a. (First) Ted; b. (Middle) Eugene; c. (Last) Ekart

4. DATE OF DEATH (Month) (Day) (Year): December 24-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: April 15, 1951

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 8, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ira L. Ekart — BIRTHPLACE: Lancaster, California

14. MOTHER'S MAIDEN NAME: Gloria M. Mittan — BIRTHPLACE: Hay Springs, Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Ira L. Ekart — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

501X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Tracheo bronchitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): and Interauricular septal defect of heart
DUE TO (c): and acute generalized infection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Autopsy only, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 26 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/29/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: C. V. Peckham — ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 19 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 3
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 311 Georgia Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) I.; c. (Last) Vogt

4. DATE OF DEATH: (Month) (Day) (Year): December 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 5, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months: 3; Days: 25
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 64

11. BIRTHPLACE (State or foreign country): Pottawattamie Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Known
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Donald G. Vogt
ADDRESS: Caldwell Rt.2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1517

19a. DATE OF OPERATION: 12-10-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-30-, 1953, *to* 12-30, 1953, *that I last saw the deceased alive on* 12-30, 1953, *and that death occurred at* 12:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chester P. Stevenson, M.D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 2, 1954

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1/19/54

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
ADDRESS: Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 22 1953
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1610
Local Reg. No. 259
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Oreana, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	GIDEON	SPENCER	Dec. 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 10, 1872	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner & Stockman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alton, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Spencer
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Phoebe Edwards
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Neva P. Spencer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Art. Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
361 Joe Saltzer	MD	Nampa	12/10

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/5/53	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 17, 1953	Mrs. Jane Steck	Lewis Edmunds	Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 13 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 36-21

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Corwen Bldg.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Room 29 Corwen Bldg.

3. NAME OF DECEASED (Type or Print): a. (First) H. b. (Middle) R. c. (Last) GILLILAND

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 28, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: No Record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Records from personal papers
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Probable Coronary Occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Alsip Jr. Coroner

23b. ADDRESS:

23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 5, 1954

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

25. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Nampa, Idaho

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4642
Local Reg. No. 260
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215 Nectrine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 215 Nectrine

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): W.
c. (Last): RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 13, 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Richards — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dorothea M Richards — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Salzer MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 12/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

RECEIVED DEC 31 1953 Division of Vital Statistics

STATE OF IDAHO

State File No. 4643
Local Reg. No. 264
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harper
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): H.
c. (Last): WOODWORTH

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 22, 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher & Stockman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shasta Co., Calif.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Woodworth — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Mary C. Sherlock — BIRTHPLACE: New Zeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Emory M. Wright — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Decompensation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Salter MD 361
23b. ADDRESS: Nampa
23c. DATE SIGNED: 12/17

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/14/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — LEWIS EDMUNDS MORTUARY
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED DEC 31 1953 Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 262
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Morris Nurs. Home

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ALEXANDER
c. (Last): BURNIE, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George A. Burnie
BIRTHPLACE: Nebraska
~~14. MOTHER'S MAIDEN NAME~~ Informant's ~~BIRTHPLACE~~ Sign.
17. Boyd Burnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
~~17. INFORMANT'S OWN SIGNATURE~~ ADDRESS
14. Jane E. Davis — Illinois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION Mother's Name

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1947, *to* Dec 11, 1953, *that I last saw the deceased alive on* Dec 11, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-18-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 28 1953
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 4645
Local Reg. No. 265
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
DEC 31 1953
Division of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1824 5th St. No.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle):
c. (Last): WEST

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1953

5. SEX: ma le
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 29, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 36
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Mkt. Operator
11. BIRTHPLACE (State or foreign country): Creston, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph W. West — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Artimissa Davis — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Jerry West — ADDRESS: Moran, Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

584X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Jaundice

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stricture Ampula Vater.
DUE TO (c) Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hydrops gall bladder.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1952, *to* Dec 16, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* 4:08a m *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 443 Henry C. Wesebe M.D
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds — ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED Certificate of Death

JAN 11 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 1646
Local Reg. No. 2
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLORA b. (Middle) M. c. (Last) LINHART

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 7, 1872

9. AGE (In years last birthday): 1 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Schyler Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Hensley
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Sarah A. Wellman
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Basil C. Linhart
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Coronary sclerosis — 1 yr.
DUE TO (c) Congestive Heart failure — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/20, 1953, *to* 12/25, 1953, *that I last saw the deceased alive on* 12/25, 1953, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.B. Russ. (Degree or title): M.D.

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 1/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/29/53

24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery

24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: January 9, 1954

REGISTRAR'S SIGNATURE: Mrs. Jane Steele

25. FUNERAL DIRECTOR: Lewis Edmunds Mortuary

ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4647
Local Reg. No.
Reg. Dist. No. 362

RECEIVED
JAN 11 1954
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 204 14th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FOSTER
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): December 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 14, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter 63

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Booneville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: L.C. Jones
BIRTHPLACE: Little Rock, Ark.

14. MOTHER'S MAIDEN NAME: Elizabeth
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 03 1746

17. INFORMANT'S OWN SIGNATURE: X Charles Foster Jones
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary & generalized Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Decompensation
DUE TO (c): Cardiac hypertrophy
Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/24, 1953, *to* 12/26, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Scattyer MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 1/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 9, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 13 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1-1
Local Reg. No. 4
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOUISA	MARGARET	LIECHTY	Dec. 2, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	September 5, 1878	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Andrews — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: [illegible] Liechty — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elizabeth Diana Smith — ADDRESS: Illinois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199X Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Lung, Abdomen and
DUE TO (c) Hip. Primary cause

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. undetermined - Presumably Pelvic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* Dec 2, 1953, *that I last saw the deceased alive on* Dec, 1953, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Mangum MD	Nampa Idaho	12-4 53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	December 5, 53	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
January 5, 1954	Mrs Jane Stark	John F Alsip Jr.	Nampa, Ida.

Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4648
Local Reg. No. 8
Reg. Dist. No. 961

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Alexander; b. (Middle) Smith; c. (Last) Christie

4. DATE OF DEATH: (Month) December (Day) 3, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 11, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 3 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Good Thunder, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David B. Christie
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Emma Stratton,
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 540-18-7294

17. INFORMANT'S OWN SIGNATURE: Mrs R.S. Christie
ADDRESS: Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Angina Pectoris

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 3, 1953, *to* Dec 3, 1953, *that I last saw the deceased alive on* Dec 3, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Mitchell 257

23b. ADDRESS: Parma Idaho

23c. DATE SIGNED: 12-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 7-1953

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 12/9/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: C. V. Peckham
ADDRESS: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4655
Local Reg. No. 91
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #1 (Sunny Slope)

3. NAME OF DECEASED (Type or Print): a. (First) Lynn b. (Middle) Henry c. (Last) Ford

4. DATE OF DEATH (Month) (Day) (Year): December 7-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 13, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR Months: 3 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clymer, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Ford, BIRTHPLACE: Clymer, New York

14. MOTHER'S MAIDEN NAME: Rhoda Purdy, BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-26-0574

17. INFORMANT'S OWN SIGNATURE: x Mrs Lynn H Ford, ADDRESS: Wilder, Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4437

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease 2+ yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1953 to 12-5, 1953, that I last saw the deceased alive on 12-5-53, 19____, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W J Hubler MD
23b. ADDRESS: 221 E Logan St Caldwell, Ida
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/11/53
REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: Peckham-Dakan Chapel
Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED JAN 13 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 5
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 6

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle):
c. (Last): MICKELSEN

4. DATE OF DEATH (Month) (Day) (Year): Found Dec. 8, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 8, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Herder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Personal Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Occlusion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John F Alsip, Jr. (Degree or title): Corner
23b. ADDRESS:
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 5, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Stark
25. FUNERAL DIRECTOR: John F Alsip, Jr. — Alsip Funeral Chapel
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 22 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1653
Local Reg. No. 361
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 465 Filmore Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) R.; c. (Last) ANDERSEN

4. DATE OF DEATH: (Month) 12- (Day) 12- (Year) 53

5. SEX: M

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: 6-8-53

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6; Days; IF UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - 05

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: REX HARRIS ANDERSON — BIRTHPLACE: Thacher, Idaho

14. MOTHER'S MAIDEN NAME: THERON LORDS — BIRTHPLACE: Firth, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - -
(If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

753.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Insufflation Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hair Lip - Cleft Palate

DUE TO (c) Microcephalic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Extreme defectiveness

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14, 1953, *to* 12-12, 1953, *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 7:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 365 — (Degree or title): ,M. D. — 23b. ADDRESS: BOX 531, NAMPA, IDAHO — 23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 12/17/53 — NAME OF CEMETERY OR CREMATORY: Grace Cemetery — 24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1953 — REGISTRAR'S SIGNATURE: Mrs. Jane Steck — 25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Nampa, Idaho

[illegible] FUNERAL HOME, NAMPA

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

State File No. [illegible]
Local Reg. No. 263
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
DEC 31 '53
Division of Vital Statistics
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa @ Rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa - Rural
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle):
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 24, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Charles, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Abrahamson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Charlotte Peterson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles L. Green
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion.
INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2 previous attacks same
3 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* Dec 15, 1953, *that I last saw the deceased alive on* 15 Dec, 19 53, *and that death occurred at* 11:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: 1111 6th St Nampa
23c. DATE SIGNED: 18 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 28, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Ida.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4654
Local Reg. No. 90
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho Route 1
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Lenard
c. (Last): Anderson

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 20, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR Months: 88 Days: 26 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Near Stockholm, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs John Anderson — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1953, *to* 6/8, 1953, *that I last saw the deceased alive on* 6/8, 1953, *and that death occurred at* ? A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Oaks H. Hoover (Degree or title) 670
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 12/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12/23/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR: Flaniff Funeral Chapel — ADDRESS:

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 15[illegible]
Local Reg. No. 95
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 14yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 475 Parma Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 475 Parma Idaho

3. NAME OF DECEASED (Type or Print): a. (First) EZRA b. (Middle) CURRINGTON c. (Last) HAMMER

4. DATE OF DEATH: (Month) (Day) (Year): 12-19-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-17-1880

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Currington Hammer — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Ines Mitchell — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ethel Hammer — ADDRESS: Box 475 PARMA IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 1952, *to* Dec. 19, 1953, *that I last saw the deceased alive on* Dec 12, 1953, *and that death occurred at* 8:31 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Denford, M.D. — (Degree or title)

23b. ADDRESS: Nyssa, Oregon

23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-22-1953

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma Canyon Idaho

DATE REC'D BY LOCAL REG.: 12/21/53

REGISTRAR'S SIGNATURE: Agnes M Denman

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Nyssa Ore.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 96
Reg. Dist. No. 36-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles N. E. Notus

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. 5, 2 miles N.E. of Notus

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) T. c. (Last) Hobbs
4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4, 1881
9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: of
11. BIRTHPLACE (State or foreign country): Glendale, Oregon
12 CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Hobbs BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Victoria Hardesty BIRTHPLACE: Monmouth, Oregon
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edward L. Hobbs ADDRESS: 4/12 Washington Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung collapse — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to Dec. 20, 1953 that I last saw the deceased alive on Dec 19, 1953 and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W.M. Mitchell M.D.
23b. ADDRESS: Parma Idaho
23c. DATE SIGNED: 12-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12/26/53
REGISTRAR'S SIGNATURE: Agnes M Denman
25. FUNERAL DIRECTOR? ADDRESS: A. E. Alden Boise, Idaho

McBratney-Alden

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 165
Local Reg. No. 98
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Nettie F. b. (Middle) Hardaway c. (Last) Cone

4. DATE OF DEATH (Month) (Day) (Year): December 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 30, 1868

9. AGE (In years last birthday): 85. IF UNDER 1 YEAR Months: 1 Days: 26 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Hardaway BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Betty Fowler BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: A. B. Cone ADDRESS: Parma, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease Myocarditis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 15 53 19____, *to* Dec 26, 1953 *that I last saw the deceased alive on* Dec 26, 1953 *and that death occurred at* 9a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Mitchell MD

23b. ADDRESS: Parma Idaho

23c. DATE SIGNED: 12-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: Roswell

24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 12/30/53

REGISTRAR'S SIGNATURE: Agnes Molenman

25. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan Chapel Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4658
Local Reg. No. 3
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1 yr. 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA STATE SCHOOL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 516 North 12th

3. NAME OF DECEASED (Type or Print)
a. (First): RONALD
b. (Middle): GEORGE
c. (Last): NEIDER

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 11/17/50
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - 02
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: JOHN NEIDER — BIRTHPLACE: POCATELLO, IDAHO
14. MOTHER'S MAIDEN NAME: BARBARA RICE PARRISH — BIRTHPLACE: ABERDEEN, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: Faye Steffenhagen — ADDRESS: Box 531, Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

344X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsion- during an attack of indigestion fever.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hydrocephalic and Spastic condition.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6, 1952, *to* 12-29, 1953, *that I last saw the deceased alive on* 12-29, 1953, *and that death occurred at* 8:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Wentworth 473, M. D.
23b. ADDRESS: Box 531, Nampa, Idaho
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/30/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho.

DATE REC'D BY LOCAL REG.: January 9, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F. Alsip, Jr. — ADDRESS: Nampa, Idaho.
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bancroft Ida
c. LENGTH OF STAY (in this place): ~~Yes~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Rural~~ Soda Springs,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Evan
b. (Middle): Max
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 4 - 1929
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 3, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 56
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Logan Ut
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Evan P. Jones — BIRTHPLACE: Bingham Ut.
14. MOTHER'S MAIDEN NAME: Veda Houser — BIRTHPLACE: Randolph Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.: 529-36-6784
17. INFORMANT'S OWN SIGNATURE: Evan P. Jones — ADDRESS: Logan Ut.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

810X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head injury - skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Train accident — 1/2 hour
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gamble RR. Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caribou Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 16 - 53 12:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto train collision

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30 a.m., *from the causes and on the date stated above,*

23a. SIGNATURE (Degree or title): 060 [signature] Benedict M.D.
23b. ADDRESS: Bancroft, Idaho
23c. DATE SIGNED: 1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-53
24c. NAME OF CEMETERY OR CREMATORY: Logan Cem.
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 12-16-53
REGISTRAR'S SIGNATURE: Betty Mae Burton
25. FUNERAL DIRECTOR: E. D. Whitman — ADDRESS: Soda Springs Idaho

Removal to Logan Ut. for Burial.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4660
Local Reg. No. 2
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 160 East Hooper Avenue

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	(B) Byron	Deaton	December 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	April 29, 1875	78	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Allreds, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pleasant Deaton	Allreds, No. Carolina	Martha Bourogh	Esther, North Carolina

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Spanish American	----	Thomas Blaine Deaton	

18. CAUSE OF DEATH Oct. 1897 - Oct. 1900 **MEDICAL CERTIFICATION**

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative H.T. Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Ca of Prostate — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1952, *to* December 29 1953, *that I last saw the deceased alive on* Dec. 29, 1953, *and that death occurred at* 6:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen W. Figuet 427 - M.D.	Soda Springs, Idaho	1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	January 2, 1954	Fairview Cemetery	Soda Springs Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-4-54	Betty Mae Burton	C. D. Whitman	Soda Springs Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 2 5 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 216
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 35 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1125 Miller Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1125 Miller Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle); c. (Last) Kelly

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 25, 1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months: 2; Days: 1
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): American Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Lamoni Kelly
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Nancy Ann Hales
BIRTHPLACE: Heber City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Annie Lean Kelly
ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 21, 1952 *to* Nov 24, 1953 *that I last saw the deceased alive on* Nov 24, 1953 *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. Kircher M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: Dec 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-7-53

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec 4 1953

REGISTRAR'S SIGNATURE: R. E. Wilson

25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 215
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 East 9th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 316 East 9th

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): P
c. (Last): Fitzjarrell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 7, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (State or foreign country): Syracuse, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Fitzjarrell, BIRTHPLACE: --Kentucky
14. MOTHER'S MAIDEN NAME: Maretta Hanks, BIRTHPLACE: ------ Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 519-01-1176
17. INFORMANT'S OWN SIGNATURE: Mrs. J. P. Fitzjarrell — ADDRESS: 316-E, 9th Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

421.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Endocarditis — 5 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1945, *to* Nov 30, 1953, *that I last saw the deceased alive on* Nov 30, 1953, *and that death occurred at* 5:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E. Dean M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY: Portland Cemetery
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: Dec 4 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Vern B. McCulloch - Burley Idaho — ADDRESS: Multnomah County

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 219
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 642 Overland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 642 Overland Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eric	Mards	Nordness	Dec.	3,	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Nov. 7, 1869	84	-	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bergen, Norway
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME: Unknown ----- BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown ----Norway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Vern B. McCulloch - Ca. Co. Coroner
ADDRESS: Burley, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Excessive use of Alcohol

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ---, 19--; *to* ---, 19--, *that I last saw the deceased alive on* ---, 19--, *and that death occurred at* ? P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern B. McCulloch Cassia Co. Coroner	Burley - Idaho.	12-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 8, 1953	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 17 1953	O. H. Nelson	Vern B. McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 218
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 36 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley rural
d. STREET ADDRESS (If rural, give location): Starrha Ferry Dist.

3. NAME OF DECEASED (Type or Print): a. (First) Betsy; b. (Middle); c. (Last) Barney

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 13 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 10, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 7, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Llewellyn Thomas — BIRTHPLACE: Swansea, Wales
14. MOTHER'S MAIDEN NAME: Mary Jane Thomas — BIRTHPLACE: Cedar City Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Rose C. Barney — ADDRESS: Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153X Ca of Colon (Sigmoid) — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Dec 13, 1953, *that I last saw the deceased alive on* Dec 12, 1953, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Kelly (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Dec 17 1953
REGISTRAR'S SIGNATURE: R. A. Wilson
25. FUNERAL DIRECTOR: Tom B. McCulloch — ADDRESS: Burley Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 19 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 223
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 122 West Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 122 West Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Benjamin	Orton	Harrison	Dec. 18, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 1, 1872	81	6	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ripley, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerry E. Harrison — BIRTHPLACE: - - Virginia
14. MOTHER'S MAIDEN NAME: Mary Winters, ---- BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Sarah Harrison — ADDRESS: Burley Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1954, *to* Dec 18, 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* 5:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyrum Dean	M.D	Burley Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-53	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 6 1954	R.A. Wilson	Lewis B. McCulloch	Burley, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 19 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 230
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta - rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Peter	Chamberlin	Badger	Dec. 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	Aug 4, 1871	82	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Badger, - - - BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Isabelle Burt, - - - BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: D B Gardner ADDRESS: Malta - Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease
Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 16, 1953, *to* Dec 20, 1953 *that I last saw the deceased alive on* Dec 20, 1953 *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel B Bucher M.D	Burley, Idaho	Dec 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-53	Standrod Cemetery	Standrod, Idaho

DATE REC'D BY LOCAL REG.: Jan 16 1954
REGISTRAR'S SIGNATURE: B F Nelson
25. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley-Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 221
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Three Forks Inn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Murtaugh

3. NAME OF DECEASED (Type or Print)
a. (First): ANVIL
b. (Middle): L.
c. (Last): LARSON

4. DATE OF DEATH (Month) (Day) (Year): DEC. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 19, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Andrew Larson
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Elsa Johnson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lavis E. Larson
ADDRESS: Murtaugh, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never treated on, 19__, *to* saw alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* L2:04A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Kircher M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/20/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Creighton, Nebr.

DATE REC'D BY LOCAL REG.: Dec 21 1953
REGISTRAR'S SIGNATURE: B. F. Wilson
25. FUNERAL DIRECTOR: Dwight Hullins
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 225
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Overland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Overland Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frederick b. (Middle) c. (Last) Van Wynen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 18, 1881
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 10 | Days: 4 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Lekkerland, Holland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Johannis Van Wynen, BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Pieternella Verhek, BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 to 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23, 1948, to 22 Dec, 1953, *that I last saw the deceased alive on* 17 Dec, 1953, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4 Jan 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-26-53
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 6 1954
REGISTRAR'S SIGNATURE: D. A. Nelson
25. FUNERAL DIRECTOR: Vern B. McCulloch
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4669
Local Reg. No. 224
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1351 Almo Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Willard; b. (Middle) Hans; c. (Last) Robbins

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 16, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months -; Days 9
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Treasureton, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilson C. Robbins
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Wilhelmina Kofoed
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-01-1536

17. INFORMANT'S OWN SIGNATURE: W. D. Taylor
ADDRESS: Burley Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Dec 25, 1953, *that I last saw the deceased alive on* Dec 25, 1953, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Hyrum E. Dean (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Dec 29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Jan 6 1954
REGISTRAR'S SIGNATURE: B. T. Wilson
25 FUNERAL DIRECTOR: Tom B. McCulloch
ADDRESS: Burley Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 220
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 44 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. (View)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) Alexander; b. (Middle); c. (Last) Wrigley

4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): American Fork, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wrigley
BIRTHPLACE: Doncaster, England

14. MOTHER'S MAIDEN NAME: Catherine Cunningham
BIRTHPLACE: Fifshire, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bonnell Wrigley
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia & Hypostasis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas — 3 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxic & arteriosclerotic Heart Disease. — 3 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/21/, 1953, *to* 12/12/, 1953, *that I last saw the deceased alive on* 12/12/, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Hutton M.D. (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 12/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/16/53
24c. NAME OF CEMETERY OR CREMATORY: View Cemetery
24d. LOCATION (City, town, or county) (State): R. F. D. Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec 21 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. Garth Payne
ADDRESS: Burley, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) CONRAD; b. (Middle); c. (Last) JENSEN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1889

9. AGE (In years last Birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11 BIRTHPLACE (State or foreign country): Salem, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME / BIRTHPLACE: Hans Peter Jensen. Hyrum, Utah

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Christena Mortensen. Denmark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518-16-0356

17. INFORMANT'S OWN SIGNATURE: Mrs Conrad Jensen
ADDRESS: Spencer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis
DUE TO (c) Chronic Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Dec 5, 1953, *that I last saw the deceased alive on* Dec 5, 1953, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. T. Rigby MD
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-53
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE: Madge M. Cook
25. FUNERAL DIRECTOR: A. B. Ekins
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 4672
Local Reg. No. 49
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oropeis
c. LENGTH OF STAY (in this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Isaac c. (Last) McPherson Jr

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1921
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman 52
10b. KIND OF BUSINESS OR INDUSTRY: Public Health
11. BIRTHPLACE (State or foreign country): Kaaskia Ida
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Isaac McPherson — BIRTHPLACE: Ida
14. MOTHER'S MAIDEN NAME: Mary Davis — BIRTHPLACE: Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: E. L. Burneyeat — ADDRESS: Oropeis Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute respiratory infec — 7 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1953, to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953 and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE: E. L. Burneyeat (Degree or title): M.D.
23b. ADDRESS: Oropeis Ida
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-7-53
24c. NAME OF CEMETERY OR CREMATORY: Trenary Fun. Home
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: 12-3-53
REGISTRAR'S SIGNATURE: Vernon E. Dawley
25. FUNERAL DIRECTOR: Claude Trenary
ADDRESS: Kooskia

Federal Security Agency
United States Public Health Service
Form DPH-49021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 48
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 yrs 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rapwai Spalding
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Annie
b. (Middle) Seth
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Dec 3 - 53

5. SEX F
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Apr 1877
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State of foreign country) Lewis Co Ida
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME — Seth
BIRTHPLACE Ida
14. MOTHER'S MAIDEN NAME unk
BIRTHPLACE Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. L. Burry MD
ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

45010

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1951, *to* Dec 3, 1951, *that I last saw the deceased alive on* Dec 3, 1951, *and that death occurred at* 935A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burry MD (Degree or title)
23b. ADDRESS Orofino Ida
23c. DATE SIGNED 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-3-53
24c. NAME OF CEMETERY OR CREMATORY Brower-Wann Co.
24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. 12-3-53
REGISTRAR'S SIGNATURE Vernon E Farley
25. FUNERAL DIRECTOR Kermit Malcom
ADDRESS Lewiston

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 50
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Riverside Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Riverside Drive

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Wesley; c. (Last) Henderson

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/28/1900

9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months: 3 Days: 6 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Langdon, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alexander Henderson — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Wygila McVay — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-20-5566

17. INFORMANT'S OWN SIGNATURE: Jack Maynard — ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree or title): Coroner

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 12/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/7/53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-5-53

REGISTRAR'S SIGNATURE: Vernon E. Hurley

25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 104 "E" St.

3. NAME OF DECEASED (Type or Print)
a. (First): SIMON
b. (Middle): S.
c. (Last): BAUGH

4. DATE OF DEATH (Month) (Day) (Year): 12-11-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-13-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: David M. Baugh — BIRTHPLACE: Vir.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518206356
17. INFORMANT'S OWN SIGNATURE: Wm. J. Philpot — ADDRESS: Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1942 *19*__, *to* Dec 11, 1953, *that I last saw the deceased alive on* 12-1-53, *19*__, *and that death occurred at* 10:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Rappenhagen — (Degree or title): M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-14-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 12-12-53
REGISTRAR'S SIGNATURE: Vernon Dorilly
25. FUNERAL DIRECTOR: W. E. Gilbert — ADDRESS: Orofino, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4676
Local Reg. No. 52
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
d. STREET ADDRESS (If rural, give location): Whiskey Creek

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) M.; c. (Last) BARGER

4. DATE OF DEATH: (Month) (Day) (Year) 12-12-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-6-1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Mondamon Iowa

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Charles Barger
BIRTHPLACE: Ind.

14. MOTHER'S MAIDEN NAME: Martha Beaman
BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S SIGNATURE: X Dorothy B. White
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis + slight hypertension — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 4 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30, 1953, *to* Dec 12, 1953, *that I last saw the deceased alive on* Dec 10, 1953, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M C Hanson (Degree or title) M D

23b. ADDRESS: orofino, Idaho

23c. DATE SIGNED: Dec 14-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-15-53

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-14-53

REGISTRAR'S SIGNATURE: Elinor E Dooley

25. FUNERAL DIRECTOR: B. E. Gilbert

ADDRESS: Orofino, Ida

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
DEC 19 1953

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 210

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cleawater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 1 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Ida
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) c. (Last) O'Rourke

4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 53

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH May 26 1877

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Newfoundland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME — BIRTHPLACE Burke newfoundland

14. MOTHER'S MAIDEN NAME Louise Dalby BIRTHPLACE Newfoundland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. L. Berry ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insufficiency — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4108

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-17, 19 51, *to* 12-12, 19 53, *that I last saw the deceased alive on* 12-17, 19 53, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Berry M.D. (Degree or title) 23b. ADDRESS Orofino Ida 23c. DATE SIGNED 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-13-53 24c. NAME OF CEMETERY OR CREMATORY Ward Funeral Home 24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 12-13-53 REGISTRAR'S SIGNATURE Vernon E. Smiley

25. FUNERAL DIRECTOR Jack Beaver ADDRESS Wallace

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 54
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) [illegible] c. (Last) Rochester

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 23 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): So. Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Rochester
BIRTHPLACE: S.C.

14. MOTHER'S MAIDEN NAME: Rhoda Ellen Dunwoodie
BIRTHPLACE: S.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. L. Berry
ADDRESS: Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chron Cardio Renal Dis
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-18, 1953, *to* 12-14, 1953, *that I last saw the deceased alive on* 12-14, 1953, *and that death occurred at* 11:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Berry M.D.

23b. ADDRESS: Orofino Ida

23c. DATE SIGNED: 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-17-53

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cem.

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-15-53

REGISTRAR'S SIGNATURE: Vernon E. Fairley

25. FUNERAL DIRECTOR: W. S. Gilbert
ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 3 1/2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ida
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Adeline b. (Middle) c. (Last) Wingard

4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1953

5. SEX F
6. COLOR OR RACE Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH May 14 1863
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY Us.

13. FATHER'S NAME Ed. Terney BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME unk BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE E. L. Burry M.D. ADDRESS Orofino Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

199X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma (neck) — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1950, *to* 12-23, 1953, *that I last saw the deceased alive on* 12-22, 1953, *and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23a. SIGNATURE E. L. Burry M.D. (Degree or title)
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-28-53
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. 12-28-53
REGISTRAR'S SIGNATURE Vernon E. Fowley
25. FUNERAL DIRECTOR M. E. Gilbert ADDRESS Orofino

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4680
Local Reg. No. 56
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 130 "C" St.

3. NAME OF DECEASED (Type or Print): a. (First) Gertrude; b. (Middle) Lydia; c. (Last) Glover

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-14-1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): London England

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Isaac Debnam
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Martha Martin
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~Yes~~ No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Leonard Tanner
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolis — 465X
INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-26-53, 19__, *to* 12-26-53, 19__, *that I last saw the deceased alive on* 12-26-53, 19__, *and that death occurred at* 6-10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.B. Rappenhagen M.D.
23b. ADDRESS: orofino Idaho
23c. DATE SIGNED: 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Elmer E. Fowler
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 57
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 1½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): White Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Alex; b. (Middle); c. (Last) Wauhkonen

4. DATE OF DEATH (Month) (Day) (Year): 12-27-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 12-1-1888

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: ?

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-01-4567

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: Few. Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Gilbert (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 12-27-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Vernon E. Dooley
25. FUNERAL DIRECTOR: W. E. Gilbert
ADDRESS: Orofino, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 476
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Creek Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location): Challis Creek

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frank	Anthony	Bradbury	Dec.	8	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 18, 1889	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher		Challis, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Bradbury	Idaho	Liza Metcalf	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Mrs Frank Bradbury	Challis, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pneumonia, Bilateral Lobar	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Malignant Tumor of Brain	? 6 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease	1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Dec 1, 1953, *to* 12-8, 1953, *that I last saw the deceased alive on* 12-7-, 1953, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert T. Barton MD	Challis, Ida	12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-11-53	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 10, 1953	Edna McKenney	Delbert C. Jones	Challis, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 477
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Challis Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes	Ida	Smith	Dec. 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar. 8, 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home		Decorah, Minnesota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Julius Blume	unknown	Rosena unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs. Violet Bradbury	Challis, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage, Cerebral Vascular	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis, Generalized Severe	2 yrs.
DUE TO (c)	Arteriosclerotic Heart Disease	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* 12:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J. Burden MD	Challis, Ida	12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-18-53	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 18 1953	Edna M. Kenney	Delbert C. Jones	Challis, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 11 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 42
Local Reg. No. 380
Reg. Dist. No.

BIRTH NO. 111-53-15629

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. HOME AIR FORCE BASE
c. LENGTH OF STAY (in this place): 4 Hr 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 1 1953

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 1 DECEMBER 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 4 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA 02
10b. KIND OF BUSINESS OR INDUSTRY: NA
11. BIRTHPLACE (State or foreign country): SAME AS ITEM #1
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: EUGENE L. SMITH
BIRTHPLACE: CEADER FALLS, MICHIGAN
14. MOTHER'S MAIDEN NAME: SALLY L. CHRISTIAN
BIRTHPLACE: GRAYLING, MICHIGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NA
17. INFORMANT'S OWN SIGNATURE: X Sally L. Christian
ADDRESS: MT HOME, IDAHO

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 5 MONTHS GESTATION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NA
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NA
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NA

22. *I hereby certify that I attended the deceased from* 1 DECEMBER, *19*53, *to* 1 DECEMBER, *19*53, *that I last saw the deceased alive on* 1 DECEMBER *19*53, *and that death occurred at* 7:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul D. Johnson Jr. M.D.
23b. ADDRESS: MOUNTAIN HOME AIR FORCE BASE
23c. DATE SIGNED: 2 DEC 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 4-53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: Dec 4, 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR ADDRESS: Reg. Mortuary
D. A. L. Harrison

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 4 - 1954
Division of Vital Statistics

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 43
Reg. Dist. No. 380

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: British Columbia
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vancouver
d. STREET ADDRESS (If rural, give location): 1949 Beach Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle): Florence
c. (Last): Balkwill

4. DATE OF DEATH (Month) Dec. (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 21, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Albert Blackbird — BIRTHPLACE: Ontario, Canada
14. MOTHER'S MAIDEN NAME: Agnes Boale — BIRTHPLACE: Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Gillian Clarke — ADDRESS: Vancouver B.C.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Taken from U.P. Train about 420.1 +1025 PM

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mountain Home Elmore Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philo F. Green Coroner
23b. ADDRESS: Mountain Home
23c. DATE SIGNED: 12/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-22-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Vancouver, British Columbia

DATE REC'D BY LOCAL REG.: Dec 22, 1953
REGISTRAR'S SIGNATURE: H. F. Anderson
25. FUNERAL DIRECTOR — ADDRESS: Bey Mortuary, Mountian Home, Idaho

D. A. L. Hermann

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 10[illegible]
Local Reg. No. 22
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

c. LENGTH OF STAY (in this place): 2 wks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairview

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nina b. (Middle) D. c. (Last) Fifield

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 14, 1876

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Provo, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME BIRTHPLACE: Edwin Peck

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Marie Van Orden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS: Lawrence Fifield Fairview Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 443X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio. — 10 years

DUE TO (c) Vascular disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 28, 1953, *to* Dec. 1, 1953, *that I last saw the deceased alive on* 12-1-, 1953, *and that death occurred at* 2:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE 396 (Degree or title): [signature] M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Fairview

24d. LOCATION (City, town, or county) (State): Fairview, Idaho

DATE REC'D BY LOCAL REG.: 12-4-53

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR ADDRESS: [signature] Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 63
Reg. Dist. No. 650

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARIE c. (Last) OESTMANN KREMIN MURRI

4. DATE OF DEATH (Month) (Day) (Year): Dec., 14, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 12, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WittlohVerden, Hanover, Germany

12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Johann Oestmann
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Heuverhusen
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edwin L. Kremin
ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Insulitus — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulonephritis — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1953, *to* 12-14, 1953, *that I last saw the deceased alive on* 12-13-53, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin L. Kremin, M.D.
23b. ADDRESS: St. Anthony Ida.
23c. DATE SIGNED: 12/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 18 Dec 53
24c. NAME OF CEMETERY OR CREMATORY: Squirrell
24d. LOCATION (City, town, or county) (State): Squirrell, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17 1953
REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: M. L. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 64
Local Reg. No. 64
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 246 West 5 South

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): RICHARD
c. (Last): BIRCH

4. DATE OF DEATH: (Month) Dec., (Day) 19, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 14, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor & Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hoytsville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Birch
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah M. McMichael
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 517-07-5362
17. INFORMANT'S OWN SIGNATURE: Vivian J. Hill — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectaris — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1951, *to* Dec 19, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Soule MD
23b. ADDRESS: St. Anthony
23c. DATE SIGNED: 12/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-53
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.: Dec 23-53
REGISTRAR'S SIGNATURE: M S Hansen
25. FUNERAL DIRECTOR: M S Hansen — ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1954 [illegible]
Local Reg. No. 65
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) PETER c. (Last) PARKE SR.

4. DATE OF DEATH (Month) (Day) (Year): Dec., 29, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 14, 1894

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR Months: 7 | Days: 15 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattlebuyer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Twin Groves, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Parke
BIRTHPLACE: Carson City, Nevada

14. MOTHER'S MAIDEN NAME: Hannah Dover
BIRTHPLACE: Liverpool, England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Thomas P. Parke Jr.
ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 53 *to* Dec. 53, *that I last saw the deceased alive on* 29 Dec., 19 53 *and that death occurred at* 12:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature illegible] M.D.

23b. ADDRESS: St. Anthony Ida

23c. DATE SIGNED: 12/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan., 2, 1954

24c. NAME OF CEMETERY OR CREMATORY: Wilford

24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: Dec 31, 1953

REGISTRAR'S SIGNATURE: M L Hansen

25. FUNERAL DIRECTOR: M L Hansen
ADDRESS: St Anthony Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 62
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony Rural
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN		KLEIN	Dec., 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Farmer	Married	April 26, 1890	63	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Business	Frank, Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Klein	Russia	Katherine Foote	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Harry Klein	St. Anthony, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute Myocardial Failure	5 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	3 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		St. Anthony Fremont Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Dec 9, 1953 *that I last saw the deceased alive on* Nov 25, 1953, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
378 E L Foulk MD	St Anthony Idaho	12/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	14 Dec 53	Wilford	St. Anthony RFD#1, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
14 Dec 53	M L Hansen	M L Hansen St. Anthony, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 160
Local Reg. No. 31
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Routel

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Edward c. (Last) Beutler

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 29, 1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months: 1 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Richfield, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Beutler
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Eliza Beck
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Emma Beutler
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952, *to* Nov 27, 1953, *that I last saw the deceased alive on* Nov. 27, 1953, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlins M.D.

23b. ADDRESS: Emmett Ida

23c. DATE SIGNED: 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG: Dec 16, 1953

REGISTRAR'S SIGNATURE: Jas. A. Beatty

25. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4692
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO. 111-5[illegible]-15[illegible]

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Earline b. (Middle) Rae c. (Last) McKie

4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Dec.6,1953
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) enfant
10b. KIND OF BUSINESS OR INDUSTRY child
11. BIRTHPLACE (State or foreign country) Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gerald E. McKie BIRTHPLACE Emmett, Idaho
14. MOTHER'S MAIDEN NAME Edna May Heavrin BIRTHPLACE Bishop, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs Earl Heavrin ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6 6:00 AM, 1953, *to* Dec 6 4:00 P.M, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Quentin E. Howard (Degree or title) M D
23b. ADDRESS Emmett, Idaho
23c. DATE SIGNED Dec 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec.8,1953
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Dec. 17, 1953
REGISTRAR'S SIGNATURE Jean A. Beatty
25. FUNERAL DIRECTOR The Beatty Chapel ADDRESS Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Buell
b. (Middle): Francis
c. (Last): McCall

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 3, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Carroll Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William N. McCall — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Ellie Turtin — BIRTHPLACE: Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 34 2090
17. INFORMANT'S OWN SIGNATURE: X Luanda McCall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never seen by me professionally while alive *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 11:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Dec 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG: Dec. 29, 1953
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. FUNERAL DIRECTOR: Glenn W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 240-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Martin c. (Last) Holmes

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 7, 1933

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: grocery

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmond E. Holmes
BIRTHPLACE: Mercur, Utah

14. MOTHER'S MAIDEN NAME: Florence F. Beck
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-34-2944

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

$25.4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal fracture
INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hyway 16
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett, Gem, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 20, 1953 1:25 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? while riding in auto

22. *I hereby certify that I attended the deceased from* never, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) Coroner
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Dec. 23, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 23 1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: The Beatty Chapel ADDRESS: Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 35
Reg. Dist. No. 340 3 H

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Hettie
b. (Middle): Maud
c. (Last): Averett

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 3, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rudolphus Bennett — BIRTHPLACE: Jackson Co. Io.
14. MOTHER'S MAIDEN NAME: Hanna E. Allred — BIRTHPLACE: Potowatomie, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Wm J. Lavar Averett — ADDRESS:

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952, *to* December, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Dec 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 29, 1953
REGISTRAR'S SIGNATURE: Jan A. Beatty
25. FUNERAL DIRECTOR: Johnnie W. Beatty — ADDRESS: The Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4696
Local Reg. No. 1639
Reg. Dist. No. 42-0

BIRTH NO.

RECEIVED
DEC 12 53
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King Hill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DWIGHT b. (Middle) ALVA c. (Last) REED

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 6, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Appelton City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alva Reed
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mina Goodenough
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-5755

17. INFORMANT'S OWN SIGNATURE: X Ernest Reed
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis. — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Kidney — 1 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, *19*53, *to* Dec. 6, *19*53, *that I last saw the deceased alive on* Dec. 6, *19*53, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E. Anderson (Degree or title): M.D.
23b. ADDRESS: Gooding, Ida.
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/8/53
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 12-9-53
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Geo. Jones Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1607
Local Reg. No. 1642
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 422 Colorado

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 422 Colorado

3. NAME OF DECEASED (Type or Print): a. (First) R. b. (Middle) S. c. (Last) OSBORN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 22, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker 15
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lincoln, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Osborn — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Elizabeth Bingham — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Adele Schubert — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

181X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of the bladder. — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1953, *to* 12-16, 1953, *that I last saw the deceased alive on* 12-16, 1953, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter C. Anderson M.D.
23b. ADDRESS: Gooding, Ida
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo Jerread Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1550
Local Reg. No. 1641
Reg. Dist. No. 42-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 24
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) W. c. (Last) Carpenter

4. DATE OF DEATH (Month) (Day) (Year) Dec - 18 - 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH Feb 14 1868

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator 74

10b. KIND OF BUSINESS OR INDUSTRY private

11. BIRTHPLACE (State or foreign country) Boonville Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ? BIRTHPLACE ?

14. MOTHER'S MAIDEN NAME ? BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Bert Simmons ADDRESS Greenbelt Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH 2 Wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease 3-4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1953, *to* Dec 18, 1953, *that I last saw the deceased alive on* Dec 17, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wallace E. Anderson M.D.

23b. ADDRESS Gooding Ida

23c. DATE SIGNED 12-21-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Dec-21-53

24c. NAME OF CEMETERY OR CREMATORY Elmwood

24d. LOCATION (City, town, or county) (State) Gooding - Idaho

DATE REC'D BY LOCAL REG. 12-21-53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Myrtle C. Purcell - Shoshone Idaho

ADDRESS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1643
Reg. Dist. No. 422

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Infant Boy
b. (Middle):
c. (Last): Carnahan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 19, 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 4 | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glenns Ferry, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Paul Carnahan
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Pauline Whaley
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS
x Paul R Carnahan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatal — INTERVAL BETWEEN ONSET AND DEATH: 3-4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity Birth Weight 4½ 13 — 3-4 hrs.

DUE TO (c) Approx 6-7 months pregnant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-20, 1953, *to* 12-20, 1953, *that I last saw the deceased alive on* 12-21, 1953, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Anderson M.D.

23b. ADDRESS: Gooding, Ida

23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-23-53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: J. G. Emmett

25. FUNERAL DIRECTOR ADDRESS: Geo. Jensen Jr. THOMPSON CHAPEL GOODING, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED DEC 26 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1644
Reg. Dist. No. 426

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 533 Montana

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAURA	MAY	GEE	Dec. 20, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 18, 1865	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Palmyra, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John L. Hodges	Ohio	Jemima Rice	Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Merrill Gee — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably Carcinoma Large Bowel
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 13, 1953, *to* Dec 20, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion V. Knight MD	Gooding Idaho	12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/23/53	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	J H Cannell	Thompson Chapel	THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 29 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4701
Local Reg. No. 1647
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 437 Montana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 437 Montana

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): E.
c. (Last): BRYANT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Pittstown, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Moses Bryant — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 14, 1953, *to* Dec 22, 1953, *that I last saw the deceased alive on* 7:45 PM, 1953, *and that death occurred at* 7:45 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Klingler M.D.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: J H Cromwell
25. FUNERAL DIRECTOR: Geo. Jenead Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4702
Local Reg. No. 1646
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Carpenter Hotel

3. NAME OF DECEASED (Type or Print): a. (First) JAY b. (Middle) F. c. (Last) COMBS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 15, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep herder 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Corning, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard M. Combs — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Syvila Longmoore — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-7048
17. INFORMANT'S OWN SIGNATURE: Ira A Combs — ADDRESS: Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardiac decompensation 2-3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

434.3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1950, *to* Dec. 20, 1953, *that I last saw the deceased alive on* Dec. 20, 1953, *and that death occurred at* 8:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 011 Andersen Ind
23b. ADDRESS: Gooding, Id.
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/28/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 12-28-46
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Geo. Jerrad Jr. — ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 29 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1645
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T. B. Hosp. Gooding

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) — c. (Last) Seno

4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1953

5. SEX male

6. COLOR OR RACE Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH may 15, 1880

9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) worked in store & pool hall

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rikichi Seno
BIRTHPLACE Japan

14. MOTHER'S MAIDEN NAME Tara (?) Seno
BIRTHPLACE Japan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE K. A. Tyler M.D.
ADDRESS Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility & mal nutrition

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec 11, 1953, *to* Dec. 25, 1953, *that I last saw the deceased alive on* Dec. 14, 1953, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE K. A. Tyler M.D. (Degree or title)
23b. ADDRESS Idaho State T. B. Hosp. Gooding
23c. DATE SIGNED 12-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 27-53
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) (State) Shoshone - Idaho

DATE REC'D BY LOCAL REG. 12-28-53
REGISTRAR'S SIGNATURE J. H. Cummings
25. FUNERAL DIRECTOR Myrtle C. Burdett · Shoshone
ADDRESS Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 8 - 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4704
Local Reg. No. 638
Reg. Dist. No. 42 b

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: 600 GOODING

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN

c. LENGTH OF STAY (in this place): 23 YRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: IDAHO b. COUNTY: GOODING

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	JACKSON	KIRTLAND	DEC. 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	MARRIED	JAN. 20, 1866	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER		ALABAMA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BERD J, KIRTLAND	ALABAMA	MARY SELLERS	ALABAMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	NO	Mrs Alice Kirtland	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) old age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-26, 1953, *to* 10-26, 1953, *that I last saw the deceased alive on* 11-26, 1953, *and that death occurred at* 2.45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Scheid M.D.	Mendell Ida	12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12/7/1953	HAGERMAN	CITY IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-6-53	J H Cornwell	J. Forrest Weaver	Mendell Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 1640
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles w. and 1 mile S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) TOMAS b. (Middle) ZELAYA c. (Last) (CELAYA)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1953

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH March 21, 1894
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and sheep grower
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Murilaga, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown 04 BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Josephine Astarquia ADDRESS Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental injuries — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

945.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Rt 2 Gooding (COUNTY) Gooding (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 12, 1953 4:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Run over by Loaded wagon

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Cromwell 470 (Degree or title) Coroner Gooding County Idaho
23b. ADDRESS
23c. DATE SIGNED 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/18/53
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 12-18-53
REGISTRAR'S SIGNATURE J. H. Cromwell
25. FUNERAL DIRECTOR Geo. Jerrod Jr. ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 87
Reg. Dist. No. 240

BIRTH NO.

RECEIVED DEC 12 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) EVELYN c. (Last) RIENER,

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: Aug. 5, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 4 Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew J. Riener — BIRTHPLACE: Cottonwood, Ida

14. MOTHER'S MAIDEN NAME: Evelyn Cash — BIRTHPLACE: Grangeville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

475X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) upper resp. infection — 3 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Dec, 1953, *to* 7 Dec, 1953, *that I last saw the deceased alive on* 7 Dec, 1953 *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Saltman (360) (Degree or title): M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 8 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: Dec 9 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Geo Peterson
ADDRESS: Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4705
Local Reg. No. 88
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Lee
c. (Last): Kennedy

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 19, 1862
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Goldsboro, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Kennedy — BIRTHPLACE: Goldsboro N.C.
14. MOTHER'S MAIDEN NAME: Betsy Cox Nase B. Kennedy — BIRTHPLACE: Goldsboro N.C. Kooskia Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Apache Indian War
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 10 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Sept, 1953, *to* 18 Dec, 1953, *that I last saw the deceased alive on* 18 Dec, 1953, *and that death occurred at* 10:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald J Holtman M.D. (Degree or title)
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 21 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Prairie View Cem.
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: Dec. 22, 1953
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Claude Trenary — ADDRESS: Kooskia, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 4 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 89
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
c. LENGTH OF STAY (in this place) 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 417 North Junction

3. NAME OF DECEASED (Type or Print)
a. (First) O.
b. (Middle) LOUISE
c. (Last) SELLARDS

4. DATE OF DEATH (Month) (Day) (Year) Dec.21,1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan.6,1876
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Plymouth, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ferdinand W. Rimpler, BIRTHPLACE Ger
14. MOTHER'S MAIDEN NAME Barbara Rankert, BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Roger H. Hodgson ADDRESS Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on 21 Dec, 1953 to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Holtman (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 21 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Dec.26,1953
24c. NAME OF CEMETERY OR CREMATORY Smith and Co
24d. LOCATION (City, town, or county) (State) Spokane, Wash.

DATE REC'D BY LOCAL REG. Dec 26 1953
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Jas W Peterson ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 240

RECEIVED JAN 5 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY in this place: 11 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: IDAHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARION	R.	LEE	Dec. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	July 12, 1904	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oil salesman	retail	Grangeville, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus Lee,	Virginia	Martha Ritnour,	Penn.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-03-8731	Amalia C. Lee	Grangeville

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Renal failure — 3 days

DUE TO (c) Hypertensive cardio-vasc-renal disease — 2 and 1/2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 23 Sept, 1953, *to* 31 Dec, 1953, *that I last saw the deceased alive on* 31 Dec, 1953, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Deltman	M.D.	Grangeville, Idaho	2 Jan 54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1954	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 4 1954	Ima Cone	Jas W Watson	Grangeville.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 39
Reg. Dist. No. 242

BIRTH NO.

RECEIVED DEC 11 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DALE
b. (Middle): ALLEN
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): Nov 23 53

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec 5 1938
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cottonwood Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Ted Roberts — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Mabel Dailey — BIRTHPLACE: Wash.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ted Roberts — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lung Hemmorrage — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gun Shot wound Rt Chest
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cottonwood Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 11th 1953 6:20 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Playing with 20 guage Shot Gun

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at about 6:15 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] A. Crowell (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 27-53
24c. NAME OF CEMETERY OR CREMATORY: Cottonwood
24d. LOCATION (City, town, or county) (State): Cottonwood Ida

DATE REC'D BY LOCAL REG.: 11-27-53
REGISTRAR'S SIGNATURE: Wesley J. Orr MD. Auth
25. FUNERAL DIRECTOR: Clifton Uhlsen — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 637
Reg. Dist. No. 244

RECEIVED
DEC 18 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
c. LENGTH OF STAY (in this place): all his life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home near RR. depot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): S.
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): December 7 1953

5. SEX: male
6. COLOR OR RACE: red
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: month & day unknown 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman - farmer
10b. KIND OF BUSINESS OR INDUSTRY: on own land
11. BIRTHPLACE (State or foreign country): Stites Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ——— BIRTHPLACE: George Idaho Territory
14. MOTHER'S MAIDEN NAME: Fannie Sumuels BIRTHPLACE: Idaho Territory

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nancy Parsons ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June *19*48*, to* 12/7 *, 19*53*, that I last saw the deceased alive on* 12/2 *, 19*53*, and that death occurred at* 6:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 041 C. Bryan M.D.
23b. ADDRESS: Kamiah - Idaho
23c. DATE SIGNED: 12/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11 1953
24c. NAME OF CEMETERY OR CREMATORY: Kamiah Indian Cem
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: Dec 10, 1953
REGISTRAR'S SIGNATURE: Claude Trevary
25. FUNERAL DIRECTOR: Claude Trevary ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

JAN 6 - 1954

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 638
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - rural
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): about 6 mi. SE of Kooskia - on Clear Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): On Clear Creek - 6 mi S.E. of Kooskia

3. NAME OF DECEASED (Type or Print)
a. (First): Ara
b. (Middle): A.
c. (Last): Decker

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 20, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: on own land
11. BIRTHPLACE (State or foreign country): Newberg Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Decker — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Emma Kinney — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Minnie Vaughan — ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with occlusion - Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clear Creek Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 25 - 1953 1:26 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never; *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 417 A. Crowell 4 (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: 12/31/53
REGISTRAR'S SIGNATURE: Claude Trevary
25. FUNERAL DIRECTOR: Claude Trevary — ADDRESS: Kooskia, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 127 N 3 E

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTINA b. (Middle) c. (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1953

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 28, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Huntsville, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hans Christian Hegsted. BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Christina Iverson. BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: C W Taylor ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardosis — INTERVAL BETWEEN ONSET AND DEATH: wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Neurasthenia —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* aug, 1950, *to* Dec. 13, 1953, *that I last saw the deceased alive on* Dec 13, 1953, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford E. Rigby M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-17-53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 12/17/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4714
Local Reg. No. 1
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (In this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Invalid Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) H.B. c. (Last) Harris

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 10, 1857

9. AGE (In years last birthday): 96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: of

11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H.A. Harris
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Anna Eliza Burraston
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George H. Harris ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Esophgeal Varicosities — 6 mos.

DUE TO (c) Arteriosclerosis — 10 yrs.+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4510

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1953, *to* Dec. 14, 1953, *that I last saw the deceased alive on* Dec. 14, 1953, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/14/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg 12/18/53
24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: 12/18/53
REGISTRAR'S SIGNATURE: Mrs A B Ackerself
25. FUNERAL DIRECTOR: Kenneth Hamm
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 15
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Rigby
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) c. (Last) McNEILLY

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 18, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 1, 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Rochester. N. Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: J. B. McNeilly
ADDRESS: Oakland, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Popliteal Thrombosis & gangrene - right foot. — 6 weeks

DUE TO (c): Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None Performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 20, 1952, *to* Dec. 18, 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* 5:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas Hall (Degree or title) M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-24-53

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis, Idaho

DATE REC'D BY LOCAL REG.: 12/28/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell

ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 646

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): West 2nd So.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle); c. (Last) LOYND

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 8, 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Monroe, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Loynd. BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sena Sornsen BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S OWN SIGNATURE: Leonard Loynd ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Hypostatic Pneumonia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis	10 years
DUE TO (c)	Hypertension	10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	6 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec. 19, 1953, *that I last saw the deceased alive on* Dec. 19, 1953, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-23-53

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 12/28/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

NON-RESIDENT Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grant
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R e. #2 Idaho Falls, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Uintah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ballard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MATILDA b. (Middle) KRISTINA c. (Last) WAHLQUIST

4. DATE OF DEATH (Month) (Day) (Year): December 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/6/1882

9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months: 7 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Stockholm, Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franz Gustaf Dahl BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Johanna Peterson BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): N

16. SOCIAL SECURITY NO.: 331X

17. INFORMANT'S OWN SIGNATURE: Brent L. Wahlquist ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5 yrs.

DUE TO (c) Hypertension — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia 2 days before

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 23, 1953, *to* Dec. 23, 1953, *that I last saw the deceased alive on* Dec. 23, 1953, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/30/1953

24c. NAME OF CEMETERY OR CREMATORY: Roosevelt Cemetery

24d. LOCATION (City, town, or county) (State): Roosevelt Duchesne Utah

DATE REC'D BY LOCAL REG.: 12/30/53

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 - 1954

Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Covington

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1882

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward F. Covington
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Henrietta Tyrrell
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE:
ADDRESS: Rexburg

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 2 yrs
DUE TO (c) Hypertension — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1945, *to* Dec. 28, 1953, *that I last saw the deceased alive on* Dec 28, 1953, *and that death occurred at* [illegible] p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M F Rigby MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Dec 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/2/54
24c. NAME OF CEMETERY OR CREMATORY: Ogden City
24d. LOCATION (City, town, or county) (State): Ogden, Weber Utah

DATE REC'D BY LOCAL REG.: Dec 30 1953
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Russell G Lamm
ADDRESS: Rexburg

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 17
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labelle
c. LENGTH OF STAY (in this place): 4 Yrs 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. S.E. of Labelle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Labelle
d. STREET ADDRESS (If rural, give location): 3 Mi. S.E. of Labelle

3. NAME OF DECEASED (Type or Print): a. (First) KELLY b. (Middle) LYNN c. (Last) ZITLAU

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug. 31, 1949
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Zitlau. BIRTHPLACE: Rigby, Idaho
14. MOTHER'S MAIDEN NAME: Athene Johnson. BIRTHPLACE: Shelton, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S OWN SIGNATURE: Fred Zitlau ADDRESS: Rigby, Ida. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Cancer (Wilms Tumor)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-30, 1953, *to* death, 19__, *that I last saw the deceased alive on* 12/29, 1953, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-2-54
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 12/31/53
REGISTRAR'S SIGNATURE: Mrs A B Cockrell
25. FUNERAL DIRECTOR: C B Eckersley ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 149
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 500 West Ave D

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Milton	Webb	Dec	5	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct 21 1882	71	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tazwe Co Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Not Known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 518-24-8519
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Singer — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 976X Gun shot wound of head — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ca. of prostate — 6-8 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Yes.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in a car.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jerome, Jerome Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 noon 12-5-53 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Self inflicted.

22. *I hereby certify that I attended the deceased from* 1946 ~~19~~, *to* 12-5-1953, *that I last saw the deceased alive on* 12-5-1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Hekes M.D.
23b. ADDRESS: Jerome, Idaho.
23c. DATE SIGNED: 12-9-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 10, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

53-1446

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 148
Reg. Dist. No. #40

BIRTH NO.

DEC 10 1953

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) Brenda b. (Middle) Sue c. (Last) Merritt

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: Nov 28 1953

9. AGE (In years last birthday): F — IF UNDER 1 YEAR Months | Days 8 — IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Jerome Idaho

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Lyle Merritt — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Gwenna Harlow — BIRTHPLACE: Colo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Lyle Merritt — ADDRESS: [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

774X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature birth wt 4 lbs 11 oz — 8 days

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Nov 28, 1953 *to* Dec 6, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E Sloat MD.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 8-53.

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cem

24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec. 9, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

25 FUNERAL DIRECTOR: Glen Buehler

ADDRESS: Jerome Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 17 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 150
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Phillip b. (Middle) Michael c. (Last) Reasch

4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb 20 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 9, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wendell Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Phillip Reasch — BIRTHPLACE: N Dakota
14. MOTHER'S MAIDEN NAME: Martha Parris — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Phillip Reasch — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/9, 1953 *to* 12 9, 1953, *that I last saw the deceased alive on* 12/9, 1953, *and that death occurred at* 6:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James E. Float (Degree or title) M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 12/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 11.53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 12/10/53
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 12-1
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 5 MI. SO.

3. NAME OF DECEASED (Type or Print): a. (First) JESS b. (Middle) C c. (Last) CASPER

4. DATE OF DEATH: (Month) DEC. (Day) 15. (Year) 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	INFANT	DEC. 15 1953			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANCIS W. CASPER — BIRTHPLACE: SALT LAKE CITY
14. MOTHER'S MAIDEN NAME: THELDA FAIRCHILD — BIRTHPLACE: OAKLEY IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. NO
17. INFORMANT'S OWN SIGNATURE: ✓ Francis W. Casper — ADDRESS: WENDELL

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Erythroblastosis foetalis
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (2) – Interventricular septal defect –
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1953, *to* 12/16, 1953, *that I last saw the deceased alive on* 12/16, 1953, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Dec. 18, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J. Forrest Weaver
ADDRESS: Wendell Ida.

Federal Security Agency
United States Public Health Service
Form DPH-49021

RECEIVED
DEC 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 152
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 180 E Av D

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Kleinau

4. DATE OF DEATH (Month) (Day) (Year): Dec 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 14 1873
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hillsdale Kansas
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: August Kleinau — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Sleigert — BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-3599
17. INFORMANT'S OWN SIGNATURE: x Oscar Fort — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma rectum — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) C metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-9-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13, 1952, *to* 12-20, 1953, *that I last saw the deceased alive on* 12-19, 1953, *and that death occurred at* 1:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 23 53
24c. NAME OF CEMETERY OR CREMATORY: Jerome
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Dec. 22, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. AMO...
Local Reg. No. 153
Reg. Dist. No. 440

111-53-15808
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle) E.; c. (Last) BEMROSE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 20, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James C. Bemrose
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Nadine Bales
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James C. Bemrose
ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7766

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Birth at 6 mos gestation — 2 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-20-, 1953, *to* 12-22-, 1953, *that I last saw the deceased alive on* 12-22-, 1953, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Laurence H. Leber M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Dec 29 1953
REGISTRAR'S SIGNATURE: Sister M. Rose OSB
25. FUNERAL DIRECTOR: Geo. Jensen Jr.
ADDRESS: THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 154
Reg. Dist. No. 440

BIRTH NO. JAN 4 - 1954

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Junction Hiway 25-93) - Jerome
c. LENGTH OF STAY (in this place) 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mich
b. COUNTY Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Livonia
d. STREET ADDRESS (If rural, give location) 19930 ST Francis

3. NAME OF DECEASED (Type or Print)
a. (First) Marvin
b. (Middle) Brent
c. (Last) Skaggs

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1953

5. SEX M
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Sept 26 1949
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months 2 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pontiac Mich
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Skaggs — BIRTHPLACE Mich
14. MOTHER'S MAIDEN NAME Betty Howe — BIRTHPLACE Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Betty Skaggs — ADDRESS Livonia Mich.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest. — INTERVAL BETWEEN ONSET AND DEATH 2 hrs 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head injuries
DUE TO (c) Auto accident — 4-5 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway intersection
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jerome, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 - 23 - 53 11A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? 2 car collision

22. *I hereby certify that I attended the deceased from* 12-23, 1953, *to* 12-23-, 1953, *that I last saw the deceased alive on* 12-23-, 1953, *and that death occurred at* 4:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Ke. Beher M.D. (Degree or title)
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 1953
24c. NAME OF CEMETERY OR CREMATORY Farmington
24d. LOCATION (City, town, or county) (State) Farmington Mich

DATE REC'D BY LOCAL REG. Dec. 27, 1953
REGISTRAR'S SIGNATURE Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR Glen Buehler — ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 155
Reg. Dist. No. 446

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) StBenedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) LeRoy c. (Last) Emerson

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 21 1930

9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months 9 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Red Rock Oklahoma

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Elmo Emerson BIRTHPLACE Oklahoma

14. MOTHER'S MAIDEN NAME Eva May BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 559-42-8797

17. INFORMANT'S ~~OWN~~ SIGNATURE X R. L. Emerson ADDRESS Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH 3½ hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. shock Blood loss Coma — ½ hr.

825.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jerome co., Jerome, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 24, 1953-4:30pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* 12/24, 1953, *to* 12/25, 1953, *that I last saw the deceased alive on* 12/25, 1953 *and that death occurred at* 3 10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James E Hoar M.D.

23b. ADDRESS Jerome, Idaho

23c. DATE SIGNED 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 29.53

24c. NAME OF CEMETERY OR CREMATORY Jerome

24d. LOCATION (City, town, or county) (State) Jerome Idaho

DATE REC'D BY LOCAL REG. Dec 30 53

REGISTRAR'S SIGNATURE Sister M. Rose, O.S.B.

25. FUNERAL DIRECTOR J R Wiley ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 156
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ottelia
b. (Middle):
c. (Last): Prochnow

4. DATE OF DEATH (Month) (Day) (Year): Dec 26 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 6 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR Months: 8 Days: 20 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ripon Wisc
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Wm Prochnow — BIRTHPLACE:
14. ~~MOTHER'S MAIDEN NAME~~ — BIRTHPLACE: Emma Alma S. Rieman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left side Paralysis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Bronchopneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1953, *to* 12-26, 1953, *that I last saw the deceased alive on* 12-26, 1953, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chappell Mrl
23b. ADDRESS: Hazelton Ida
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 29 53
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953
REGISTRAR'S SIGNATURE: Sister M. Rose, OSB
25. FUNERAL DIRECTOR: Glen Buehler
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4729
Local Reg. No. 157
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 44yrs, Ida
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 324 E Ave B

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sarah	J	Gould	Dec 28 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 31 1880	72	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Holland	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Tenckinck	Holland	Ann Schutte	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X A. E. Gould	Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis, with generalized anasarca — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral regurgitation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 7/1/53, 19___, *to* 12/28/53, 19___, *that I last saw the deceased alive on* 12/28/53 19___, *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Everett Smail	MD	Jerome, Idaho	12/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 30.53	Jerome	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 30, 1953	Sister M. Rosa, O.S.B.	J R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 13 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 158
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 517 4th Av. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Early b. (Middle) —— c. (Last) Arterburn

4. DATE OF DEATH (Month) (Day) (Year) December 30 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 19, 1882
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 8 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Isabella, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wellington Arterburn BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Emma Flint BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bosie Arterburn ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown to the Coroner of Gooding Co

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Untreated through funeral [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* ✓, *19*✓, *to* ——, *19*——, *that I last saw the deceased alive on* ✓, *19*——, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. D. Cromwell M.D. Coroner of Gooding County Idaho (Degree or title)
23b. ADDRESS
23c. DATE SIGNED Jan. 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 2, 1954
24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery
24d. LOCATION (City, town, or county) Hagerman, Idaho (State)

DATE REC'D BY LOCAL REG. Jan. 5, 1954
REGISTRAR'S SIGNATURE Sister M. Rose, O.S.B.
25. FUNERAL DIRECTOR Geo. J. Read Jr. ADDRESS THOMPSON CHAPEL GOODING, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 173
Local Reg. No. 288
Reg. Dist. No. 462

BIRTH NO.

RECEIVED DEC 10 '53 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) c. (Last) Wolters

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Steeleville, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Wolters
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Dorathea Brelig
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Walter Wolters
ADDRESS: Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lungs
INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site not determined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/24, 1953, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-31, 1953, *and that death occurred at* 12:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Offleck MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-1953
24c. NAME OF CEMETERY OR CREMATORY: Trinity Church Cemetery
24d. LOCATION (City, town, or county) (State): Eden, Idaho

DATE REC'D BY LOCAL REG.: 12/8/53
REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: C. Phillips
ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. H. Greenwood

RECEIVED
DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 234
Reg. Dist. No. 12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 102-Indiana

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): M.
c. (Last): Baird

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 21, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cornelius Purdy — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elinore E. Ritzheimer — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis with decompensation — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Nov. 15, 1953, *that I last saw the deceased alive on* Nov 15, 1953 *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton H. Greenwood
23b. ADDRESS: Coeur d'Alene, Ida.
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. O. Husted

RECEIVED
DEC 23 1953

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. [illegible]
Local Reg. No. 241
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake city General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

d. STREET ADDRESS (If rural, give location): 721-Woodland Dr.

3. NAME OF DECEASED (Type or Print)

a. (First): Mary

b. (Middle):

c. (Last): Farrell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1953

5. SEX: White

6. COLOR OR RACE: Female

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 6, 1866

9. AGE (In years last birthday): 87

IF UNDER 1 YEAR — Months: Days:

IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Not known

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not known — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Not known. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3347

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Apoplexy

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: Coeur d'alene Ida

23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Nov. 30, 1953

24c. NAME OF CEMETERY OR CREMATORY: Hazen Jaeger

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 12-18-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR — ADDRESS: Don English Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED

DEC 23 1953

Dr. Henson

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 240
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1320-Penn.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1320-Penn.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	R.	Carder	Dec. 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 12, 1879	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Carder	Missouri	Margaret Pruitt	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-05-4811	Audrey Jenkins	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	10 Years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	senility	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/13, 1953, *to* 12/5, 1953, *that I last saw the deceased alive on* 12/5, 1953, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kent Henson, M.D.	Coeur d'Alene Idaho	12/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-9-53	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-18-53	Lorraine L. Brush	Don English	Coeur d' Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 242
Local Reg. No. 120
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 836-N-3rd

3. NAME OF DECEASED (Type or Print): a. (First) Nellie b. (Middle) V. c. (Last) Little

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 3, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Van Levvan — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lyman Mooney — ADDRESS: Cd'a Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Strangulated umbilical

19a. DATE OF OPERATION: 11-24-53
19b. MAJOR FINDINGS OF OPERATION: Strangulated umbilical Hernia
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8, 1953, *to* ____, 19____, *that I last saw the deceased alive on* 12-7-53, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lyman Mooney (Degree or title) M.D.
23b. ADDRESS: 421 Coeur D'Alene Ave
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT
Certificate of Death

State File No. 4736
Local Reg. No. 252
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 31 1953 Division of Vital Statistics STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 6-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lewis Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Helena
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sarah	Wood	Meyer	Dec. 11 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	April 17, 1863	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wood	England	Pricilla Yates	England

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	W.W. Larsen	Coeur d' Alene Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	2 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	Several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

443X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-15, 1953 *to* 12-16, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'alene Idaho	12-19-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-13-53	Helena Cemetery	Helena, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. O. Husted

RECEIVED DEC 23 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 238
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 12-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 836-N-15th, st

3. NAME OF DECEASED (Type or Print): a. (First) David; b. (Middle) T.; c. (Last) Black

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 29-1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Spanish Am.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Emma Black
ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — about 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/24, 1953, *to* 12/12, 1953, *that I last saw the deceased alive on* 12/12, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 175 O. Husted MD

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-15-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-18-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 244
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martin's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1040 Young St.

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): -
c. (Last): Stephenson

4. DATE OF DEATH (Month) (Day) (Year): 12-13-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-15-1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.
11. BIRTHPLACE (State or foreign country): Mount Vernon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Stephenson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Davis — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. Hall Stephenson — ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Arteriosclerosis vascular cardiac disease
(c) Has had mushroom catheter to bladder thru Gutter opening for 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis c̄ failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 12-14-1953, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Don Moseley (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

Dr. Gumprecht DEC 23 1953

Division of Vital Statistics

State File No. 239
Local Reg. No. 120
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304-Davidson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 304-Davidson

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Roy; c. (Last) Boyer

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 25, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 8; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 62

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coeur d' Alene Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Roy Boyer — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Frances Garner — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Truman Boyer — ADDRESS: Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - probably suffocation

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS

23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-16-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-18-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English — ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4740
Local Reg. No. 246
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 23-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Ceneral Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1123-Cd'a Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle); c. (Last) Bernard

4. DATE OF DEATH: (Month) Dec. 15 (Day) (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Mining C.

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-5312

17. INFORMANT'S OWN SIGNATURE: Abram L. Bernard
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Stomach
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) peitoneal
DUE TO (c) Metastases

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/24, 1953, *to* 12/15, 1953, *that I last saw the deceased alive on* 12/15, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD
(Degree or title):
23b. ADDRESS:
23c. DATE SIGNED: 12/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-22-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: English Chapel By M. A. Applegate Jr.
ADDRESS: Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4741
Local Reg. No. 243
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1105 N 5th St

3. NAME OF DECEASED (Type or Print)
a. (First): Jonas
b. (Middle): William
c. (Last): Stark

4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 25 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Amanda Stark — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arteriosclerosis + multiple cerebral vascular accidents

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9, 1953, *to* 12-15, 1953, *that I last saw the deceased alive on* 12-15, 1953, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-53
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 12-19-53
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates — ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Dr. Wm Wood

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 31 1953
Division of Vital Statistics

State File No. [illegible]
Local Reg. No. 250
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701-Front ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 701-Front ave.

3. NAME OF DECEASED (Type or Print): a. (First) Margaret; b. (Middle) Christine; c. (Last) Ingerlund

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 22 1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Isaacson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Breta Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Freda Beck
ADDRESS: Coeur d' Alen Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

H 4.3 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 46, *to* 12-16, 19 53, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D.

23b. ADDRESS: Coeur d' alene, Idaho

23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-18-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d' Alene, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 31 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. 4743
Local Reg. No. 251
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KOOTENAI HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Gibbs

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) c. (Last) LARSON

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 53

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug 12, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: SAWMILLS

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-7722

17. INFORMANT'S OWN SIGNATURE: Public Assistance Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Cardio — 20 yrs
vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-17-53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 12-22-53

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Lorraine N. Brush

25. FUNERAL DIRECTOR: Gilbert Gates
ADDRESS: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

No Work

RECEIVED
DEC 31 1953
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 248
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 831 N. 5th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	Hugh	Graham	12	19	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-24-1892	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Various	Athol, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Graham	Scotland	Laura Farnsworth	Michigan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-05-0664	Mrs. Clara Graham	Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 2 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-17, 1953, *to* 12-19, 1953, *that I last saw the deceased alive on* 12-19, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William F. Wood	M.D.	Coeur d'Alene, Idaho	12-22-'53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	Lorraine K. Brush	Edith Gale	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 249
Reg. Dist. No. 120

RECEIVED DEC 31 1953 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Rte. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Bruce	Hensley	12	20	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	2-20-1946	7				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Grade School
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard Hensley — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Marianne Willmering — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mr. Howard Hensley — ADDRESS: Athol, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1953, *to* Dec 20, 1953, *that I last saw the deceased alive on* Dec 20, 1953, *and that death occurred at* 11:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-53	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	Lorraine K. Brust	Gilbert Yates	Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

4746

State File No. 247

Local Reg. No. 120

Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 31 1953 Division of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 5 mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 801 2nd St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Thomas	H.	Geiger		12	22	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-4-1892	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Various	Iowa	USA

13 FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Geiger	Germany	Jane McOnie	Scotland

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-03-0510	Mrs. Bertha Geiger	Coeur d'Alene, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-Sclerotic Cardio-vascular disease — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 12-22 19-53, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-26-53	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-24-53	Lorraine K. Brush	Gilbert Gates	Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 257
Reg. Dist. No. 120

RECEIVED JAN 9 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) XXXXXXXXXX Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 957 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dorothy	Mildred	Laing	12	24	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	1-5-1913	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James E. Riggs — BIRTHPLACE Unknwon
14. MOTHER'S MAIDEN NAME Hattie Secrest — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mr. Norman Lake, ADDRESS Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardio. renal failure	3 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	2 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1953, *to* 12-24, 1953, *that I last saw the deceased alive on* 12/24, 1953, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE C. Ku Fox (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 12/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-29-53
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG 1-6-54
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR Gilbert Yates ADDRESS Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED JAN 8 - 1954

Certificate of Death

STATE OF IDAHO

State File No. 4 [illegible]
Local Reg. No. 258
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai Division of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 S. 15th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota
b. COUNTY: Beltrami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bemijdi
d. STREET ADDRESS (If rural, give location): 1305 America Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) W. c. (Last) Voltz

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-4-1894

9. AGE (In years last birthday): 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 27

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Clear Lake, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Voltz BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Leona Pine BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 470-03-8553

17. INFORMANT'S OWN SIGNATURE: Mrs. Lillian Voltz ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Coeur d'Alene (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 27, 1953 *to* Dec. 20, 1953, *that I last saw the deceased alive on* Dec. 20, 1953, *and that death occurred at* 1:00 A DEC. 24, 1953 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry A. Novak (Degree or title) M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: Dec. 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-26-53
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Yates ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 254
Reg. Dist. No. 12c

Dr. D. Moseley

RECEIVED JAN 9 - 1954 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 609-S-19th, street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	W.	Donald	12-28-53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar. 23, 1874	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman	Laborer	Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Donald	Unknown	Maggie Mitchell	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		x Alice Donald	Coeur d' Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Chronic myocarditis	1 yr
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
(b)	Cerebral arteriosclerosis	10 yrs
	Cardio-vascular disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of kidneys

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 12-28, 19 53 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d' Alene, Idaho	12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30-53	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-31-53	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Dr. Husted

Certificate of Death

STATE OF IDAHO

State File No. 255
Local Reg. No. 255
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 9 - 1954 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Patrick	John	Fehling	Dec. 30, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never	Sept. 14, 1946	7				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Post Falls School	St. Maries Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Fehling	Orofino, Idaho	Grace Donald	Coeur d' Alene, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs. Beverly Hague	Coeur d' Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Encephalitis	48 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Mumps	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/30, 1953, *to* 12/30, 1953 *that I last saw the deceased alive on* 12/30, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. Fox	Cd'a Idaho	1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4 1954	Forest Cem.	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-54	Lorraine K. Brush	Don English	Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 '53
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPIRIT LAKE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SPIRIT LAKE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPIRIT LAKE
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHAEL	FREDERICK	HAUCK	12	2	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	NEVER MARRIED	2-14-1950	3				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE OF	NONE	IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LESTER HAUCK	CANADA	EMILY L. BRIGGS	IDAHO

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	NONE	MR. LESTER HAUCK	SPIRIT LAKE

MEDICAL CERTIFICATION

18 CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN INJURY, SEVERE, WITH HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 4 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AUTOMOBILE ACCIDENT — 4 HOURS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
DEC. 2, 1953 6:30 P.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	HIT BY AUTOMOBILE

22. *I hereby certify that I attended the deceased from* 12/2/53, 19___, *to* 12/2/53, 19___, *that I last saw the deceased alive on* 12/2/53, 19___, *and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lemuel C. Sederburg MD.	Spirit Lake, Idaho	12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12-6-53	GREENWOOD CEMETERY	SPIRIT LAKE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-10-53	Lorraine K. Brush	Colbert Yates	Coeur d'Alene Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Michael Frederick Hauck

now lying buried in Greenwood Cemetery, in the City or Town of Spirit Lake

County of Kootenai State of Idaho, who died on the 2nd day of August, 1953, Aged 3 years ____ months

____ days, the cause of death being Auto-pedestrian Accident and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Lynn Fredrikson attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Morris Hill Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Kootenai it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to:

this 21st day of May, A.D. 1973.

Relyea Mortuary
Boise, Idaho

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19___.

_____
Health Officer

RECEIVED
DEC 23 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 245
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 19 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 318 3rd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 318 3rd St

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) R.; c. (Last) Sweitzer

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 5, 1899

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Trent wood Mill

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Sweitzer
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unkown
BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 420 [illegible]

17. INFORMANT'S OWN SIGNATURE: Mr. Clarence Lehman
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Rt Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rt. infarct of heart — 24 hrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/4, 1953, *to* 12/9, 1953 *that I last saw the deceased alive on* 12/9, 1953, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Stephan (Degree or title): M.D.

23b. ADDRESS: Post Falls Idaho

23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-53

24c. NAME OF CEMETERY OR CREMATORY: Evergreen

24d. LOCATION (City, town, or county) (State): Post Falls Idaho

DATE REC'D BY LOCAL REG.: 12-14-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho

Gilbert Yates

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO. REC'D JAN 9 - 1954

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c (Last)	4 DATE OF DEATH (Month)	(Day)	(Year)
Mary		Cunningham	12	29	53

5. SEX	6 COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Oct 29 1873	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oliver Goodall	Mo.	Grace Grey	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Grace Cunningham	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4522 Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/29, 1953, *to* 12/29, 1953, *that I last saw the deceased* ~~alive~~ *on* 12/29, 1953, *and that death occurred at* 5 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Stephan	M.D.	Post Falls, Idaho	12-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-1-54	Post Falls	Post Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-54	Lorraine K. Brush	Lilburn Yates	Coeur d'Alene Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 120

BIRTH NO. JAN 5- [illegible]

1. PLACE OF DEATH
a. COUNTY: Kootenai — Division of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2 Post Fall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt # 2 Post Falls

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	E.	Gooding	Dec. 31, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 9, 1877	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Pvt. Centractor	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Gooding	Canada	Johanne Wakefield	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	533-12-3754	Marie E. Gooding	Post Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	abrupt
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic myocarditis with auricular fibrillation, grade III	
DUE TO (c)	Cardiac decompensation	1 yr
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1953, *to* Jan, 1954, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A. Hughes M.D.	Coeur D'Alene Idaho	1-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 5 1954	Forest Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-54	Lorraine K. Brush	Don English	Coeurd' Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 136
Reg. Dist. No. 200

BIRTH NO. 53-16438

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arlane
b. (Middle):
c. (Last): Thaves

4. DATE OF DEATH (Month) (Day) (Year): Dec 1 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec 1, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 3, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Delwyn Thaves — BIRTHPLACE: Tekoa, Wn.
14. MOTHER'S MAIDEN NAME: ✓ Beverly Redmond — BIRTHPLACE: Bonners Ferry, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Delwyn L. Thaves — ADDRESS: Potlatch

18. CAUSE OF DEATH 761.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral anoxia & apnea
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Low lying placenta
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1953, *to* Dec 1, 1953, *that I last saw the deceased alive on* Dec. 1, 1953 *and that death occurred at* 1.00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. Mark Braaten 711 m.c. (Degree or title)
23b. ADDRESS: Potlatch, Idaho
23c. DATE SIGNED: Dec 5, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 12/16/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David K. Lee — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

RECEIVED DEC 14 1953

State File No. .....
Local Reg. No. 132
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 15 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Wash

b. COUNTY: Whitman

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colton

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hilda b. (Middle) Elizabeth c. (Last) Frei

4. DATE OF DEATH (Month) (Day) (Year): 12/2/53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 2/30/05

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Colton Wn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fidel Frei — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Agatha Moser — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: Fidel Frei — ADDRESS: Colton Wn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Congenital malformation of chest. — Since Birth

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1949 *to* Dec. 2 1953, *that I last saw the deceased alive on* Dec. 2 1953, *and that death occurred at* 5:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doctor M Foster

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/5/53

24c. NAME OF CEMETERY OR CREMATORY: Colton Cemetery

24d. LOCATION (City, town, or county) (State): Colton Wn

DATE REC'D BY LOCAL REG.: 12/7/53

REGISTRAR'S SIGNATURE: Lois E Engel

25. FUNERAL DIRECTOR: Dale E Kimball — ADDRESS: Pullman Wn.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Stephens
111-53-15882

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4757
Local Reg. No. 143
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle):
c. (Last): Hegg

4. DATE OF DEATH (Month) Dec (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec 6, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 10, Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Hegg — BIRTHPLACE: Potlatch, Ida
14. MOTHER'S MAIDEN NAME: Donna Lee Skroy — BIRTHPLACE: Spokane, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Raymond Hegg — ADDRESS: Potlatch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Moscow (COUNTY): Latah (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1953, *to* Dec 6, 1953, *that I last saw the deceased alive on* Dec. 6, 1953, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lakeli J. Stephens MD 395
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 12/23/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R Fitz — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4758
Local Reg. No. 146
Reg. Dist. No. 200

BIRTH NO. Culp

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grittman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sanders
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): ****
c. (Last): Garren

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 25, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Lee Inscore — ADDRESS: Tensed

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma - head of the pancreas — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1953, *to* Dec. 10, 1953, *that I last saw the deceased alive on* December 10, 1953 *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Culp 070 — (Degree or title): M.D.
23b. ADDRESS: Box 402, Moscow, Idaho
23c. DATE SIGNED: 1/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12, 53 01
24c. NAME OF CEMETERY OR CREMATORY: Sanders Cemetary
24d. LOCATION (City, town, or county) (State): Sanders Idaho

DATE REC'D BY LOCAL REG.: 1/4/54
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: Jack E. Kramer — ADDRESS: Kimball Funeral Home, Idaho, Wash

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Value

RECEIVED DEC 19 1953

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. [illegible]
Local Reg. No. 14
Reg. Dist. No. 201

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Leslie; b. (Middle); c. (Last) Dygert

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 3, 1886

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper 40

10b. KIND OF BUSINESS OR INDUSTRY: auto garage

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Dygert — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Flora T. Beardsley — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518-03-3929

17. INFORMANT'S OWN SIGNATURE: Mrs Leslie Dygert — ADDRESS: Potlatch

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Toxemia gastro-interitis — 11 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertrophy of prostate — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* Dec 11, 1953, *that I last saw the deceased alive on* Dec 11, 1953, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.W. Debree (Degree or title): M.D.

23b. ADDRESS: Palouse Wash.

23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-1953

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 12/16/53

REGISTRAR'S SIGNATURE: Lois E Engel

25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 4 - 1954 Division of Vital Statistics

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 142
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Matilde; b. (Middle) Elizabeth; c. (Last) Holway

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 24, 1882

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Librarian

10b. KIND OF BUSINESS OR INDUSTRY: Palouse Library

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: C. A. Christianson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Mary Anderson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 535-22-5919

17. INFORMANT'S OWN SIGNATURE: Mrs Kenneth Holway
ADDRESS: Palouse Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Rt Breast — 12 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10 *, 19*53*, to* 12-12 *, 19*53*, that I last saw the deceased alive on* 12-12 *, 19*53*, and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward N Dimm M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-14-53
24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 12/22/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Palouse, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Armstrong

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1954
Local Reg. No. 147
Reg. Dist. No. 208

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 301 East B St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edward	Henry	Mains	Dec	17	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug 12, 1879	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Kiln Operator	Lumber	Berrie, Ontario, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Zachariah Mains	Ireland	Delilah Littlejohn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-0-05A	Edwin B. Mains	Long Beach, Cal.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis, Contracted Kidney — 7 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Public Highway	Latah co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 3, 1953 p m.		Snowing-car slid off road

22. *I hereby certify that I attended the deceased from* 12/3, 1953, *to* 12/17, 1953, *that I last saw the deceased alive on* 12/17, 1953, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Armstrong	M.D.	Moscow Idaho	12/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-1953	Oakesdale Cemetery	Oakesdale Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-4-54	Lawrence E. Engle	Merrill Estes	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Baird

RECEIVED Certificate of Death

JAN 4 – 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 4762
Local Reg. No. 144
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 820 So. Logan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 820 So. Logan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	L.	Todd	Dec	19	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 28, 1875	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scrap metal ob		Shelbina, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	yes	Walter L. Todd Jr	Moscow, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Pancreas.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/30/53 *to* 12/19/53 *that I last saw the deceased alive on* 12/19/53 19___, *and that death occurred at* 12:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas D. Baird M.D	Moscow Idaho	12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/23/53	Lois E. Angell	[illegible]	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Stephens

RECEIVED Certificate of Death

JAN 4 - 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 4763
Local Reg. No. 145
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rt. 3
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rt. 3
d. STREET ADDRESS (If rural, give location): No. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Josephine
c. (Last): Normington

4. DATE OF DEATH (Month) (Day) (Year): Dec 20 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 27, 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Dahlberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Christina Olson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Laurene Nearing — ADDRESS: Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma
DUE TO (c): Rheumatoid arthritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow Latah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1951, *to* Dec 18, 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* 2:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 395 Lakele J. Stephens
23b. ADDRESS: Moscow
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 01 12-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 12/23/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David K. Tree — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4764
Local Reg. No. 220
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 84 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 4 miles east of Palouse

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha		Milton	Dec. 28, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Married	June 23, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Minnesota	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
O. J. Tuft	Norway	Mary Lynd	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	James Milton	Palouse, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malignant Hypertension — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mitral regurgitation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 1941, *to* Dec. 28, 1953, *that I last saw the deceased alive on* Dec 27, 1953, *and that death occurred at* 12:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. DeVree M. D.	Palouse Wash.	12/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30-53	Greenwood Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-4-54	Lois E. Ingle	H. E. Turnbull	Palouse, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4765
Local Reg. No. 129
Reg. Dist. No. 200

BIRTH NO. Dunn

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mundell's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Tunis
b. (Middle): Mae
c. (Last): Murdock

4. DATE OF DEATH (Month) (Day) (Year): Nov 18 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 21, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barry County, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Cole — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Millie Frend — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: x Cecil Roberts — ADDRESS: Troy, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1956, *to* 5-28, 1953, *that I last saw the deceased alive on* 5-28, 1953, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Omer H. Dunn 104 (Degree or title) M.D.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 11-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 11-21-1953 01
24c. NAME OF CEMETERY OR CREMATORY: Bethal Cemetery
24d. LOCATION (City, town, or county) (State): near Troy Idaho

DATE REC'D BY LOCAL REG.: 12/7/53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. Fra — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4266
Local Reg. No. 137
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
c. LENGTH OF STAY (in this place): 1909
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Arthur	George	Fitzpatrick		Dec	4	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	June 9, 1884	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Flintville, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fitzpatrick — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Rodger — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: x Thomas H. Hansen — ADDRESS: Deary, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11, 1953, *to* ____, 19____, *that I last saw the deceased alive on* 11-11, 1953, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Owen A Dunn 104	MD	Troy Idaho.	12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	12-9-1953 01	Moscow Catholic	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/16/53	Lois E Angell	H R Short	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Division of Vital Statistics DEC 19 1953

Certificate of Death

STATE OF IDAHO

State File No. 4767
Local Reg. No. 138
Reg. Dist. No. 200

BIRTH NO. DEC 19 1953

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 67 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 miles east of Garfield wash.

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 8 Miles East of Garfield washington

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Melliss c. (Last) Griner

4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953

5. SEX female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 18, 1862

9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Indianapolis, Indiana

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George W. Bills BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Julia Alice Hill BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE James Griner ADDRESS Garfield Wash.

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis 450.0 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. T. Thorn M.D.

23b. ADDRESS Garfield Wash

23c. DATE SIGNED Dec. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-8-53

24c. NAME OF CEMETERY OR CREMATORY Garfield, Cemetery

24d. LOCATION (City, town, or county) Garfield, Washington (State)

DATE REC'D BY LOCAL REG. 12/10/53

REGISTRAR'S SIGNATURE Lois E. Engle

25. FUNERAL DIRECTOR H. E. Gumbell ADDRESS Palouse, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1760
Local Reg. No. 139
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 57 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Axel
b. (Middle):
c. (Last): Olson

4. DATE OF DEATH (Month) Dec (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 19, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vermland, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Olaf Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Engeborg ? — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Moses Lake, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary obstruction + Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid Syndrome
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 4 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 1951, *to* _____, 1953, *that I last saw the deceased alive on* July, 1953, *and that death occurred at* 72 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 104 (Degree or title) MD
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co. Idaho

DATE REC'D BY LOCAL REG.: 12/16/53
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: David R. State — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 19 [illegible]
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 141
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): D.
c. (Last): Phelps

4. DATE OF DEATH (Month) (Day) (Year): Dec 14 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb 13, 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Publisher
10b. KIND OF BUSINESS OR INDUSTRY: newspaper
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C.C. Phelps — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minnie Hansen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Ellis C. Anderson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — years.
DUE TO (c) Generalized ~~coronary~~ atherosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~1947~~, 1949, *to* 12-12, 1953, *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 12:36 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drury 124 — (Degree or title): M.D.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Latah Co. — (State): Idaho

DATE REC'D BY LOCAL REG.: 12-16-53
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson RECEIVED JAN 7 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 148
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rt. 3
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Rt. 3
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Darell
b. (Middle): Ira
c. (Last): Hall

4. DATE OF DEATH (Month) (Day) (Year): Dec 19 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 26, 1953
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 6 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ira Hall
BIRTHPLACE: Juliaetta, Ida.
14. MOTHER'S MAIDEN NAME: Maude French
BIRTHPLACE: Moscow, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ira W. Hall
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 340.3 Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12-18-53

ANTECEDENT CAUSES — Septicemia — 5-30-53

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic Meningitis — 5-30-53

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Mother Rh Neg Father Rx positive

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5-26, 1953, *to* Dec 19, 1953, *that I last saw the deceased alive on* 12-19, 1953 *and that death occurred at* 900a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Wilson MD
23b. ADDRESS: Moscow, Ida
23c. DATE SIGNED: 12-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/4/54
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: David K. [illegible]
ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 7 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 149
Reg. Dist. No. 200

BIRTH NO. Drury

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alfred Sandell home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 511 So. Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): Ann
b. (Middle): Matilda
c. (Last): Anderson

4. DATE OF DEATH (Month) Dec (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 22, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vasterfatland, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Ruberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: N. G. Anderson — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Arteriosclerosis. Cerebral — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis. — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1953, *to* 12-26, 1953, *that I last saw the deceased alive on* 12-26, 1953, *and that death occurred at* 5:30 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: 104 Omer H Drury (Degree or title): M.D.
23b. ADDRESS: Troy Idaho.
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 1/4/54
REGISTRAR'S SIGNATURE: Lois E. Engel
25. FUNERAL DIRECTOR: [illegible] — ADDRESS: Moscow Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
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Division of V.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle); c. (Last) Summers

4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 6, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracting Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamilton, Montana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John A. Summers — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Juda Chaffin — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S OWN SIGNATURE: Lucile Summers — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Salmon — (COUNTY): Lemhi — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Dec 11, 1953, *that I last saw the deceased alive on* Dec 11, 1953, *and that death occurred at* 11:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W Sinclair Jr W
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-53
24c. NAME OF CEMETERY OR CREMATORY: Corvallis, Montana
24d. LOCATION (City, town, or county) (State): Corvallis, Montana

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Viola G. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 680
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
c. LENGTH OF STAY (in this place): 20-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. C. Bar Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
d. STREET ADDRESS (If rural, give location): D. C. Bar Ranch

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle) Toy; c. (Last) Frouse

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 19, 1872

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Red Ruth, Cornwall, England

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thomas Toy
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: [illegible] James
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Edith Smith
ADDRESS: Lemhi, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]
INTERVAL BETWEEN ONSET AND DEATH: 3 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-53

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: Tida E Johnson

25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 690
Reg. Dist. No.....

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): front of LaMunyan home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Margaret
c. (Last): Owens

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 3, 1884

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nesbit, Nebraska

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Shanafelt
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Anne Martin
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Dick Spellman
ADDRESS: Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: ½ min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Never, 19__, *and that death occurred at* 10:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Blackaday M.D.
23b. ADDRESS: Salmon, Ida
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-53
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

State File No. .....
Local Reg. No. 690
Reg. Dist. No. .....

BIRTH NO. JAN 8 - 1954 Division of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Eliza
b. (Middle)
c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 25, 1872
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Central City, Kentucky
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Rector Slaton — BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Eliza Sharp — BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — 10 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1947, *to* 12-27, 1953, *that I last saw the deceased alive on* 12-26, 1953 *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Salmon Ida
23c. DATE SIGNED 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-29-53
24c. NAME OF CEMETERY OR CREMATORY Salmon
24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. Jan. 4-54
REGISTRAR'S SIGNATURE Viola E. Johnson
25. FUNERAL DIRECTOR Delbert C. Jones — ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 477
Local Reg. No. 3
Reg. Dist. No. 232

BIRTH NO.

RECEIVED JAN 15 1954 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester (Rural)
d. STREET ADDRESS (If rural, give location): 9 Miles South

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) W. c. (Last) DILL

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 24 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Nevada City, Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY P. DILL., BIRTHPLACE: St.LOUIS, Mo.

14. MOTHER'S MAIDEN NAME: ELIZABETH A. SULLIVAN., BIRTHPLACE: CALIF.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Henry Douglas Dill ADDRESS: Winchester Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart dis to sudden — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) "Heart attack.
DUE TO (c) died suddenly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title): Albert Hoff Coroner
23b. ADDRESS: Nezperce, Idaho.
23c. DATE SIGNED: 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Craigmont I.O.O.F.
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho.

DATE REC'D BY LOCAL REG.: Dec 5 1953
REGISTRAR'S SIGNATURE: C.E. Clover
25. FUNERAL DIRECTOR: C.E. Clover ADDRESS: Craigmont, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 4 - 1954

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 963
Reg. Dist. No. 430

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Beverly b. (Middle) Irene c. (Last) Burgess

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): student

8. DATE OF BIRTH: June 30 1942

9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR Months: 4 Days: 5 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Shoshone - Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Phil Burgess — BIRTHPLACE: Shoshone Ida

14. MOTHER'S MAIDEN NAME: Rachel Fisk — BIRTHPLACE: Charter Oak, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Jimmie J. Ivey — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hemorrhage, Rt Cerebellum — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital weakness of wall of vessels.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* did not see alive — , 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Shoshone Idaho.
23c. DATE SIGNED: 11-[illegible]-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8-53
24c. NAME OF CEMETERY OR CREMATORY: Shoshone
24d. LOCATION (City, town, or county) (State): Shoshone Lincoln Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Myrtle C. Burdett
25. FUNERAL DIRECTOR ADDRESS: Myrtle C. Burdett Shoshone

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 4 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 364
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ramona b. (Middle) Berriochoa c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 - 53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July - 3 - 1895
9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months 5 Days 23 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME ? Camporondo BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Carlos Berriochoa ADDRESS Jr

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma, L. kidney with general metastasis. 180X — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-7-51
19b. MAJOR FINDINGS OF OPERATION Hypernephroma, L. kidney & invasion of renal vessels.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Dec, 1953, *that I last saw the deceased alive on* 12-26, 1953, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 282 [signature] M.D. (Degree or title)
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 01 Dec. 31-53
24c. NAME OF CEMETERY OR CREMATORY Shoshone
24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Myrtle C. Burdett
25. FUNERAL DIRECTOR Myrtle C. Burdett ADDRESS Shoshone Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 11 1954
Division of Vital Statistics

111-53-15986

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton Rt. 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Allen Daune b. (Middle) Hansen c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 10, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Afton Elwin Hansen BIRTHPLACE: Goshen, Idaho
14. MOTHER'S MAIDEN NAME: Ruth Elnorah Grover BIRTHPLACE: Archer, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Afton Hansen ADDRESS: Thornton Rt1 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth 6½ months Gestation — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10, 1953, *to* 12-11, 1953, *that I last saw the deceased alive on* 12-11, 1953, *and that death occurred at* 4:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 422 Asael Hall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison, Idaho

DATE REC'D BY LOCAL REG.: 12-11-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm ADDRESS: Rexburg, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 9 - 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 57
Local Reg. No. 57
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. of Thornton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): BOYD
b. (Middle): MURRY
c. (Last): GARRETT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1932
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seed Pea
11. BIRTHPLACE (State or foreign country): Clark, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harry Samuel Garrett. BIRTHPLACE: Spring City Utah.
14. MOTHER'S MAIDEN NAME: Alta Elizabeth Bewley. BIRTHPLACE: Memphis, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 519-28-4784
17. INFORMANT'S OWN SIGNATURE: Alta Garrett — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 191
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Thornton, Madison Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-1-53 12:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car Skidded off Hiway Into Water

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:45A., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth R. Flamm Coroner
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 12-5-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: A. B. Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 9 - 1953

Certificate of Death

STATE OF IDAHO

Division of Vital Statistics

State File No. 4781
Local Reg. No. 3
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. of Thornton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (Rural)
d. STREET ADDRESS (If rural, give location): 3 Mi No. West of Rigby

3. NAME OF DECEASED (Type or Print): a. (First) DELBERT b. (Middle) C. c. (Last) HANSEN

4. DATE OF DEATH (Month) (Day) (Year): December 1, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 29, 1931

9. AGE (In years last birthday): 22
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto Laurel Hansen. BIRTHPLACE: Rudy, Idaho.

14. MOTHER'S MAIDEN NAME: Melva Annie Christensen. BIRTHPLACE: E.Millcreek Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean

16. SOCIAL SECURITY NO.: 518-38-9127

17. INFORMANT'S OWN SIGNATURE: Beverly Hansen ADDRESS: Rigby, Ida Rt.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 191

21c. (CITY, TOWN, OR TOWNSHIP) Thornton (COUNTY) Madison (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 1 - 53 12:45 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Car skidded off Hiway into Water.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth R. Flamm (Degree or title) Coroner

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 12/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/5/53

24c. NAME OF CEMETERY OR CREMATORY: Central

24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 12-5-53

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: A.B. Russell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4782
Local Reg. No. 59
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): December 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 28, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months: 0 Days: 8 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Combustion Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Sugar
11. BIRTHPLACE (State or foreign country): Jenny Liend, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Gard Wright — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Emily Lenora Buttler — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish-Amer.
16. SOCIAL SECURITY NO.: 528-03-8567
17. INFORMANT'S OWN SIGNATURE: Esther E.B. Wright — ADDRESS: Sugar City, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Insufficiency — 12 hrs
DUE TO (c): Auricular fibrillation — 12 hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arterio-sclerotic heart disease — (Years)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1953, *to* Dec 6, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 7:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Blaine H Passey (Degree or title): MD
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/1953
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Ririe Bonneville Idaho.

DATE REC'D BY LOCAL REG.: 12-14-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Bruce A. Eckwell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 11 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 61
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Willis b. (Middle) c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: May 10. 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Willis D. Brown — BIRTHPLACE: Ogden, Utah
14. MOTHER'S MAIDEN NAME: Alice M. Dinsdale — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph Brown — ADDRESS: Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1953, *to* Dec. 16, 1953, *that I last saw the deceased alive on* Nov., 1953, *and that death occurred at* 3:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A C Truxal, M.D. 433
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Madison Idaho

DATE REC'D BY LOCAL REG.: 12-21-53
REGISTRAR'S SIGNATURE: Leona F. Hamm
25. FUNERAL DIRECTOR: Russell F. Hamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 11 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 62
Local Reg. No.
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg (Rural)
d. STREET ADDRESS (If rural, give location): R. F. D. #2

3. NAME OF DECEASED (Type or Print): a. (First) Christina b. (Middle) Magdalena c. (Last) Walz Pfost

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 17, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waldorf Wurttenburg Germany
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Ludwig Walz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Christina Magdalena Walz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Emma Oldham — ADDRESS: Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 28, 1953, *to* Dec. 28, 1953, *that I last saw the deceased alive on* Dec. 28, 1953, *and that death occurred at* 3:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Rigby (Degree or title) M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/53
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Kenneth Flamm — ADDRESS: Rexburg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 452

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 35 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): city.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Adella
c. (Last): Keasey

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 23 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 11, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike Co. Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Wanner — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Mary J Shields — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Geo. A. Keasey — ADDRESS: Pocatello. Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial and — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart failure — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952 *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M D
(Degree or title)
23b. ADDRESS: Rupert Idaho.
23c. DATE SIGNED: 12-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-53
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: [signature]
25 FUNERAL DIRECTOR: Rodney B Gardner
ADDRESS: Rupert. Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 8 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 65 ~~55~~ 1
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Glen b. (Middle) Merrill c. (Last) Morgan

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: May 29, 1919.
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Parsons Kansas.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Isaac Morgan. BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Nellie A. Bruce. BIRTHPLACE: Kansas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Eleanor Morgan Pickett ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see, *19*___, *to* alive, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 12-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-53
24c. NAME OF CEMETERY OR CREMATORY: Heyburn Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 12-28-1953
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Rodney Goodman ADDRESS: Rupert Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4787
Local Reg. No. 2779
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emerson District
c. LENGTH OF STAY (in this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D. Heyburn
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Nordquist; c. (Last) Barlow

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 7, 1887

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter J. Nordquist — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Maria Olson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE ADDRESS: 66 Barlow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1947, *to* Nov 27, 1953, *that I last saw the deceased alive on* Nov 27, 1953, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh A. Dean M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: Dec 2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Dec 6th 1953

REGISTRAR'S SIGNATURE: B. A. Nelson

25. FUNERAL DIRECTOR ADDRESS: J. Garth Payne Burley, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-43021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 250
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 12 53 Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1023 - 6th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GUSTAVE	R.	BRAUN	December 4, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 21, 1879	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farmer	Hannibal, Ohio	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Braun	Unknown	Mary Stauffer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	Unknown	X Mrs. G. R. Braun	1023 - 6th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Acute Lymphocytic Leukemia & Bronchopneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Anemia (Secondary) - Myelophthisis	
DUE TO (c)	Lymphosarcoma of Bone Marrow causing Leukemia.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 26, 1950, *to* Dec. 4, 1953, *that I last saw the deceased alive on* Dec. 4, 1953, *and that death occurred at* 8:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover MD	527 Burrell Ave Lewiston, Idaho	12/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-7-1953	Normal-Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-8-53	Jean Wegelius	Brower-Mann K. H. Malcolm	Lewiston, Idaho

Dr. Stover

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 12 1953 Division of Vital Statistics

State File No. .....
Local Reg. No. 251
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 917 - 9th St.

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): E.
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 28, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 20
10b. KIND OF BUSINESS OR INDUSTRY: Potlatch Forests
11. BIRTHPLACE (State or foreign country): Bickleton, Washington
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Ellis — BIRTHPLACE: Salem, Oregon
14. MOTHER'S MAIDEN NAME: Isabelle Beck — BIRTHPLACE: Mound City, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Clarence E. Ellis — ADDRESS: 1911-15 Ave City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

134.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 12/1/53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Nonetheless of Lung — 3 yrs
DUE TO (c): Congenital Cysts of Lung — Left

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No Accident
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Dec 4th, 1953, *that I last saw the deceased alive on* Dec 4th, 1953 *and that death occurred at* 5 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Baldeck (Degree or title) 005
23b. ADDRESS: 707 11th St Lewiston Idaho
23c. DATE SIGNED: 12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann K. H. Malcorn — ADDRESS: Lewiston, Idaho
Dr. J. Baldeck

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4790
Local Reg. No. 252
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
DEC 12 1953
Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 816 - 7th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) VIRGINIA; b. (Middle) BELL; c. (Last) CRANSTON

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 29, 1853

9. AGE (In years last birthday): 100
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House - Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Webster, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Hiram Wilson
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Zirilda Thomas
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Jessie Mackey
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 3 Weeks.
DUE TO (c): Infirmities of Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan., 1951, *to* Dec. 5, 1953, *that I last saw the deceased alive on* Dec. 4, 1953, *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Mackey, M. D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Jean Wegleitner
25. FUNERAL DIRECTOR: Brower-Wann
by- K. H. McLean
ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. Mackey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 12 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4791
Local Reg. No. 253
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612-10th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 612-10th St

3. NAME OF DECEASED (Type or Print)
a. (First): Edward H.
b. (Middle):
c. (Last): Harman

4. DATE OF DEATH (Month) (Day) (Year): Dec 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 31, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Keuterville, Idaho.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Harman — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Anna Sonnon — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: none
17. INFORMANT'S OWN SIGNATURE: Elenora Harman — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension and Arterio Sclerosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1953, *to* Dec 5, 1953, *that I last saw the deceased alive on* Dec 5-53 19___, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene J. Baldwin 015 (Degree or title)
23b. ADDRESS: 412 6th St City
23c. DATE SIGNED: 12-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec, 9, 1953 01
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec 8, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 256
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 2810--8th Ave

3. NAME OF DECEASED (Type or Print): a. (First) LUCILE; b. (Middle) O; c. (Last) LEWENKAMP

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1909

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: LeRoy Clark
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Frances Mark
BIRTHPLACE: Rutland , Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: W. A. Black
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

175 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): metastatic adenocarcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): previous adenocarcinoma ovary,
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Aug 5, 1952

19b. MAJOR FINDINGS OF OPERATION: adeno carcinoma ovary & fallopian tube

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 25, 1953, *to* Dec 10, 1953, *that I last saw the deceased alive on* Dec 10, 1953, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Galen F. Barnes, M.D (Degree or title)

23b. ADDRESS: 307 St. Johns Way Lewiston, Idaho

23c. DATE SIGNED: Dec 14 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 12, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 17, 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: Brower-Wann by W. H. Malcom
ADDRESS: Lewiston,

Dr. Barnes

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 254
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 321-14th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Laccoarce

4. DATE OF DEATH (Month) (Day) (Year) 12-11-53

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH October 5, 1878

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Postal Worker

11. BIRTHPLACE (State or foreign country) Butler, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME no record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME no record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Velma L. Hennen
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock - Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Benign Hyperplasia of Prostate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arterio-sclerotic Heart Disease

19a. DATE OF OPERATION 12/10/53

19b. MAJOR FINDINGS OF OPERATION Enlarged Prostate

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Dec, 1953, *to* 11 Dec, 1953, *that I last saw the deceased alive on* Dec 11, 1953 *and that death occurred at* 8 4. m., *from the causes and on the date stated above.*

23a. SIGNATURE Russell T. Scott (Degree or title) M.D.

23b. ADDRESS Lewiston

23c. DATE SIGNED 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 11-14-53

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. Dec. 15, 1953

REGISTRAR'S SIGNATURE Jean Wegelius

25. FUNERAL DIRECTOR J. Vasser
ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953

Certificate of Death

Division of Vital Statistics — STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 259
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Randy b. (Middle) Adolph c. (Last) Meadows

4. DATE OF DEATH: (Month) (Day) (Year): Dec, 13, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Feb 19, 1950

9. AGE (In years last birthday): 3
IF UNDER 1 YEAR — Months: 9 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none or

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ruben Meadows — BIRTHPLACE: Salt Lake City Utah

14. MOTHER'S MAIDEN NAME: Beverly Wyatt — BIRTHPLACE: Lewiston, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: † Ruben A. Meadows — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-10-, 1953, *to* 12-13-, 1953, *that I last saw the deceased alive on* 12-13-, 1953 *and that death occurred at* 2:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. White, M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec, 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec 18 1953
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Andrew F. Vassar
ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 170
Local Reg. No. 257
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1847--7th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARTHA	ELIZABETH	BAILEY	Dec. 15, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	Oct. 8, 1882	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
O	House Wife	Cove, Oregon	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Jennings	Missouri	Rebecca T. Keifer	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Thurman Bailey	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis. — 24 yr.

DUE TO (c) acute pyelonephritis — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

410X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1946, *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* 3:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carrow M.D.	Lewiston Idaho	12/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 18, 1953	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 17 1953	Jean Wegelius	Brower-Wann by K. H. Malem	Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

John E. Carrow

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 170
Local Reg. No. 265
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2603 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 712-6th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Levi; b. (Middle) I.; c. (Last) Thomas

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-28-1872

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hardware dealer 35

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Benton Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George W. Thomas — BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-28-0836

17. INFORMANT'S OWN SIGNATURE: Ella H. Thomas — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure from anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) anemia from Carcinoma 8 by 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1633 X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan., 19 53, *to* Dec 17, 19 53, *that I last saw the deceased alive on* 12/15, 19 53, *and that death occurred at* 1:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carrson, 055 (Degree or title)

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 12/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-28-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Dec 23, 1953

REGISTRAR'S SIGNATURE: Jean Wagelins

25. FUNERAL DIRECTOR: D. Carson — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 261
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1122 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1122 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) DELL c. (Last) WOLFE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 17, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 8, 1889

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Empire City , Kansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Patrick Pickett
BIRTHPLACE: Empire City, Kansas

14. MOTHER'S MAIDEN NAME: Anna Coats
BIRTHPLACE: Fort Wayne , Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 542-01-8277

17. INFORMANT'S OWN SIGNATURE: Paul M Wolfe
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1547 Cancer of rectum with — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized metas-tasis. — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: March 1953

19b. MAJOR FINDINGS OF OPERATION: Cancer of rectum

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 1953, *to* 12-17, 1953, *that I last saw the deceased alive on* 12-17, 1953 *and that death occurred at* 10:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Newton MD (Degree or title)

23b. ADDRESS: Lewiston, Ida

23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-19-53

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53

REGISTRAR'S SIGNATURE: Jean Kegeline

25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom
ADDRESS: Lewiston,

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. Newton

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 260
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3810 - 17th St.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): J.
c. (Last): FLYNN

4. DATE OF DEATH (Month) (Day) (Year): December 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 13
10b. KIND OF BUSINESS OR INDUSTRY: trucker
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Flynn — BIRTHPLACE: Butte, Mont.
14. MOTHER'S MAIDEN NAME: Nora O'Malley — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 516-12-7978
17. INFORMANT'S OWN SIGNATURE: X Mrs Augustine Flynn — ADDRESS: Lewiston,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction
DUE TO (c) Coronary artery disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1945, *to* Dec 19, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 7:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 114
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 12-20-53
24b. DATE: 02
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Butte, Montana

DATE REC'D BY LOCAL REG.: Dec. 20, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Certificate of Death

STATE OF IDAHO

State File No. 1709
Local Reg. No. 264
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1202 - Idaho St. (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1202 - Idaho St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Benjamin	Booth	Boston	December 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 18, 1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector 25	Camas Prarie R.R. 04	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
F. Boston		E. Augusta	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Marguerite W. Boston	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina pectoris. 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Sudden.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion — 2days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1937, *to* Dec 18, 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* 10:15 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carssow MD.	Lewiston Idaho	12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-53	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-53	Jean Wegleitner	Brower-Wann Co. H.B. Malson	Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Carssow

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DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 262
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1608 - 17th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): LEE
c. (Last): MORTON

4. DATE OF DEATH (Month) (Day) (Year): December 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 9, 1943
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Yakima, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Morton — BIRTHPLACE: Lewiston, Idaho
14. MOTHER'S MAIDEN NAME: Mildred Pitts — BIRTHPLACE: Reubens, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. W. Morton (B.H.M.) — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

571.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Phlegmonous [illegible] — 7 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 12/11/53 12/18/53
19b. MAJOR FINDINGS OF OPERATION: Phlegmonous [illegible] [illegible] [illegible]
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1941, 19__, *to* Dec. 19, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 1:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 005 [illegible]
23b. ADDRESS: 707 [illegible] St., Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-21-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-22-53
REGISTRAR'S SIGNATURE: Jean Wegelins
25. FUNERAL DIRECTOR: Brower-Wann — K.H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. J Baldeck

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 26 1953

Certificate of Death
STATE OF IDAHO

State File No. 4901
Local Reg. No. 263
Reg. Dist. No. 220

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 740 Cedar St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 740 Cedar St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	FOSTER	WILSON	December 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
~~Male~~ Female	White	Never Married	Sept. 1 1876	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Gravett, Arkansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Foster	Georgia	Martha Bobkout	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-28-1433	C A Wilson	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b)	
	DUE TO (c)	

200.1
Lympho sarcoma of naso pharynx with generalized metastases — 10 mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-1-53	Lympho sarcoma	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-22, 1950, *to* 12-19, 1953 *that I last saw the deceased alive on* 12-18, 1953 *and that death occurred at* 7:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
291 Newton MD	Lewiston, Ida	12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	01 12-22-1953	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-22-53	Jean Vegelins	Brower-Wann W. Malcom	Lewiston, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Newton

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 266
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 431-14th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 431-14th St

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) James c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): Dec, 20, 1953

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1888

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Autrain, Mich

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank, Miller BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: No Record BIRTHPLACE:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Minnie J. Miller ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: Several Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, to December, 1953, *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Hadley MD

23b. ADDRESS: Clarkston, Wash

23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec, 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec 23 1953

REGISTRAR'S SIGNATURE: Jean Wegelin

25. FUNERAL DIRECTOR: Andrew A. Vassar ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 0- Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 968
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 210 Glassway (Apt. #4)

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) Samuel; c. (Last) Duncan

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1899

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cove City, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wesley Duncan
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: June Wagner
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 542-14-0295

17. INFORMANT'S OWN SIGNATURE: Joe Williams
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis Acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Right Hemiplegia
Hypertension — 3 yrs.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-14, 1953, *to* 12-20-53, 19____, *that I last saw the deceased alive on* 12-19, 1953, *and that death occurred at* 8:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward P. Hoffman MD
23b. ADDRESS: 337-St John's Way Lewiston
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-28-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann Co.
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH, 10021

Hoffman

Certificate of Death

STATE OF IDAHO

State File No. 180
Local Reg. No. 369
Reg. Dist. No. 220

RECEIVED JAN 9 1954 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 714 Airway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	E.	BARNARD	December 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 17, 1895	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
70	P. F. I.	Benjamin, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Barnard	England	Nichols	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-6967	Margaret L. Barnard	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion c Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5-6 hours.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-9, 1953, *to* 12-21, 1953, *that I last saw the deceased alive on* 12-21, 1953, *and that death occurred at* 4:20 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond M. Stover M.D.	527 Burrell Ave. Lewiston, Idaho	12/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-24-53	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-28-53	Jean Wegelin	W. H. Malcom	Lewiston, Idaho

Dr. R. M. Stover

Federal Security Agency
United States Public Health Service

Form DPH-10021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 271
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 9 - 954

Division of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Lewis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WESLEY b. (Middle) KEITH c. (Last) MARQUAM

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 1 1921

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): American Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM ALFRED MARQUAM — BIRTHPLACE: DUFUR, ORE.

14. MOTHER'S MAIDEN NAME: CALISTA McCRERY — BIRTHPLACE: DIXON CO, NEBR.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 518-24-4282

17. INFORMANT'S OWN SIGNATURE: W A Marquam — ADDRESS: Reubens, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible] Yrs. / [illegible] Yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 11, 1953, *to* Dec 22, 1953, *that I last saw the deceased alive on* Dec 22, 1953, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: [illegible]

23c. DATE SIGNED: Dec 24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-24-53

24c. NAME OF CEMETERY OR CREMATORY: Reubens Cemetery

24d. LOCATION (City, town, or county) (State): Reubens, Idaho.

DATE REC'D BY LOCAL REG.: 12-28-53

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR: L. E. Clovis — ADDRESS: Craigmont, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NON-RESIDENT
Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 272
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1117 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) LARRY; b. (Middle) MATHEW; c. (Last) ROBERTS

4. DATE OF DEATH: (Month) (Day) (Year): Dec 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 12, 1931	22	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 49
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (State or foreign country): St. Maries, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James R Roberts — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Evelyn Johnson — BIRTHPLACE: Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1948-1949
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S OWN SIGNATURE: James Roberts — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kaposi's Varicelliform Eruption — INTERVAL BETWEEN ONSET AND DEATH: 16 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1953, *to* Dec 23, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:46 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James H. Brennan 035 (Degree or title): M. D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: W. C. Merchant — ADDRESS: Clarkston, Washington

Federal Security Agency
United States Public Health Service
Form DPH-[illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 267
Reg. Dist. No. 220

RECEIVED JAN 9 – Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 13
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Close In Apts. Apt. "A"

3. NAME OF DECEASED (Type or Print): a. (First) Josephine b. (Middle) c. (Last) Jolstead

4. DATE OF DEATH: (Month) (Day) (Year): 12 - 24 - 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 6 - 4 - 1878

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Oslo, Norway

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: no record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Edgar H. Jolstead
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 14 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Strangulated inguinal hernia — 14 d.
DUE TO (c): Chronic pneumonitis with abscess — 3-6 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Marked pancreatic fibrosis & atrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1953, *to* December 1953, *that I last saw the deceased alive on* Dec 23, 1953, *and that death occurred at* 336a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 307 St John Way Lewiston

23c. DATE SIGNED: 12-24-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: 12-28-53

24c. NAME OF CEMETERY OR CREMATORY: Potlach

24d. LOCATION (City, town, or county) (State): Potlach, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53

REGISTRAR'S SIGNATURE: Jean Wegelius

25. FUNERAL DIRECTOR ADDRESS: O. Oscar Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

JAN 8 - 54

Division of Vital Statistics

State File No. [illegible]
Local Reg. No. 220
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis-Clark Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lewis-Clark Hotel

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) LEONARD c. (Last) FRISCH

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 30, 1877

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturing supt.

10b. KIND OF BUSINESS OR INDUSTRY: P. F. I.

11. BIRTHPLACE (State or foreign country): Denmark Junction, Mich.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Conrad Frisch
BIRTHPLACE: Mich.

14. MOTHER'S MAIDEN NAME: Eva Barbara Lücks
BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: [signature]
ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage (Cerebral) — INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —— m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* —— *, 19__, to* —— *, 19__, that I last saw the deceased alive on* Dec 22 *, 19*53*, and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Malcom
(Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Brower-Wann
ADDRESS: Lewiston, Idaho
K. H. Malcom

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4809
Local Reg. No. 273
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce Division
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peck
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) L. c. (Last) CRAWFORD

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 16, 1868

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 74

10b. KIND OF BUSINESS OR INDUSTRY: warehouse mgr.

11. BIRTHPLACE (State or foreign country): Salem, Oregon

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Crawford — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lucetta Lennon — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-12-4209

17. INFORMANT'S OWN SIGNATURE: Mrs Marion Coon — ADDRESS: Peck, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston / Nez Perce / Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13, 1953, *to* 12-24, 1953, *that I last saw the deceased alive on* 12-24, 1953, *and that death occurred at* 12:01 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Normal-Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-29-53
REGISTRAR'S SIGNATURE: Jean Wegelin
25. FUNERAL DIRECTOR: Brower-Mann — **ADDRESS**: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Dr. McRae

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 274
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
JAN 9 - [illegible]
Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 2201 9th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) William c. (Last) Petersen

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-2-1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tool maker 06

10b. KIND OF BUSINESS OR INDUSTRY: bullet factory

11. BIRTHPLACE (State or foreign country): Cedar Falls, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Christian Petersen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Caroline Madsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 481-10-5098

17. INFORMANT'S OWN SIGNATURE: Mrs. Harry Petersen
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1537

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma pancreas
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-24-53

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma pancreas

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 27, 1953, *to* Dec. 28, 1953, *that I last saw the deceased alive on* Dec 28, 1953, *and that death occurred at* 4:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Barnes (Degree or title): M.D
23b. ADDRESS: 307 S. Johnson Way, Lewiston, Idaho
23c. DATE SIGNED: Dec 29, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/31/53
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Jean Hegelins

25. FUNERAL DIRECTOR: E. S. Rawls
ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4811
Local Reg. No. 276
Reg. Dist. No. 220

BIRTH NO.

REC[illegible] JAN [illegible] Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. LENGTH OF STAY (in this place): 1219-53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 701--6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JESS
b. (Middle):
c. (Last): GOSSE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 11, 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 51
10b. KIND OF BUSINESS OR INDUSTRY: Cattle Rancher
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Gus Gosse — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Rose Horsmann — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Lynn Schwandt — ADDRESS: Lewiston, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis, — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 26, 1953, *to* Dec 31, 1953, *that I last saw the deceased alive on* ~~Oct 26~~ Dec 30, 1953, *and that death occurred at* 12:30AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssowne. 255
23b. ADDRESS: Lewiston Idaho.
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-54
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Jan 5, 1954
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: Brower-Wann by K.H. Malcom — ADDRESS: Lewiston, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr. J. Carssow

RECEIVED
DEC 26 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 258
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis-Clark Highway East of Peck

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PERRY
b. (Middle): HOWARD
c. (Last): SAUNDERS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 27, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 07
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Umatilla, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Susan ? — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World W I
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Saunders — ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowning
DUE TO (c): Auto Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Car went int River

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lewis-Clark Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Peck NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 5, 1953 11:05PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Driver Blacked out Car went into the river

22. *I hereby certify that I attended the deceased from* ----, 19__, *to* ----, 19__, *that I last saw the deceased alive on* ----, 19__, *and that death occurred at* 11:05 PM *from the causes and on the date stated above.*

23a. SIGNATURE 470 4 (Degree or title): R.H. Malcom Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-17-53 (3)
24c. NAME OF CEMETERY OR CREMATORY: Kooskia,
24d. LOCATION (City, town, or county) (State): Kooskia, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
25. FUNERAL DIRECTOR: L.E. DeBaun — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 26 1953

Division of Vital Statistics

STATE OF IDAHO

State File No. 4813
Local Reg. No. 255
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Peck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis-Clark Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) E.; c. (Last) MELTON

4. DATE OF DEATH: (Month) (Day) (Year): 12-5-1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-8-1901

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Ser.

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-12-6947

17. INFORMANT'S OWN SIGNATURE: W. E. Gilbert
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured cervical.
INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway 9
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Peck, Nez Perce, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-5-53 11:00p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car left highway, rolled into river.

22. *I hereby certify that I attended the deceased from* ---------, 19--, *to* ---------, 19--, *that I last saw the deceased alive on* ---------, 19--, *and that death occurred at* 11:05p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. H. Malcom, Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 12-16-53
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: Dec 17 1953
REGISTRAR'S SIGNATURE: Jean Wegeline
25. FUNERAL DIRECTOR: L. E. DeBaun
ADDRESS: Lewiston Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
JAN 9 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 34
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah Jane
b. (Middle) Adams
c. (Last) Richards

4. DATE OF DEATH (Month) (Day) (Year) December 6 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 27 1874
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Malad City Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Nephi Adams BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Mary Ann Clark BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Lael Hoskins ADDRESS Malad City Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and Antic Stenosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shrapnel

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* Dec 6, 1953 *that I last saw the deceased alive on* Dec 5, 1953 *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE O. H. Mabey M.D. 231 (Degree or title)
23b. ADDRESS Malad City, Idaho
23c. DATE SIGNED 12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 10 1953 01
24c. NAME OF CEMETERY OR CREMATORY Malad City
24d. LOCATION (City, town, or county) (State) Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG. Dec. 9, 1953
REGISTRAR'S SIGNATURE J. Guy Benson
25. FUNERAL DIRECTOR Raymond G. Benson ADDRESS Malad Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Marsing
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Squaw Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Marsing

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) WILLIAM c. (Last) BLAKESLEE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1917

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Agt. U.P. R.R.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bowmont, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Blakeslee
BIRTHPLACE: Fulton Co., Ill.

14. MOTHER'S MAIDEN NAME: Edith Kern
BIRTHPLACE: Weaver, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 720 03 4417

17. INFORMANT'S OWN SIGNATURE: Vern Blakeslee
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 cal. bullet from Rifle — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Enter, zygomatic process; lodged base of Brain
DUE TO (c) Internal Hemorrage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. wet snow on rocks, poor footing

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Squaw Creek Canyon, Marsing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Owyhee Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 26 53 3:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: While hunting pigeons

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Wm. H. Reemer County Coroner
23b. ADDRESS: Box 735, Homedale, Idaho
23c. DATE SIGNED: 1/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn emetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan 5-54
REGISTRAR'S SIGNATURE: Mrs Nina Irving
25. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 7 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4816
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Glen Smith

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Clayton c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 2- 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & day laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellsworth Co., Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Huey Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eliza Jane Miller — BIRTHPLACE: Baltimore, Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 556-01-5147
17. INFORMANT'S OWN SIGNATURE: X C. A. Bloyd — ADDRESS: Homedale, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 27, 1953, *and that death occurred at* 2:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Nohoman MD (Degree or title)
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: 12-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30-1953
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Jan 5-54
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: C. V. Peckham — ADDRESS: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 62
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 24 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 235 North 6th

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 234 South 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) ADDALINE b. (Middle) GREENWOOD c. (Last) POWELL

4. DATE OF DEATH: (Month) (Day) (Year) December 6, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 25, 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months: 2 Days: 11
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Nashua, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Greenwood
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rowenah - - -
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: E. R. Powell
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 522X Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip 1946
Cerebral Apoplexy 1945

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) -b- m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 1, *19* 53, *to* Dec. 6, *19* 53, *that I last saw the deceased alive on* Dec. 6, *19* 53, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene G. Carroll M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 12/6/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 8, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 12-8-53

REGISTRAR'S SIGNATURE: Robert E. Shaffer

25. FUNERAL DIRECTOR: Gifford Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 16
Local Reg. No. 66
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 117 North 9th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LINUS	T.	CLEMENT	Dec. 7, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	April 27, 1869	84	7	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Labor	Firth, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob E. Clements	Unknown	Mary Jane Hayes	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - -	None	X Estella Yoachum	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

421.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic vaulvular heart disease

ANTECEDENT CAUSES: with decompensation

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - - -

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 70
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1621 First Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ALLEN c. (Last) PEARCE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1869

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mercantile business retired

10b. KIND OF BUSINESS OR INDUSTRY: General store

11. BIRTHPLACE (State or foreign country): Siam, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William A. D. Pearce — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Celia Lewis — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Karen W. Pearce — ADDRESS: Payette, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: About 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* 1910, *19*____, *to* Dec. 10, *1953, that I last saw the deceased alive on* Dec. 10, *1953, and that death occurred at* 10:55 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 12/10/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Dec. 14-1953

REGISTRAR'S SIGNATURE: Robert E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 68
Local Reg. No. 320
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 656 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE; b. (Middle) ERNEST; c. (Last) POLAND

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1885

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 6; Days 0
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver 13

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Corydon, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Poland
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Rebecca Henderschott
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X George T. Poland
ADDRESS: Hermiston, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute glomerulonephritis — 2 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Perforated peptic ulcer — 5 days

590X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 8, *19* 53, *to* Dec. 10, *19* 53, *that I last saw the deceased alive on* Dec. 10, *19* 53, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene Gearhart (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12/10/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Dec 12 1953
REGISTRAR'S SIGNATURE: Robert E. Schaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 71
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1124 - 7th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) WEALTHA b. (Middle) ANN c. (Last) JACOBS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 15, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR Months: 1 Days: 26
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Isadora, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerrimiah Hibbs
BIRTHPLACE: Sheridan, Missouri

14. MOTHER'S MAIDEN NAME: Evaline Allison
BIRTHPLACE: Sheridan, Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility Anaemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1925, 19__, *to* Dec. 11, 1953, *that I last saw the deceased alive on* Dec. 11, 1953, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12/11/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Dec. 14, 1953
REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 72
Reg. Dist. No. 33

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 633 North 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 633 North 6th street

3. NAME OF DECEASED (Type or Print): a. (First) ADA b. (Middle) JANE c. (Last) JACKS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 14, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR Months: — Days: —
IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Auburn, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Ingram
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary E. Hurtt
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harold Jacks
ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

585 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cholecystitis — 1 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1953, *to* Dec. 12, 1953, *that I last saw the deceased alive on* Dec. 12, 1953, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 721 Eugene Gearold M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12/12/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Dec. 15-1953
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909 North 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 909 North 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) MAREN b. (Middle) c. (Last) OLSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Deceased

8. DATE OF BIRTH: August 8, 1870

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months 4 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jens Larsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Oscar H Olson
ADDRESS: Idaho Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [redacted] Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: few Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes
Many years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from made inquiry on Dec. 22, 1953, and that death occurred at 10:50 p m., from the causes and on the date stated above.

23a. SIGNATURE: Gifford R. Shaffer (Degree or title): Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Dec. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Dec 26, 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 6
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3rd Street - Fruitland, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 3rd Street — Fruitland, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Julius; b. (Middle) - - - - - -; c. (Last) Pogson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 1, 1893

9. AGE (In years last birthday): 60 yrs — IF UNDER 1 YEAR Months - - Days - - IF UNDER 24 HRS. Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Simpson, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: not known
BIRTHPLACE: not known

14. MOTHER'S MAIDEN NAME: Florence Sterling —
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 976X

17. INFORMANT'S OWN SIGNATURE: Lela Pogson
ADDRESS: Fruitland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunsgot wound of entire left side of head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) - - - - - -
DUE TO (c) - - - - - -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. - - - - - -

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fruitland Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 1, 1953 9:50 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? self inflicted gun shot wound at 9:50 A.M. estimated on Dec. 1, 1953

22. *I hereby certify that I* [redacted] made inquiry on Dec. 1, 1953, [redacted] an found, [redacted] *that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gifford R. Shaffer
(Degree or title): Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12-1-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial
24b. DATE: 12-4-1953
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: Dec. 4 1953
REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED

Certificate of Death

DEC 30 1953

Division of Vital Statistics

STATE OF IDAHO

State File No.....
Local Reg. No. 67
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): RFD

3 NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	TRUMAN	JUDSON	BECKWITH	Dec. 9, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 29, 1858	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Own farm	Cerro Gordo, County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Beckwith	New York	Mary E. Argabrite	Unknown

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X J. A. Beckwith	Fruitland, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition, Senescence — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Vascular Hemorrhages, Focal

DUE TO (c) Arterio Sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gen. Arteriosclerosis, Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1953, *to* Dec. 9, 1953, *that I last saw the deceased alive on* Dec. 9, 1953, *and that death occurred at* 12:02 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Hessele M.D.	Fruitland, Idaho	12/9/1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1953	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 11-1953	Robert E. Shaffer	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 33

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) EFFIE b. (Middle) MARIE c. (Last) DUNN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1866

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR Months: 0 Days: 8
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Monica, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George D. Miller
BIRTHPLACE: New Jersey

14. MOTHER'S MAIDEN NAME: Sarah Pate
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X E E Dunn
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure (Chronic) — INTERVAL BETWEEN ONSET AND DEATH: few years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from~~* Made Inquiry Dec. 10, 19 53, *~~that I last saw the deceased alive on~~ ~~, 19~~, and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gifford R. Shaffer, Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12/10/1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 14, 1953
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Dec. 14-1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25 FUNERAL DIRECTOR: Gifford R. Shaffer
ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 73
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 11 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carters Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) M. c. (Last) AKINS

4. DATE OF DEATH: (Month) (Day) (Year) 12-19-53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 7-20-1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boulder, Colo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: don't know
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: don't know
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXXXX

16. SOCIAL SECURITY NO.: 332X

17. INFORMANT'S OWN SIGNATURE: Records from Dept. Of Public Assistance
ADDRESS: Weiser, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: One day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral and general arteriosclerosis — 10 yrs.
DUE TO (c) Senility —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1953, *to* Dec 19, 1953, *that I last saw the deceased alive on* Dec 19, 1953, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. E. Davis M.D. (Degree or title)
23b. ADDRESS: New Plymouth Ida.
23c. DATE SIGNED: Dec 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 12-19-53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: Dec. 22, 1953
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. FUNERAL DIRECTOR: A. Simmons
ADDRESS: Weiser Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 330
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 209 East Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 209 East Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) ALVAH; b. (Middle); c. (Last) COULTER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 2, 1867

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 10, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Store buildings

11. BIRTHPLACE (State or foreign country): Meigs County, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: AmosCoulter — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Huldah Grimm — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: J.B. Merry — ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Chronic cardio-renal disease. — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral and cardiac degeneration — 2 years

DUE TO (c) Cerebral arteriosclerosis & Coronary sclerosis 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility Chronic prostatic hypertrophy & Uremia — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24, 1953, *to* Dec 30, 1953, *that I last saw the deceased alive on* Dec. 30, 1953, *and that death occurred at* 0:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. E. Davis, M.D. (Degree or title) — **23b. ADDRESS**: New Plymouth Idaho — **23c. DATE SIGNED**: Dec 30 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: January 2, 1954 — **24c. NAME OF CEMETERY OR CREMATORY**: Park View Cemetery — **24d. LOCATION** (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1953 — REGISTRAR'S SIGNATURE: Isabelle E. Shaffer

25. FUNERAL DIRECTOR: Gifford P. Shaffer — ADDRESS: Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED
DEC 24 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4929
Local Reg. No. 32
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 mi. W. of Am.Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 30W

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Max	Jan	Smith		12	12	53

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	June 6, 1928	25	6	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: ISC College
11. BIRTHPLACE (State or foreign country): Kilgore, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert R. Smith — BIRTHPLACE: Beaver Dam, Virginia
14. MOTHER'S MAIDEN NAME: Carrie Rasmussen — BIRTHPLACE: Kilgore, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-32-4962
17. INFORMANT'S OWN SIGNATURE: Marshall F. Smith — ADDRESS: Bancroft

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Car turned over on side pinning him

DUE TO (c): underneath-weight resting on neck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Highway 30 -West	American Falls,	Power	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec.	12,	1953	2:30 a.m.		Car Accident

22. *I hereby certify that I attended the deceased from* 12-12- , 1953, *to* 12- 12 , 19 53, *that I last saw the deceased alive on* 12-12- , 1953, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
	Coroner	American Falls, Idaho	12-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial & Rem.	12-12-53	Dubois	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 12-1953	Gertrude Thornhill	H. L. Davis	Am. Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

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RECEIVED JAN 9 - Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 91
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake
d. STREET ADDRESS (If rural, give location): Rose Lake

3. NAME OF DECEASED (Type or Print)
a. (First): Gust
b. (Middle):
c. (Last): Stenquist

4. DATE OF DEATH (Month) (Day) (Year): November 29, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 9, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 3, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Winton Lumber Co.
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-03-8337
17. INFORMANT'S OWN SIGNATURE: Rose Lake Masonic Lodge Records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Nov 1953 *to* 29 Nov, 1953 *that I last saw the deceased alive on* 29 Nov, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 7 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53
REGISTRAR'S SIGNATURE: Joe Sinne
25. FUNERAL DIRECTOR: Frank M. Plaza — ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1831
Local Reg. No. 73
Reg. Dist. No. 142

RECEIVED JAN 9 1954 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enaville
d. STREET ADDRESS (If rural, give location): Enaville Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Wayne b. (Middle) F c. (Last) HANNINEN

4. DATE OF DEATH: (Month) December (Day) 12, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 12, 1908

9. AGE (In years last birthday): 45 | IF UNDER 1 YEAR Months: 6 Days: 5 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Calumet Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Hanninen — BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-7100

17. INFORMANT'S OWN SIGNATURE: Freida Hanninen — ADDRESS: Enaville Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crush injury, left chest — 5 days
DUE TO (c) Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sidney mine

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 12 1953 12:00 Noon

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Caught & crushed between motor & timbers.

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* Dec 17, 1953, *that I last saw the deceased alive on* Dec. 17, 1953, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O B Scott M.D.

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: Dec. 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/26/53

24c. NAME OF CEMETERY OR CREMATORY: Hunts

24d. LOCATION (City, town, or county) (State): Kingston Idaho

DATE REC'D BY LOCAL REG.: 12-30-53

REGISTRAR'S SIGNATURE: Joe Levine

25. FUNERAL DIRECTOR — **ADDRESS**: Frank M Glade Kellogg Idaho

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
BIRTH JAN 9 - 1954
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4832
Local Reg. No. 94
Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KELLOGG
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WARDNER HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KINGSTON
d. STREET ADDRESS (If rural, give location): KINGSTON RURAL

3. NAME OF DECEASED (Type or Print): a. (First) TRUMAN b. (Middle) EDWARD c. (Last) EICHERT

4. DATE OF DEATH: (Month) DECEMBER (Day) 27 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER, 10, 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 0, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHAFT REPAIR MAN
10b. KIND OF BUSINESS OR INDUSTRY: BUNKER HILL MINE
11. BIRTHPLACE (State or foreign country): TWIN FALLS, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN E. EICHERT — BIRTHPLACE: MINNONINE, MICH.
14. MOTHER'S MAIDEN NAME: ROSALES JACKS — BIRTHPLACE: WATHUNA, KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-05-5425
17. INFORMANT'S OWN SIGNATURE: Mrs. Truman Eichert — ADDRESS: Kingston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strepto Coccic Septicaemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of Leg
DUE TO (c) Lower Leg — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) 12 (Day) 27 (Year) 53 (Hour) 3:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 53, to 12-27, 53, that I last saw the deceased alive on 12-27, 53, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DECEMBER 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: WHITE PINE Cemetery
24d. LOCATION (City, town, or county) (State): THOMPSON FALLS, MONT.

DATE REC'D BY LOCAL REG.: 12-30-53
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR — ADDRESS

Federal Security Agency
United States Public Health Service
Form DPH-48021

State File No. .....
Local Reg. No. 42
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
DEC 31 1953
Division of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fahle Hotel	d. STREET ADDRESS (If rural, give location): Fahle Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Claud b. (Middle) Preston c. (Last) Phelps

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Oct, 22, 1906

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Miama, Okla.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Phelps BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Mamie Engles BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 441-16-9558

17. INFORMANT'S OWN SIGNATURE: Everett Phelps ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently heart blocks [illegible] as found dead on floor [illegible] room

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis & alcoholism several years

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 11-20, 1953 and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Mowery Coroner (Degree or title)

23b. ADDRESS: Wallace Ida

23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 27-1953

24c. NAME OF CEMETERY OR CREMATORY: Osburn

24d. LOCATION (City, town, or county) (State): Osburn Idaho

DATE REC'D BY LOCAL REG.: Nov 25-1953

REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L Cornell ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 43
Reg. Dist. No. 140

RECEIVED
DEC 31 1953
Division of Vital Statistics

BIRTH NO. 111-53-16106

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Francis	Evelyn	Roberts	Nov. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Infant	Nov. 8, 1953			21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Wallace, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman Roberts	FtSmith, Ark.	Evelyn White	Lockesburg, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Norman B Roberts	OSBURN IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Prematurity	8 Nov 53.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Premature maternal labor.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

776X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8 Nov 53., 19__, *to* 29 Nov 53., 19__, *that I last saw the deceased alive on* 29 Nov 53., 19__ *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J Terrell 347 M.D.	Wallace, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county,) (State)
Burial	Dec 3 1953	Osburn	Osburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-3-53	Hale L Cornell	Hale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-480 (Rev.)

RECEIVED
DEC 19 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WALLACE
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WALLACE Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OSBURN
d. STREET ADDRESS (If rural, give location): OSBURN

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): G
c. (Last): Gau

4. DATE OF DEATH (Month) (Day) (Year): December 13/53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 10, 1894
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months 10, Days 3
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AutoMobile Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Chebanse, Illionis
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: CHARLES GAU
BIRTHPLACE: KANKAKEE, Illionis
14. MOTHER'S MAIDEN NAME: Lottie. FREEZE
BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-2773
17. INFORMANT'S OWN SIGNATURE: Mrs. Agnes Gau
ADDRESS: Osburn, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25, 1953, *to* 12-13, 1953, *that I last saw the deceased alive on* 12-12, 1953, *and that death occurred at* 8 35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Gnaedinger M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 12-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL-REMOVAL
24b. DATE: DEC. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: FORREST CEMETERY
24d. LOCATION (City, town, or county) (State): COUER 'd ALENE Idaho

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE: Jol Irvine
25. FUNERAL DIRECTOR: Grant McGlade
ADDRESS: Kellogg, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 142

RECEIVED JAN 9 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 133 Kings St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Lewis c. (Last) Prindle

4. DATE OF DEATH: (Month) Dec (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10, 1883

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY: Silver Mining

11. BIRTHPLACE (State or foreign country): Cleveland Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Prindle — BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Martha Lewis — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 531-18-0126A

17. INFORMANT'S OWN SIGNATURE: Hazle Prindle — ADDRESS: Wallace Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis and
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS: —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Nov, 1953, *to* Dec 22, 1953, *that I last saw the deceased alive on* Dec 22, 1953, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Wallace, Idaho

23c. DATE SIGNED: 12.24.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/23/53

24c. NAME OF CEMETERY OR CREMATORY: Hayes + Jaeger

24d. LOCATION (City, town, or county) (State): Silver Lake Washington

DATE REC'D BY LOCAL REG.: 12-28-53

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR — **ADDRESS**: [signature] Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

S Co...

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 2 1954 Division of Vital Statistics

State File No.....
Local Reg. No. 46
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) H. c. (Last) Grote

4. DATE OF DEATH (Month) (Day) (Year): Dec 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 7, 1885

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hickman, Neb.

12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: W. A. Grote
BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Elizabeth Sieslman
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16 SOCIAL SECURITY NO.: 511-16-5029

17. INFORMANT'S OWN SIGNATURE: Jean E. Grote
ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Valvular Heart Disease. — 4 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* 3-25, 1946, *to* 12-24, 1953, *that I last saw the deceased alive on* 12-24, 1953, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis B. Hunter (Degree or title) M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26-1953
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec 24-1953
REGISTRAR'S SIGNATURE: Dale L Cornell Dep
25. FUNERAL DIRECTOR: Dale L Cornell
ADDRESS: Wallace Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho,
b. COUNTY: Shoshone,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 519 Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): M.
c. (Last): Huemann

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 7-10-1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler 75
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry
11. BIRTHPLACE (State or foreign country): Mc Henry, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Wallace, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 420.0
(a) Heart failure myocarditis & coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 5-6 years
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
old age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 12-24, 1953 *that I last saw the deceased alive on* 12-24, 1953, *and that death occurred at* 2:00 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — 23b. ADDRESS: Wallace Ida — 23c. DATE SIGNED: 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-53
24c. NAME OF CEMETERY OR CREMATORY: Greenmount
24d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: Dec 29-1953
REGISTRAR'S SIGNATURE: Dale J. Cornell Dep
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Wallace, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED DEC 31 53 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 41
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roland-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roland-Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Mussellshell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roundup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Childress c. (Last) Lloyd

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-3-	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dozer Operator 52	Milw. Railroad	Laclede, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lloyd		Unk.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	710-16-7212	Mrs Verna Lloyd	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 420.1 Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several Days

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* Nov 23, *19* 53 *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Wallace, Idaho	11-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-25-1953	Roundup Cemetery	Roundup Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 1-1953	Dale E Cornell	Marsh & Powell	Missoula Mont

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NON-RESIDENT

RECEIVED DEC 19 1953 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 39
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Smelterville Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mgwy IO Near Smelterville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 6707 E. 7th.

3. NAME OF DECEASED (Type or Print)
a. (First): GUS
b. (Middle):
c. (Last): ANEST

4. DATE OF DEATH (Month) (Day) (Year): December 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 14, 1926
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months II, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Moter Freight
11. BIRTHPLACE (State or foreign country): Spokane Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

810X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): crushed skull neck & whole chest — Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): While driving trailer truck
DUE TO (c): Hit by UP Ry passenger train Ry crossing

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Smelterville Idaho Hwy 10

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Smelterville
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 6 53 12:00 pm
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 12:50 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Mowery Corpner
23b. ADDRESS: Wallace Ida
23c. DATE SIGNED: 12-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/7/53
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 12-7-53
REGISTRAR'S SIGNATURE: Joe Savine
25. FUNERAL DIRECTOR: Quant McGlade
ADDRESS: Kellogg Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 140

RECEIVED DEC 31 53 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Margaret	Ann	Higgenbotham	Dec. 10, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 27, 1879	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Mary Acton Burke	Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis with CNS & cardiovascular breakdown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 30 da

450.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov 53, 19___, *to* 10 Dec 53, 19___, *that I last saw the deceased alive on* 9 Dec 53, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Kinsella M.D.	M.D.	Wallace Idaho	12-11-1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 12-1953	United	Wallace Idaho

DATE REC'D BY LOCAL REG. Dec 12-1953 — REGISTRAR'S SIGNATURE Hale S Cornell Dep

25. FUNERAL DIRECTOR — ADDRESS
Hale S Cornell Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4847
Local Reg. No. 4 S
Reg. Dist. No. 140

RECEIVED
DEC 31 1953
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murray
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clarence		Bentley	Dec. 17, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 3, 1901	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail Store		Vieland, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Bentley	Illinois	Ella Tucker	Nebraska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Mrs Clarence Bentley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach 3 Years*

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hyp Arthritis & Hypertension several years

DUE TO (c) Bronchial Pneumonia 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulcer stomach 15 yrs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 6, 1953 *to* Dec 17, 1953 *that I last saw the deceased alive on* Dec 17, 1953 *and that death occurred at* 11:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Wallace Ida	12/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 30-1953	Hunts	Kingston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-21-53	Dale L Cornell	Dale L Cornell	Wallace Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 16 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4843
Local Reg. No. 20
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First): SALLY
b. (Middle): ANN
c. (Last): BRADLEY

4. DATE OF DEATH (Month) (Day) (Year): December 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 20, 1953
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Bradley
BIRTHPLACE: Tetonia, Idaho
14. MOTHER'S MAIDEN NAME: Martha Fullmer
BIRTHPLACE: Tetonia, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth Bradley
ADDRESS: Tetonia, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Bronchiolitis	3 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic malnutrition	3 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Thrush Infection of month	3 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 20, 1953, *to* Dec. 2, 1953, *that I last saw the deceased alive on* Dec 2, 1953 *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): La Grand 234 Larsen M D
23b. ADDRESS: Driggs Idaho
23c. DATE SIGNED: 12-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 Dec 53
24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery
24d. LOCATION (City, town, or county) (State): Tetonia, Teton, Idaho

DATE REC'D BY LOCAL REG.: Dec 10-53
REGISTRAR'S SIGNATURE: Stella Griggs
25. FUNERAL DIRECTOR: M. S. Hansen
ADDRESS: St. Anthony, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 10 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4545
Local Reg. No. 289
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 485 Filer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Woodhead

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11, 1893
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Power
11. BIRTHPLACE (State or foreign country): Almy, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Samuel Woodhead — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Eliza Fletcher — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-2727
17. INFORMANT'S OWN SIGNATURE: Robert H. Woodhead — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Endarteritis obliterans
DUE TO (c): Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6, 19 45, *to* 12-4, 19 53, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Schwartz MD 365
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Dec-8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/8/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4846
Local Reg. No. 290
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 411 2nd Avenue West

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Kuhlman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 27, 1876

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenanee worker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Warren County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: August Kuhlman
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Amanda Wafel
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-9909

17. INFORMANT'S OWN SIGNATURE: Hubert Kuhlman
ADDRESS: Sec 1607-W 3 So

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Laceration and hemorrhage of Brain, with linear fracture of skull, left temporo-parietal area - extending in to L. orbit.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2nd Ave. West

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): December 3rd 1953 5:40 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Stepped between two parked cars into street - struck down by automobile

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Woodson M.D.
Creek

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: Dec. 4-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-7-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/8/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 295
Reg. Dist. No. 46 C

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 330 Tyler Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 330 Tyler Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) MELTON c. (Last) TUCKER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Jan. 13, 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): STOKES CO., N.C.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: JAMES TUCKER
BIRTHPLACE: STOKESCO. N.C.

14. MOTHER'S MAIDEN NAME: ELIZABETH BROWN
BIRTHPLACE: STKES CO., N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: W. F. Tucker
ADDRESS: Filer, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive Heart failure (Myocarditis) — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 6 years.
DUE TO (c) Hypertensive Cardio Vascular Dis — 15 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-13, 1947, *to* Dec 4, 1953, *that I last saw the deceased alive on* Aug 22, 1953, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maxwell Carver M.D.

23b. ADDRESS: Filer, Idaho

23c. DATE SIGNED: 12/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/7/53

24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cem.

24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 12/10/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25 FUNERAL DIRECTOR: Dwight Wilcox

ADDRESS: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 4848
Local Reg. No. 29
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 12 1953 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Filer

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) K. c. (Last) Bishop

4. DATE OF DEATH (Month) (Day) (Year) Dec. 5th, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 30, 1876
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William Webb BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Priscilla Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE J.A. Bishop ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, esophageal Varices — INTERVAL BETWEEN ONSET AND DEATH 5 Days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Portal Cirrhosis with recurrent esophageal bleeding — 6 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19, 1951, *to* Dec 3, 1953, *that I last saw the deceased alive on* Dec 3, 1953 *and that death occurred at* 9:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Max W. Carver M.D.
23b. ADDRESS Filer, Idaho
23c. DATE SIGNED 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 12/10/53
REGISTRAR'S SIGNATURE Viola A. Richardson
25. FUNERAL DIRECTOR ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4849
Local Reg. No. 297
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 Yancy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 604 Yancy

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) Kyle; c. (Last) Lattin

4. DATE OF DEATH: (Month) (Day) (Year): December 6, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 27, 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: do

11. BIRTHPLACE (State or foreign country): Brookings, S.Dak.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stephan A. Lattin
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Jens Amelia Opsol
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.# 1

16. SOCIAL SECURITY NO.: 518-10-6506

17. INFORMANT'S OWN SIGNATURE: Mrs. Irene B. Lattin
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__ *to* alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/10/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/11/53
REGISTRAR'S SIGNATURE: Viola A. Richardson
25. FUNERAL DIRECTOR: Reynolds Funeral Home
ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 292
Reg. Dist. No. 460
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 25days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) RUTH; b. (Middle) HAZEL; c. (Last) TYSOR

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1895

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Sabetha, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Edward Holden
BIRTHPLACE: Albany, Kansas

14. MOTHER'S MAIDEN NAME: Williams
BIRTHPLACE: Nevil, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. [illegible]
ADDRESS: Hanssen, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Pyelo nephritis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Calculi Kidney Bilateral — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Hypertension — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1946, *to* Dec. 6, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 11A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles B. Baymer M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/8/53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/10/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: [illegible]
ADDRESS: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 14 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 296
Local Reg. No. 296
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Leslie; b. (Middle) Frank; c. (Last) Fouts

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 14, 1896

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 62

10b. KIND OF BUSINESS OR INDUSTRY: cit. employee

11. BIRTHPLACE (State or foreign country): Richland, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Fouts
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: May Grice
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 510-16-8461

17. INFORMANT'S OWN SIGNATURE: Elma Fouts
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Liver - Secondary — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Stomach — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

151X

19a. DATE OF OPERATION: Mar. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952 *to* 12/6/, 1953, *that I last saw the deceased alive on* 6 Dec, 1953, *and that death occurred at* 1:57A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymer (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Ida

23c. DATE SIGNED: 9 Dec 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/10/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/11/53

REGISTRAR'S SIGNATURE: Viola A. Richardson

25. FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Reynolds Funeral Home - Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 23-1953

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 302
Reg. Dist. No. 460

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 22, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 51
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sugar Grove, North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Sarah Mast — BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): xxxxxxxxxxx
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

357X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis from chest downward — INTERVAL BETWEEN ONSET AND DEATH: 27 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage into spinal cord
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, osteo type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Nov., 1953, *to* 15 Dec., 1953, *that I last saw the deceased alive on* 15 Dec., 1953, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jay N. Bellogg, M.D. (Degree or title)
23b. ADDRESS: 313 Shoshone St. North Twin Falls
23c. DATE SIGNED: 12-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 19, '53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county): Buhl — (State): Idaho

DATE REC'D BY LOCAL REG.: 12-21-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz, Deputy
25. FUNERAL DIRECTOR: B. T. Albertson — ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED NON-RESIDENT
DEC 19 58

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. .....
Local Reg. No. 298
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 16days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Colo.
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Canon City
d. STREET ADDRESS (If rural, give location) Canon City

3. NAME OF DECEASED (Type or Print)
a. (First) MYRA
b. (Middle)
c. (Last) BARGE

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1953

5. SEX FeMale
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Mar. 31, 1877
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bethany, Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Enoch Walker — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension + Arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/30, 1953, *to* 12/16, 1953, *that I last saw the deceased alive on* 12/15, 1953, *and that death occurred at* 5:58A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 12/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/17/53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Canon City, Colo.

DATE REC'D BY LOCAL REG. 12-17-53
REGISTRAR'S SIGNATURE Edythe D. Koontz Deputy
25. FUNERAL DIRECTOR [signature] — ADDRESS White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4654
Local Reg. No. 319
Reg. Dist. No. 460

RECEIVED JAN 9 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arrington's Cabins #16

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Arrington's Cabins # 16

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Arthur	Streblow	Dec. 19, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	divorced	Oct. 15, 1888	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepherder		Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Streblow	Wis.	Amelia Sassa	Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes Marines 1906-10		Carl A. Streblow	Fon du Lac, Wisconsin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	420.1 Acute Coronary Insufficiency	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not attend, 19__ *to* ____, 19____, *that I last saw the deceased alive on* Did not see alive, *and that death occurred at* early AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Woodson Creed	M.D.	Twin Falls, Idaho	Jan 7, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Dec. 21, 1953	Estabrooks Cemetery	Fond du Lac, Wis.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan. 8, 1954	Emma Jean Long	James E. Reynolds	Reynold's Funeral Home - Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Dr Baymer

RECEIVED
JAN 9 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 315
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): McCornick Building

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle); c. (Last) Haynes

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 23, 1883

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grouse Creek, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Haynes — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Julia Marie Barber — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 518-12-5235

17. INFORMANT'S OWN SIGNATURE: Frank Haynes — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — Burley, Idaho

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 592x Pneumonia Lobar — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Chr. Interstitial Nephritis — 1 year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Aortic Insufficiency — 2 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 20 Dec, 19 53, *that I last saw the deceased alive on* 20 Dec, 19 53, *and that death occurred at* 9:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles O24 B. Baymer, M.A.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: Dec. 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-23-1953

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8, 1954

REGISTRAR'S SIGNATURE: Emma Jean Long

25. FUNERAL DIRECTOR: L. C. Pulley

ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 31 1953
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 309
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 30 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinical Hosp

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Roy	Ward	Fyke	Dec. 21, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 30, 1914	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Wetonka, S. Dak.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas E. Fyke — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lydia Heyduck — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Raymond Fyke — ADDRESS: Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma - rt Kidney — INTERVAL BETWEEN ONSET AND DEATH: 11-mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION: Feb 1953
19b. MAJOR FINDINGS OF OPERATION: Exploration of rt Kidney -> Metastatic hypernephroma
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-21-53, 19___, *to* 12-21-53, 19___, *that I last saw the deceased alive on* 12-21-53, 19___, *and that death occurred at* 12:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Marshall 24	Twin Falls, Idaho	12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1953
REGISTRAR'S SIGNATURE: Emma Jean Long
25. FUNERAL DIRECTOR: [illegible] Phillips — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 29 1953

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4555
Local Reg. No. 303
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fenrenbach Rest Home 461 2nd Ave. West.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 220 8th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) Cecelia; b. (Middle); c. (Last) Hodre

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 1, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown Daley
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: K. Duane Hodge
ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronar occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not attend, 19, *to* , 19, *that I last saw the deceased alive on* Did not see alive, 19, *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Woodson 073 Creed, M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 01: 12/28/53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-28-53

REGISTRAR'S SIGNATURE: Emma Jean Long

25. FUNERAL DIRECTOR: Jamie C. Reynolds
ADDRESS: Reynolds Funeral Home-Twin Falls,

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 308
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 249 3rd Street East

3. NAME OF DECEASED (Type or Print): a. (First) Irving b. (Middle) E. c. (Last) Perry

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 13, 1900	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Paso Robles, Calif.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Oliver A. Perry — BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Margaret McBride — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: 555-10-9389
17. INFORMANT'S OWN SIGNATURE: Elsie Alida Perry — ADDRESS: San Francisco, Ca

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 193X — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Neurogenic sarcoma of 7th nerve left - — 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) & local extension and

DUE TO (c) metastases to brain & regional lymph nodes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951	Radical resection of cancer-bearing area of face	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1952, 19___, *to* Dec, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 7:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George W. Warner M.D	Twin Falls, Idaho	12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-26-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1953
REGISTRAR'S SIGNATURE: Emma Jean Long
25. FUNERAL DIRECTOR: L. C. Tillotson — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

COPY

RECEIVED FEB 9 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 308
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 249 3rd Street East

3. NAME OF DECEASED (Type or Print): a. (First) Irving b. (Middle) E. c. (Last) Perry

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1900

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paso Robles, Calif.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Oliver A. Perry
BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Margaret McBride
BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 555-10-9389

17. INFORMANT'S OWN SIGNATURE: Mrs. Irving E. Perry
ADDRESS: San Francisco, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 193X Neurogenic sarcoma of 7th nerve — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) left, with local extension

DUE TO (c) and metastases to brain and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. regional lymph nodes

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Radical resection of cancer bearing area of face

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1952, *to* Dec., 1953 *that I last saw the deceased alive on* Dec. 24, 1953, *and that death occurred at* 7:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Warner M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-26-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-30-53

REGISTRAR'S SIGNATURE: Emma Jean Long

25. FUNERAL DIRECTOR / ADDRESS: S. C. Phillips, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4859
Local Reg. No. 305
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): T. F. Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: TwinFalls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) LUCINDA; b. (Middle) MARIA; c. (Last) WOOD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar. 21, 1863

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Q.S.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Henry County, Iowa

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: UnKnown
BIRTHPLACE: UnKnown

14. MOTHER'S MAIDEN NAME: UnKown
BIRTHPLACE: UnKnown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Maude Dean
ADDRESS: TwinFalls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Lower Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fast Auricular Fibrillation — 1 week

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒ XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-14, 1948, *to* 12-24, 1953, *that I last saw the deceased alive on* 12/24, 1953, *and that death occurred at* 11:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Quisby (Degree or title): MD

23b. ADDRESS: T.F.Clinic Twin Falls, Idaho

23c. DATE SIGNED: 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-29-53

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): TwinFalls, Idaho

DATE REC'D BY LOCAL REG.: Dec 30 1953

REGISTRAR'S SIGNATURE: Edythe D Kuontz

25. FUNERAL DIRECTOR: WHITE MORTUARY
ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 506
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 3rd Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 415 3rd Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. LOTTIE
b. (Middle): A.
c. (Last): FOX

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 4, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Geneva, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lawrence — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Folden — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Whitzel — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of stomach

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1953, *to* 12/24, 1953, *that I last saw the deceased alive on* 12/21, 1953 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm Sawyer MD
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 26 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/28/53
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1953
REGISTRAR'S SIGNATURE: Edythe C. Koontz
25. FUNERAL DIRECTOR: [signature]
ADDRESS: White Mortuary, Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 31 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 367
Reg. Dist. No. 466

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Perrine Hotel

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Lorin c. (Last) Dunn

4. DATE OF DEATH: (Month) Dec. (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 24, 1876

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brigham City, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Dunn
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margaret Thomas
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Elizabeth A. Dunn
ADDRESS: 144 - North Walnut [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Chr. — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-Pneumonia-Bilateral — 5 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan., 1947, *to* 26 Dec., 1953, *that I last saw the deceased alive on* 26 Dec., 1953, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles B. Reymer (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal

24b. DATE: 12-31-53

24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cem.

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Dec 30 1953

REGISTRAR'S SIGNATURE: Edythe D. Koontz

25. FUNERAL DIRECTOR: White Motuary

ADDRESS: Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 301
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence 528 No. 11 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 528 North 11Th street

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W. c. (Last) Eustis

4. DATE OF DEATH (Month) (Day) (Year): December 14, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 26, 1874

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): ? Maine

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Franklin Eustis
BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Elizabeth Randall
BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxxxxxxxx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Edgar Larsen
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Acute coronary insufficiency
ANTECEDENT CAUSES (2) Senility
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title): MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/17/53
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz Deputy
25. FUNERAL DIRECTOR: D. T. Albertson
ADDRESS: Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 300
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 342 Monroe

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Ross
c. (Last): Calhoun

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 25, 1937
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Creek, Oregon
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Chester M. Calhoun — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Edna Hazel Morris — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: *Mrs. C. M. Calhoun — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation - by Drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

929.8

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Murtaugh Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Murtaugh Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 12 1953 8:30 A. m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell in Lake when ice broke

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*
Did not see alive

23a. SIGNATURE: J. Woodson Creed (Degree or title): md. 073
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buiral
24b. DATE: 12-18-1953 4
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz Deputy
25. FUNERAL DIRECTOR: [signature] Phillips — ADDRESS: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 299
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh Lake
c. LENGTH OF STAY (in this place): XX
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 140 Austin Street

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): LeRoy
c. (Last): McClain

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 14, 1937
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Shelley McClain — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Grace Bosler — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Shelley McClain — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation - by Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

929.8

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Murtaugh Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Murtaugh Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 12 '53 8:30 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in lake when ice broke

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Did not see alive *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed (Degree or title): MD.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-18-53
REGISTRAR'S SIGNATURE: Edythe D. Koontz Deputy
25. FUNERAL DIRECTOR: S. C. Phillips — ADDRESS: Twin Falls, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at residence Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Route # 3
d. STREET ADDRESS (If rural, give location): Route # 3 Buhl

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) A. c. (Last) Metzler

4. DATE OF DEATH: (Month) (Day) (Year) December 17, 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1879

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Madison, Indianna

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Metzler BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Charollett Mock BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxxxxxxxxxxx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Frank Metzler ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 mn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1953, *to* Dec 17, 1953, *that I did not saw the deceased alive on* Dec 17, 1953 *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson MD

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 21, '53

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Edythe D Koontz

25. FUNERAL DIRECTOR: D. T. Robertson ADDRESS: Buhl, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4866
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615 Yakima St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 615 Yakima St.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Thomas
c. (Last): Harshbarger

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5, 1879

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clinton, Misourri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Harshbarger
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Minerva Gragg
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Sue Harshbarger
ADDRESS: Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun-shot wound-self-inflicted, entrance wound thru mouth. .22

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) long missile from rifle

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): X Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Filer Twin Falls, Idaho

21d. TIME OF INJURY (Month) Dec. (Day) 31, (Year) 1953 (Hour) 8 A.M. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: see above

22. *I hereby certify that I attended the deceased from* Did not attend *, 19____, to _____, 19____, that I last saw the deceased alive on* Did not see alive *, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Woodson Creed, M.D. (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/4/54

24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: January 5, 1954

REGISTRAR'S SIGNATURE: Emma Jean Long

25. FUNERAL DIRECTOR: REYNOLDS FUNERAL HOME
ADDRESS: Twin Falls, Idaho

James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 7 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at His home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): ARNOLD
c. (Last): GRABOW

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1900
9. AGE (In years last birthday): 53-4-29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sup't. of Constr.
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Livingston, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Grabow — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Burmeister — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-01-6618
17. INFORMANT'S OWN SIGNATURE: Mrs. Eva M. Grabow — ADDRESS: Box 746 McCall, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Posterior left ventricle infarct — INTERVAL BETWEEN ONSET AND DEATH: Recent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Terminal bronchopneumonia, left, massive — 24 hrs?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Seeman MD — 045
23b. ADDRESS: Boise
23c. DATE SIGNED: 22 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Livingston, Montana

DATE REC'D BY LOCAL REG.: Dec 26-1953
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4868
Local Reg. No. 38
Reg. Dist. No. 3 2 J

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 38yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: ~~Washington~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 476 E. Commercial

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARLETHA	WAUNETTA	DAVIS	Dec.	6	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec. 22 1898	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Topeka Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Finch — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Minnie Wilson — BIRTHPLACE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Harold Davis — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Liver — INTERVAL BETWEEN ONSET AND DEATH: about 8 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the Sigmoid — about 16 Mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep. 14th *19* 53, *to* Dec 6th, *19* 53, *that I last saw the deceased alive on* Dec 6th, *19* 53, *and that death occurred at* 2.45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Coats M.D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/53
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12/9/53
REGISTRAR'S SIGNATURE: Marie Faulkner
25. FUNERAL DIRECTOR: A. S. Jones
ADDRESS: Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 320
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 722 W. Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 722 West Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) KAY c. (Last) ELMORE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 29 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 12; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Weiser Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Elmore BIRTHPLACE: Topeka, Kansas

14. MOTHER'S MAIDEN NAME: La Vona Stone BIRTHPLACE: Newton, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: LaVona Elmore ADDRESS: Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Foramen Ovale — INTERVAL BETWEEN ONSET AND DEATH: some hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

754.2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29th Sept., *19* 53, *to* 5th Dec., *19* 53, *that I last saw the deceased alive on* Dec 5th, *19* 53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. Cody M.D. (Degree or title)

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 14th Dec. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/15/53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12-14-53

REGISTRAR'S SIGNATURE: Marie Faulkner

25. FUNERAL DIRECTOR: A. L. Jones ADDRESS: Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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DEC 21 1953
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 40
Local Reg. No.
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Wash.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser,
d. STREET ADDRESS (If rural, give location): 1120 East Second St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULU	ABBOTT	GALLOWAY	Dec. 12 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 3 1879	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sacramento, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
S. J. Abbott	Canada	Lula Russell	Sacramento, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Augustus Galloway Jr	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Tumor - Abdomen with metastasis to lungs — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Degenerative Cardio-Vascular Disease with Decompensation Hydronephrotic - non functioning left Kidney — unknown — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 23 Nov, 1953, *to* 12 Dec, 1953, *that I last saw the deceased alive on* 12 Dec, 1953, *and that death occurred at* 4:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyden Rancho, M.D.	Weiser Idaho	12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/14/53	Hillcrest Cem.	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/14/53	Marie Hawthorn	C. S. Jones	Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

DEC 21 1953 Division of Vital Statistics

STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 3-20

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 18 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 829 Hughes Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VANCE	EDWIN	PENTON, Sr.	December 12, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 26, 1914	39	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman 42	Idaho Power Company	Forrestburg, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edd Penton	Texas	Gladys Kelly	Texas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		* Mrs Vance Penton	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound, Comminuted S skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO (b)~~ with massive loss of skull frontal area. massive loss of frontal lobe tissue of brain

DUE TO (b) Accident

INTERVAL BETWEEN ONSET AND DEATH: 19-20 hours; 19-20 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Power Transmission Line	Weiser	Washington	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
12/12/1953 1:45p m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Injury resulted from falling with transmission line pole

22. *I hereby certify that I attended the deceased from* 11 Dec, *19*53, *to* Dec. 12, *19*53, *that I last saw the deceased alive on* Dec. 12, *19*53 *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyden Hancher	M.D.	Weiser, Idaho	12/12/1953

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 12, 1953	Lower Boise Valley Cem.	Parma, Canyon County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-12-53	Mercie Hawthorn	Gifford R. Shaffer	Payette, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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DEC 21 '53

Certificate of Death

STATE OF IDAHO

State File No. 37
Local Reg. No. 37
Reg. Dist. No. 320

BIRTH NO. Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDVALE
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIDVALE (RURAL NEAR)
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVERETT	HUGH	COFFMAN	DEC.	3	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 26 1902	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RANCHER
10b. KIND OF BUSINESS OR INDUSTRY: GEN'L RANCHING 04
11. BIRTHPLACE (State or foreign country): BOULDER COLORADO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MITCHELL H. COFFMAN
BIRTHPLACE: KANSAS
14. MOTHER'S MAIDEN NAME: MAUDE GREEN
BIRTHPLACE: OREGON [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Bill Coffman
ADDRESS: MIDVALE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of severe occintal headache — 12 hrs.
DUE TO (c) 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Death occured before aid arrived.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
0	0	0	0	0

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
0	0	0	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	0

22. *I hereby certify that I attended the deceased from* 12/3/53, 19___, *to* 12/3/53, 19___, *that I last saw the deceased alive on* [illegible] *and that death occurred at* 5:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
446 [illegible]	Ca bridge, Idaho.	12/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-7-1953	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-7-53	Marie Faulkner	C. S. Jones	Weiser, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 18
Local Reg. No. 1
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) POMEROY c. (Last) WILSON

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 27 1879

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Don't know BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Don't know BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: ✓ Anna Belle Wilson ADDRESS: Cambridge Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis-senile change — 5 yrs.
DUE TO (c) Chronic Parenchymatous Nephritis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pancarditis-chronic. — 3 yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 0

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* 8/1/53, 19__, *to* 12/31/53, 19__, *that I last saw the deceased alive on* 12/30/53 19__, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE 448 (Degree or title): M.D.

23b. ADDRESS: Cambridge, Idaho

23c. DATE SIGNED: 1/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/4/54

24c. NAME OF CEMETERY OR CREMATORY: Cambridge, Idaho

24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 1-4-54

REGISTRAR'S SIGNATURE: Marie Faulkner

25. FUNERAL DIRECTOR ADDRESS: A. L. Jones Weiser, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4874
Local Reg. No. 489
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Residence) 116 College Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 116 College Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANKLIN	CHRISTY	TROUT	December 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Unknown	3 August 1891	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Carpenter	Farming & Building	Devil's Lake, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob H. Trout	Ionica, Illinois	Marie A. Hetrick	Ionica, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-09-0243	Mrs. J.C. Rupp	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Valvular Heart Disease 10 yrs.
DUE TO (c) Mitral and Aortic Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 12 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/27, 1947, *to* 12/23, 1953, *that I last saw the deceased alive on* 12/22, 1953, *and that death occurred at* 8 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank A. Inman M.D.	214 Eastman Bldg.	12/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12.26.53	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-5-54	Myrtle Palmer	Ernest C. Relyea	518 N. Latah
		RELYEA MORTUARY	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1[illegible]
Local Reg. No. 24
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #4

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): THEODORE
c. (Last): STEWART

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1913
9. AGE (In years last birthday): 40-9-6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Melvin F. Stewart — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Flora Davidson — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Nelda C. Stewart — ADDRESS: R.D. #4 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Dec, 1953, *to* 23 Dec, 1953, *that I last saw the deceased alive on* 23 Dec, 1953, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart C. Merrill M.D. 238
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-28-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 483
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ETHEL
c. (Last): KING

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 15, 1890
9. AGE (In years last birthday): 63-0-9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Troy, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gabriel — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Elizabeth Moore — BIRTHPLACE: Doniphan Co, Kansas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: R. D. #2, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 10 min ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic & Rheumatic cardiovascular disease — [illegible]
DUE TO (c): Severe deforming arthritis (Rheumatoid) — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: anemia - nutritional — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 14, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): [illegible]
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/27/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Troy, Kansas

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4877
Local Reg. No. 489
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1037 Warm Springs Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): M.
c. (Last): Wheeler

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26 1953

5. SEX: Female
6. COLOR OR RACE: Caucasion
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 23, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Campbell, New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Velie — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Hollenbeck — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lewis C. Wheeler — ADDRESS: Mtn. Home, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebal Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arthritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1952

22. *I hereby certify that I attended the deceased from* April, 1953, *to* Dec 26, 1953, *that I last saw the deceased alive on* 12-26, 1953, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. C. Dawes D.O.
23b. ADDRESS: 1037 Warm Springs Ave Boise
23c. DATE SIGNED: Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home Idaho

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Bey Mortuary — ADDRESS: Mountain Home, Idaho

D. A. L. Harrison

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 26 '954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 487
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 420 S. 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	INEZ	R.	AILPORT	Dec. 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Nov. 9, 1876	77-1-17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burten, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Aiken	Illinois	Clarissia Lucas	Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Edsie Hoover
ADDRESS: 1815 Cleveland Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic Arterio-sclerosis — unk
DUE TO (c) Diabetes Mellitus — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-16-53	as line 1-(b)	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 19 53, *to* Dec 26, 19 53 *that I last saw the deceased alive on* Dec 26, 19 53 *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl D Lusty MD	Meridian	1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/29/53	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-12-54	Myrtle Palmer	Clyde E Summers SUMMERS FUNERAL HOME	Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 5 - 1954

Certificate of Death

Division of Vital Statistics STATE OF IDAHO

State File No. 4
Local Reg. No. 16
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rosedale Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hattie; b. (Middle); c. (Last) Stanfield

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasion

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 9, 1872

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Neodesha, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Shutt — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bruce Stanfield — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 3, 1953, *to* Dec 29, 1953, *that I last saw the deceased alive on* 27 Dec, 1953, *and that death occurred at* 4 3/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard D. Merrell M.D. — **23b. ADDRESS**: Boise Ida — **23c. DATE SIGNED**: 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: Dec. 28, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountain View — **24d. LOCATION** (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 1-28-54 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR — ADDRESS: Bey Mortuary Mountain Home, Idaho

D. A. Bey

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4880
Local Reg. No. 485
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1511 Rossi Street

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) D. c. (Last) BLOM

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 24, 1870

9. AGE (In years last birthday): 83-1-5
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sheboygan, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Karl Henry Wedephol BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Jane TenDella BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: C Howard Blom ADDRESS: Boise 1410 N 15 St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1953 *to* Dec. 29, 1953 *that I last saw the deceased alive on* Dec 28, 1953 *and that death occurred at* 12:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson (Degree or title) MD

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 12 30, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/31/53

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E Summers SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4981
Local Reg. No. 470
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3701 Cresent Rim Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3701 Cresent Rim Drive

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle) M; c. (Last) Wuest

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 29, 1880
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wuest — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Mary Olsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Mabel Wipf — ADDRESS: 3701 Cresent Rim Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Dec, 1953, *that I last saw the deceased alive on* 28 Dec, 1953, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Newark Morrell (Degree or title): MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: A. E. Alden — ADDRESS: Boise, Idaho
McBratney-Alden

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 486
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2618 Davis Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 1705 Water Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBIN
b. (Middle):
c. (Last): RAINIO

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1879
9. AGE (In years last birthday): 74-8-0
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matt Ranta
BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Amanda Eskola
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-6521
17. INFORMANT'S OWN SIGNATURE: Elizabeth S. Polak, 2618 Davis St.
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 09, *to* Dec 30, 1953, *that I last saw the deceased alive on* Dec 30, 1953 *and that death occurred at* 1:33pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/1/54
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers, SUMMERS FUNERAL HOME
ADDRESS: Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 247
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1822 Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): VALENTINE
b. (Middle): LESLIE
c. (Last): KIRK

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 14 February 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Firemand
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Marcus, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Kirk — BIRTHPLACE: Cumberland, Virg.
14. MOTHER'S MAIDEN NAME: Mary Eileen Davis — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Val Kirk — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

502.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic emphysema. — 15 yrs
DUE TO (c): and bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Dec 31, 1953, *that I last saw the deceased alive on* 28 Dec, 1953, *and that death occurred at* 5.00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 1320 Vista, Boise
23c. DATE SIGNED: 31 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 4 JAN. 54
24c. NAME OF CEMETERY OR CREMATORY: MT. HOME CEMETERY
24d. LOCATION (City, town, or county) (State): MT. HOME, IDAHO

DATE REC'D BY LOCAL REG.: 1-12-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY
ADDRESS: 318 N. Latah, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

JAN 26 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 248
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Alven
b. (Middle): 054
c. (Last): Zumbro

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12-25-67

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR — Months: 11 Days: 28
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown - Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ft. Wayne, Ind.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Zumbro
BIRTHPLACE: Chambersburg, Pa.

14. MOTHER'S MAIDEN NAME: Mary Croner
BIRTHPLACE: Chambersburg, Pa.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO: Unknown

17. INFORMANT'S SIGNATURE AND ADDRESS: Records, VA Hospital, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

344X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Lower Lobe Pneumonitis — Interval between onset and death: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic internal hydrocephalus — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fat necrosis of pancreas; Senility — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 15, *19* 53, *to* Dec. 21, *19* 53, *that I last saw the deceased alive on* Dec. 21, *19* 53, *and that death occurred at* 5:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): JOSEPH BEEMAN, M.D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 20 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 249
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) EMMA; c. (Last) TURNER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 19, 1873

9. AGE (In years last birthday): 80-2-7 (IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Brunswick, Maine.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dan Mc Askill. BIRTHPLACE: Nova Scotia.

14. MOTHER'S MAIDEN NAME: Emma Tapley. BIRTHPLACE: Nova Scotia.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Fred W. Turner ADDRESS: Star Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

490.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1953, *to* Dec 26, 1954, *that I last saw the deceased alive on* Dec 22, 1953, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brandon A. Thomas MD
23b. ADDRESS: Star, Idaho
23c. DATE SIGNED: Feb 6, 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29. 1953.
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 2-18-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers SUMMERS FUNERAL HOME
ADDRESS: Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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RECEIVED
JAN 26 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 246
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1106 Fort St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) W.; c. (Last) Heller

4. DATE OF DEATH: (Month) (Day) (Year): December 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-2-90

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months: 2; Days: 29
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohiowa, Neb.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Heller
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Sophia Most
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT'S OWN SIGNATURE: Records, VA Hospital
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of right coronary artery;
Massive posterior ventricular infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Terminal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 30, 19 53, *to* Dec. 31, 19 53, *that I last saw the deceased alive on* Dec. 31, 19 53, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JOSEPH BERMAN, M. D. Pathologist
23b. ADDRESS: VA Hospital, Boise, Idaho
23c. DATE SIGNED: 1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/54
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Clyde E. Summers
ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 27 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 25
Reg. Dist. No. 510

BIRTH NO. 55-15[illegible]

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 456 No. 15th Street

3. NAME OF DECEASED (Type or Print)
a. (First): PHILLIP
b. (Middle): RAY
c. (Last): LOWE

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: December 9, 1953
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR Months: 0 Days: 21 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jay Richard Lowe — BIRTHPLACE: Franklin, Ida.
14. MOTHER'S MAIDEN NAME: Pauline Ray — BIRTHPLACE: Grace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Jay R. Lowe — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: No natal attention

754.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 9, 1953, *to* Dec. 30, 1953, *that I last saw the deceased alive on* Dec. 30, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.E. Merrill, M.D.
23b. ADDRESS: 1606 East Center Pocatello,
23c. DATE SIGNED: 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/53
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 20 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Colin M. Edward — ADDRESS: Hall Grant Mort. Poc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
FEB 20 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 18
Local Reg. No. 18
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 737½ South Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 737½ South Harrison Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEFFREY	LESTER	CORNWALL	December 31 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	never married	June 13, 1949	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country): Sun Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phillip Cornwall — BIRTHPLACE: Mapleton, Idaho
14. MOTHER'S MAIDEN NAME: Bonnie Rae Harris — BIRTHPLACE: Silver City, Id

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Phillip Cornwall — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation and burns — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

916.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	at home	Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 31, 1953 8a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? By fire demolishing the home

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* Dec. 31, *19*53, *and that death occurred at* 8:10a. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Kinderman		Bannock County Coroner, Pocatello, Idaho	Jan. 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1954	Mountain View Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 1 0 1954
REGISTRAR'S SIGNATURE: Eva M. Wallis
25. FUNERAL DIRECTOR: Jack Kinderman — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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RECEIVED
FEB 20 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. A
Local Reg. No. 38
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 737½ South Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 737½ South Harrison Avenue

3. NAME OF DECEASED (Type or Print): a. (First) RONALD; b. (Middle) KENT; c. (Last) CORNWALL

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 21, 1952

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Phillip Cornwall — BIRTHPLACE: Mapleton, Idaho

14. MOTHER'S MAIDEN NAME: Bonnie Rae Harris — BIRTHPLACE: Silver City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Phillip Cornwall — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

916.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suffocation and burns — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 31, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: By fire demolishing the home

22. *I hereby certify that I attended the deceased from* ____ *to* ____ *that I last saw the deceased alive on* Dec. 31, *19* 53, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Bannock County Coroner Pocatello, Ida
23c. DATE SIGNED: Jan 2, '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello
(State): Idaho

DATE REC'D BY LOCAL REG.: FEB 10 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-49021

RECEIVED
FEB 20 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. A-1953
Local Reg. No. 40
Reg. Dist. No. 510

BIRTH NO. 53-1[illegible]7

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 737½ South Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 737½ South Harrison Avenue

3. NAME OF DECEASED (Type or Print): a. (First) SANDRA; b. (Middle) KAY; c. (Last) CORNWALL

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: November 30, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Phillip Cornwall — BIRTHPLACE: Mapleton, Idaho

14. MOTHER'S MAIDEN NAME: Bonnie Rae Harris — BIRTHPLACE: Silver City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Phillip Cornwall — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation and burns — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 31 1953 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: By fire demolising the home

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* Dec. 31, 19 53, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: Bannock County Coroner, Pocatello, Idaho

23c. DATE SIGNED: Jan. 2, '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 4, 1954

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: FEB 1 - 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: [signature] — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 20 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 41
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 737½ South Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 737½ South Harrison Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SHERRY
b. (Middle): LEE
c. (Last): CORNWALL

4. DATE OF DEATH (Month) (Day) (Year): December 31 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 12, 1950
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phillip Cornwall — BIRTHPLACE: Mapleton, Idaho
14. MOTHER'S MAIDEN NAME: Bonnie Rae Harris — BIRTHPLACE: Silver City, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Philip Cornwall — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

916.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation and burns — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP): Pocatello — (COUNTY): Bannock — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 31, 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? By fire demolishing the home

22. *I hereby certify* ~~that I attended the deceased from~~ _____, ~~XXXXXX~~ _____, ~~XXXXX~~, *that I last saw the deceased* dead ~~alive~~ *on* Dec. 31, 1953, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Henderson — (Degree or title): Bannock County Coroner, Pocatello, Idaho
23b. ADDRESS:
23c. DATE SIGNED: Jan. 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: FEB 1 0 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Jack Henderson — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 27 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4892
Local Reg. No. 36
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Frank
c. (Last): Scharff

4. DATE OF DEATH (Month) (Day) (Year): August 26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 29, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dorchester, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Scharff, BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mary Schwartz, BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: Frank Scharff, ADDRESS: Hailey, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Sev. Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1952, *to* Aug. 26, 1953, *that I last saw the deceased alive on* Aug. 26, 1953, *and that death occurred at* 4:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 464 (Degree or title): MAC
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 8-31-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-1953
24c. NAME OF CEMETERY OR CREMATORY: New Section, Hailey,
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Sept-1-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per CBW.
25. FUNERAL DIRECTOR: Ray McGoldrick, ADDRESS: Hailey,

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 27 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4693
Local Reg. No. 35
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): ---
c. (Last): Rosenthal

4. DATE OF DEATH (Month) (Day) (Year): August 26 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 24, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days: 2 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: Germany

13. FATHER'S NAME: Louis Rosenthal — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Rosalie Rosenthal — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lucille Friedman — ADDRESS: Hailey, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: several yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension heart disease — Sev. yrs
DUE TO (c) Hypertension — " "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hyperthyroid

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1951, *to* August 26 1953, *that I last saw the deceased alive on* July, 1953, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 464 MA
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 8-31-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-30-1953
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Sept-1-1953
REGISTRAR'S SIGNATURE: Robert H. Wright - per C.B.W.
25. FUNERAL DIRECTOR: Ray McGoldrick — ADDRESS: Hailey

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Original

RECEIVED
FEB 16 1954
Division of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 382
Local Reg. No. 382
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 218 So Water

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John		Andersen	Oct	27	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Never married		67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Idaho Nursing Home - O.B.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.5 Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis left hip.
DUE TO (c) Fracture left hip.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-3-53 8-18-53	Fracture, med. & left femur	YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Fall		Idaho Falls	Bonn.	Ida.

21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	8	3	53	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Not known. Probably while walking

22. *I hereby certify that I attended the deceased from* Aug 26, 1953, *to* Oct 27, 1953, *that I last saw the deceased alive on* Oct 26, 1953, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Randy Engel M.D.	385 F St. Idaho Falls	11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 29, 1953	Rosehill	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 8-1954	Donna Rudger	Geo A. Williams	Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 25 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 279
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 404 Anderson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jack b. (Middle) C c. (Last) Carter

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov 2, 1869

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ted Carter
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 2yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1, 1953, *to* Nov 10, 1953, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30 PM. *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. K. Brant (Degree or title) MD
23b. ADDRESS: 2 Lake Hall · Idaho
23c. DATE SIGNED: 1-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 20-1954
REGISTRAR'S SIGNATURE: Anna Bridges
FUNERAL DIRECTOR: Jack A Wood
ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 25 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 280
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 130 10th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daisy	M	Cantonwine	Dec 23, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept 7, 1879	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William White — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Flora Ann Gunn — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mr Delapgod — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4-42 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cardio-Vascular-Renal Disease — 9
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Blind — 15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ? *1952, to* Dec 23, *1953, that I last saw the deceased alive on* Dec 23, *1953, and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H Ray Hatch MD	Idaho Falls, Idaho	1-5-1954

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-53	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 20-54
REGISTRAR'S SIGNATURE: Laura Bridges
25. FUNERAL DIRECTOR: Jack A Wood — ADDRESS: Idaho Falls, Idaho

Jack A Wood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 25 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 281
Local Reg. No. 281
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Route 3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Margaret c. (Last) Walstrom

4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan 9 1903

9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months 11 Days 14 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Moody — BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Selma Anderson — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Peter A Walstrom — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1947

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Adenocarcinoma to brain — INTERVAL BETWEEN ONSET AND DEATH (a) 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adenocarcinoma probably — (b) ?

DUE TO (c) of Pancreas or adrenals

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Body Riddled with Cancer

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1953, *to* 23 Dec, 1953, *that I last saw the deceased alive on* 23 Dec, 1953 *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph M Hatch MD

23b. ADDRESS Idaho Falls Idaho

23c. DATE SIGNED 28 Dec 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 26, 1953

24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park

24d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Jan 19 54

REGISTRAR'S SIGNATURE Emma Bridges

25. FUNERAL DIRECTOR Geo A. Hillcoat — ADDRESS Idaho Falls

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 25 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 278
Local Reg. No. 278
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 308 W. 19th Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) FRANKLIN c. (Last) BAKER

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 2, 1858

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Stockman

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Simmons Baker
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Harriett Batt
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ronald Baker
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fibrillation of Heart — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1953, *to* Dec 23, 1953, *that I last saw the deceased alive on* Dec. 22, 1953, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Milton T. Rees (Degree or title): M. D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 18 1954

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Orland LeBuck

ADDRESS: Idaho Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 2 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4899
Local Reg. No. 23
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 264 Davis Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 264 Davis Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) W. c. (Last) GUNN

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 10, 1861

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Minister 61

10b. KIND OF BUSINESS OR INDUSTRY: Episcopal Church

11. BIRTHPLACE (State or foreign country): Fairdale, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Gunn
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Liza Ann Stevens
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Lewis Edmunds

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 20 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* D.O.A., 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Samuel A. Swayne M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/23/53
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 29, 1954
REGISTRAR'S SIGNATURE: Mrs Jane Stuck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Ida.
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 2 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4900
Local Reg. No. 21
Reg. Dist. No. 32

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 404 19th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) c. (Last) DOHERTY

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 18, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 24
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Doherty — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Doherty — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Chas J Doherty — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-, 1952, to 12-23-, 1953, that I last saw the deceased alive on 12-23, 1953, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Samuel A. Swayne, M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/27/53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): La Grand, Oregon

DATE REC'D BY LOCAL REG.: January 29, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Steckman
25. FUNERAL DIRECTOR: Edmunds
ADDRESS: Nampa, Idaho
BETTY EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-48021

RECEIVED
JAN 22 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Caldwell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore Edwin
b. (Middle): William
c. (Last): Mason

4. DATE OF DEATH (Month) (Day) (Year): 12 25 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jul 10, 1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Great Falls, Montana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George A Mason — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ann Lally — BIRTHPLACE: County Gallway Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: S. E. Mason — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Arteri~~ Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteri sclerotic C.V. Dis. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 2:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 18, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: Paul S. Clyton Cyr
ADDRESS: Nampa, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

JAN 22 1954

Division of Vital Statistics

STATE OF IDAHO

State File No. 1002
Local Reg. No. 8
Reg. Dist. No. 3 62

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 427 1st. North Ext.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	W.	OWENS	Dec. 29, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 HR.: Hours / Min.
M	W	Widowed	May 4, 1885	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. Carpenter 57

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owensville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Owens	Missouri	Mary -------	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519 14 2305

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Keslar ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 160X Carcinoma of left maxillary sinus with cervical lymph node metastasis — INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/22, 1953, *to* 9/29, 1953, *that I last saw the deceased alive on* 9/28, 1953, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
038 Norman Baker, MD	Nampa, Idaho	1/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 31, 1953	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
January 18, 1954	Mrs. Jane Steck	John F. Alsip Jr. Alsip Funeral Chapel	Nampa, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

RECEIVED
JAN 27 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1003
Local Reg. No. 18
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 524 5th Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) M. c. (Last) ARMSTRONG

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 2, 1868

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rensselaer, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin V. Warner
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Minerva Lewis
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs S. A. Little
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure. Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis. — 15 yrs.
DUE TO (c) Bed fast patient. Fracture L hip. — 5 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pt. had been failing mentally (senile) during past year. and was very confused for — 1 month

19a. DATE OF OPERATION: July 25th, 1953.

19b. MAJOR FINDINGS OF OPERATION: Open reduction L hip.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/24/1952 *to* 12/29/1953, *that I last saw the deceased alive on* 12/28/1953, *and that death occurred at* 6:05a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. A. Kellogg. M.D. F.A.C.S.
23b. ADDRESS: Nampa, Idaho.
23c. DATE SIGNED: 1/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 23, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
25. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

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FEB 2 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1901
Local Reg. No. 22
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523 15th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): MINA
b. (Middle): BELLA
c. (Last): LISONBEE

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 21, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Geo H Brooks
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia. 260X
INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): glomerulonephritis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* 29 Dec, 1953, *that I last saw the deceased alive on* 26 Dec 1953, *and that death occurred at* 6:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph B. Massaro MD
23b. ADDRESS: 111 6th St Nampa
23c. DATE SIGNED: 3 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/6/54
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: January 29, 1954
REGISTRAR'S SIGNATURE: Mrs Jane Steck
25. FUNERAL DIRECTOR: Lewis Edmunds
ADDRESS: Nampa, Idaho
LEWIS EDMUNDS MORTUARY

Federal Security Agency
United States Public Health Service
Form DPH-40021

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JAN 22 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1005
Local Reg. No. 9
Reg. Dist. No. 363

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Kuna
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Kuna
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle) Jane; c. (Last) Forrey

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 18, 1867

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Homer Vernon Croffoot — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Clarissa Rolf — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Albert B Forrey — ADDRESS: Route 1 Kuna

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12-31-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* Sept. 3, 1953, *that I last saw the deceased alive on* Sept. 3, 1953, *and that death occurred at* 12:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: A B Halliday — (Degree or title): M. D.
23b. ADDRESS: Nampa, Ida
23c. DATE SIGNED: 1-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/4/54.
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho.

DATE REC'D BY LOCAL REG.: January 15, 1954
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
25. FUNERAL DIRECTOR: John F Alsip, Jr.
ADDRESS: Nampa, Idaho
ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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FEB 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4906
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Henry c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1953

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown

8. DATE OF BIRTH Feb. 22, 1882

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months 9 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 508 10 5867

17. INFORMANT'S OWN SIGNATURE Public Ass. records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, to Dec, 1953, *that I last saw the deceased alive on* Nov 30, 1953, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE L. E. Howard (Degree or title) M D
23b. ADDRESS Emmett, Idaho
23c. DATE SIGNED Jan 19, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec. 5, 1953
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Jan. 19, 1954
REGISTRAR'S SIGNATURE Jan A Beatty
25. FUNERAL DIRECTOR The Beatty Chapel
ADDRESS Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 151
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
JAN 23 1954
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 So. Asbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 308 So. Asbury

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Conley	Jackson	Smith	Dec	26	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	June 23, 1871	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Smith — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Liddie Gillam — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Ralph Nekula — ADDRESS: Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition — 1 Yr.
DUE TO (c) Arthritis Generalized — 5 Yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1953, *to* Dec 26, 1953, *that I last saw the deceased alive on* Dec 24, 1953, *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. J. Klahn MD	Moscow Ida	1-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30-1953	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/13/54	Reis E. Engle	[illegible]	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1954 Division of Vital Statistics

State File No. 4903
Local Reg. No. 122
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Deward	B.	Libey	Dec	28	1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Feb 29, 1880	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hillsdale, Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Libey — BIRTHPLACE: Mich.
14. MOTHER'S MAIDEN NAME: Ida Peach — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary Ellen Libey — ADDRESS: Viola, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza & H. Flu Pneumonia

DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 25, 1953 *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 28, 1953, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph R. Wilson M.D.	Moscow, Ida	1-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-31-1953	Viola Cemetery	Viola Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1/13/54	Lois E. Engel	Harold Rhea	Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Wilson

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 153
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
JAN 23 1954
Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 705 East 8th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 705 East 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Hilding
c. (Last): Bjorklund

4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 20, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Worchester, Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels Bjorklund — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Beckman — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: x Richard A. Bjorklund — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12-30-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension with generalized arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1953, *to* Dec 30, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* 700 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph H. Wilson MD (Degree or title) 420
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-4-1954 63
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/3/54
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: David R. [illegible] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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JAN 25 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4310
Local Reg. No. 154
Reg. Dist. No. 200

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T40N
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home on Dry Creek road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T40N
d. STREET ADDRESS (If rural, give location): Dry Creek road

3. NAME OF DECEASED (Type or Print)
a. (First): Lambert
b. (Middle): Walfred
c. (Last): Osterberg

4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug 24, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): near Troy, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Osterberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Alma Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Albert N. Osterberg — ADDRESS: Lewiston

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never attended *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. R. Short 077-4 (Degree or title): Coroner, Latah
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-5-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-6-1954
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Near Deary (State): Idaho

DATE REC'D BY LOCAL REG.: 1/13/54
REGISTRAR'S SIGNATURE: Lois E. Angel
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Moscow, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 - 1954 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4911
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) Ida.

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) L. c. (Last) Curtis

4. DATE OF DEATH (Month) (Day) (Year) July - 12 - 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 10-10-1879
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 549-28-9915
17. INFORMANT'S OWN SIGNATURE Francis C. Eller ADDRESS Kamiah Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronar arctusion — INTERVAL BETWEEN ONSET AND DEATH one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1953, *to* 7/12, 1953, *that I last saw the deceased alive on* 7/11, 1953, *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C H Bryan M.D.
23b. ADDRESS Kamiah Id
23c. DATE SIGNED 7/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-23 1953
24c. NAME OF CEMETERY OR CREMATORY Weiser Cemetery
24d. LOCATION (City, town, or county) (State) Weiser Ida.

DATE REC'D BY LOCAL REG. 7/23/53
REGISTRAR'S SIGNATURE Beulah K Bryan
25. FUNERAL DIRECTOR Glenn Ailor ADDRESS Grangeville Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

RECEIVED
FEB 4 - 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4012
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
c. LENGTH OF STAY (in this place): 21 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAMIAH
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PHILIP
b. (Middle): D.
c. (Last): ABBOTT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30, 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance broker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manhattan, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank C. Abbott — BIRTHPLACE: New Hampshire
14. MOTHER'S MAIDEN NAME: Mary E. Stevens, — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 535-09-0654
17. INFORMANT'S OWN SIGNATURE: Hattie Abbott — ADDRESS: Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Mitral Ins. - coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: years / suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10, 1942, *to* above, 19__, *that I last saw the deceased alive on* 12/15, 1953, *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bryan M. D.
23b. ADDRESS: Kamiah, Idaho
23c. DATE SIGNED: 12/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/53
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Lewis Ida.

DATE REC'D BY LOCAL REG.: 12/19/53
REGISTRAR'S SIGNATURE: Burial C. Bryan
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Grangeville

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 4 - 1954

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No. 234

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): 10½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): apartment at Horseshoe Bar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Pearl b. (Middle) Stanley c. (Last) Stiles

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: November 9, 1904

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern & Restaurant operator

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Harrisonville Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pearl Vinton Stiles
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unk.
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 542-14-0458

17. INFORMANT'S OWN SIGNATURE: Clyde Key
ADDRESS: Kamiah Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 12, 1953, *to* 12 25, 1953, *that I last saw the deceased alive on* 12 15, 1953, *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Bryan M. D.
23b. ADDRESS: Kamiah Idaho
23c. DATE SIGNED: 1-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Dec. 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Daniels Funeral Home
24d. LOCATION (City, town, or county) (State): La Grande Oregon

DATE REC'D BY LOCAL REG.: 1/26/54
REGISTRAR'S SIGNATURE: Burdette V. Bryan
25. FUNERAL DIRECTOR: Claude Tenney
ADDRESS: Kamiah, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JAN 22 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1911
Local Reg. No. 5
Reg. Dist. No. 32a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Malhuer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser, Idaho (Rural Near)
d. STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) a. (First) NATHANIEL b. (Middle) H. c. (Last) LEE
4. DATE OF DEATH (Month) Dec. (Day) 29, (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 11 1878
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming
11. BIRTHPLACE (State or foreign country) Grenola, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Abbott C. Lee
BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Amanda Wynn
BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Beryl Lee ADDRESS R.R#2 Ontario, Or

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19-53 *to* 12-29-53, *that I last saw the deceased alive on* Dec 29, 1953 *and that death occurred at* 10:35A *m., from the causes and on the date stated above:*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 12/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-31-53
24c. NAME OF CEMETERY OR CREMATORY Evergreen
24d. LOCATION (City, town, or county) Ontario, Oregon (State)

DATE REC'D BY LOCAL REGISTRAR 12/31/53
REGISTRAR'S SIGNATURE Maree Hawthorn
25. FUNERAL DIRECTOR A. S. Jones
ADDRESS Weiser, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]5
Reg. Dist. No. 540

BIRTH NO. 111-53-16464

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2nd ward

3. NAME OF DECEASED (Type or Print): a. (First) Kim b. (Middle) M c. (Last) Wheeler

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 12, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Delbert Wheeler BIRTHPLACE: Lewiston, Utah

14. MOTHER'S MAIDEN NAME: Hilda Glover BIRTHPLACE: Lewiston, Utah

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Delbert Wheeler ADDRESS: Lewiston, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible] Hydrocephalus. Cleft Hands

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 13, 1953, *and that death occurred at* 4 3/4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Shawcroft M.D.

23b. ADDRESS: Lewiston, Utah

23c. DATE SIGNED: 11/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 16, 1953

24c. NAME OF CEMETERY OR CREMATORY: Lewiston

24d. LOCATION (City, town, or county) (State): Lewiston Utah

DATE REC'D BY LOCAL REG.: 11-16-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

25. FUNERAL DIRECTOR: Sherman Webb ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

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Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1916
Local Reg. No.
Reg. Dist. No. 5-2

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 82
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Pearson
c. (Last): Bridges

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 23 1871

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles F. Bridges
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Frances Augusta Pearson
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elam S Bridges
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20-30 yrs
DUE TO (c): old age —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Summer, 1953, *to* Dec 23, 1953, *that I last saw the deceased alive on* Dec 23, 1953, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H Burdyne MD.
23b. ADDRESS: Montpelier Ida
23c. DATE SIGNED: 1/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26 1953
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 3/16/54
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Nile Matthews
ADDRESS: Montpelier Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

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JUL 10 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4917
Local Reg. No.
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucky Peak Dam
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2016 N. 30th Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) M. c. (Last) KIRK

4. DATE OF DEATH: (Month) (Day) (Year) May 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 13, 1898
9. AGE (In years last birthday): 55-2-27 (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Colchester, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allison Kirk — BIRTHPLACE: Colchester, Ill.
14. MOTHER'S MAIDEN NAME: Ella Millington — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Martha M. Kirk — ADDRESS: 2016 N. 30th St. Boise Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Rapid

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lucky Peak Dam
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 10, 1953-11 am
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from scafolding into river

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell A. Kelsea (Degree or title): Coroner
23b. ADDRESS: 318 N. Latah - Boise, Idaho
23c. DATE SIGNED: 6/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/28/54
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-6-54
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Clyde E. Summers — ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

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JUL 16 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4918
Local Reg. No. 87
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural McCammon
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Haystack Mt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grant
d. STREET ADDRESS (If rural, give location): Grant

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): GERALD McENTIRE WELKER

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 17, 1933

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Delbert Orville Welker. BIRTHPLACE: Paris, Ida

14. MOTHER'S MAIDEN NAME: Afton McEntire. BIRTHPLACE: Rexburg, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: 519-36-5018

17. INFORMANT'S OWN SIGNATURE: D.O. Welker. ADDRESS: Rigby, Ida Rt. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Multiple injuries and fractures — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body badly decomposed
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountain
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): East of McCammon, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 26 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Airplane crashed into mountain side

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible], *that I last saw the deceased alive on* June 23, *19* 54, *and that death occurred* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 23, '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/25/54
24c. NAME OF CEMETERY OR CREMATORY: Central
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REGISTRAR: JUL 15 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: A.B. Eckersell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 15 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4919
Local Reg. No. 148
Reg. Dist. No. 51

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-McCammon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt.E.of McCammon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 955 E.Second S.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sylvanus	Henry	Benton	Nov., 26, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Oct., 29, 1929	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Z.C.M.I.
11. BIRTHPLACE (State or foreign country): Ventura Cal.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sylvanus G.Benton — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Mildred Leighter — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 866X
17. INFORMANT'S OWN SIGNATURE: Dorris Benton — ADDRESS: Box 5-2 Miami International Airport Br Miami, Florida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple injuries and fractures — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body badly decomposed
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountain
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): East of McCammon — Bannock — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 26 1953 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Airplane crashed into mountain side

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible], *that I last saw the deceased alive on* June 23, 1954, *and that death occurred at* [illegible], *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 23, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June, 23, 1954
24c. NAME OF CEMETERY OR CREMATORY: Aultorest
24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: JUL 14 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
25. FUNERAL DIRECTOR: Downard Funeral Home — ADDRESS: Pocatello Id.
by B. Downard

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. 4h Dist.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Fort Hall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Fort Hall
d. STREET ADDRESS (If rural, give location): Reservation

3. NAME OF DECEASED (Type or Print): a. (First) Norma; b. (Middle) Joyce; c. (Last) Paddy

4. DATE OF DEATH: (Month) June (Day) ? (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: January 25, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5; Days: ; IF UNDER 24 HRS. Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alvin Paddy
BIRTHPLACE: -

14. MOTHER'S MAIDEN NAME: Alfreda Punkin
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Ellen Punkin
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1955

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): cause unknown — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: Fort Hall

24d. LOCATION (City, town, or county) (State): Fort Hall Reservation, Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 54

REGISTRAR'S SIGNATURE: Nellie Callahan

25. FUNERAL DIRECTOR ADDRESS: Mrs. Ellen Punkin, Grandmother

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Certificate of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 7
Reg. Dist. No. 500

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle):
c. (Last): STUDY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1953

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Hall Reservation
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS
X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794 X Senile Decay

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Natural Causes
DUE TO (c) been ill long time

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1953, *to* Sept. 29, 1953, *that I last saw the deceased* dead ~~alive~~ *on* Sept 29, 1953, *and that death occurred at* Not Known *from the causes and on the date stated above.*

23a. SIGNATURE: H. Davis 077 Coroner (Degree or title)
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 2-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.
24c. NAME OF CEMETERY OR CREMATORY: Bannock Creek Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall Reservation, Ida.

DATE REC'D BY LOCAL REG.: 2-20-54
REGISTRAR'S SIGNATURE: Gertrude Thornhill
25. FUNERAL DIRECTOR: None — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Information received from Coroner's Records JAN 10 1955 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fort Hall
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mi. West Fort Hall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fort Hall
d. STREET ADDRESS (If rural, give location): 6 mi. West of Fort Hall

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ricky		Tissidimit	Oct. 5, 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	Indian	never married	3-8-1949	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Fort Hall, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Raymond Tissidimit	Fort Hall, Ida	Florence Papasey	Fort Hall, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Pneumonia with — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) intestinal flu — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Trolin	Coroner	Blackfoot, Idaho	10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-8-53	Sand Hill Cemetery	West of Fort Hall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-13-54	Nellie Callahan	Howard Packham	Blf't., Ida.

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 10 1955
Division of Vital Statistics

Copied from Coroners Records

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall - Rural
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ferry Butte Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall - Rural
d. STREET ADDRESS (If rural, give location): Ferry Butte Road

3. NAME OF DECEASED (Type or Print): a. (First) Lem; b. (Middle); c. (Last) Fisher

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1953

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): Abt. 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: on farm

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Don Fisher — ADDRESS: Fort Hall, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1947

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Trolin — (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Oct. 27, '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 29, '54

24c. NAME OF CEMETERY OR CREMATORY: Sand Hill Cemetery

24d. LOCATION (City, town, or county) (State): West, Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: 9-13-54

REGISTRAR'S SIGNATURE: Nellie Callahan

25. FUNERAL DIRECTOR: Howard Lackey — ADDRESS: Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JAN 10 1957
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

53
State File No. 4924
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Marvel	Pollard	June - 16 - 1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	Jan - 13 - 1891	62	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Chicago - Ill	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
? Payton	?	Mary Weathers	Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—	—	—	Leslie R. Pollard	Shoshone

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus (Coma) 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Embolism

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 5 yrs.
(b) 20 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 13, 1953, *to* June 16 1953 *that I last saw the deceased alive on* June 16, 1953 *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. E. Garrett M.D.	Gooding Ida	6/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June - 19	Sunset Memorial	Twin Falls - Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
June 19 -	M. C. Burdett	Myrtle C. Burdett Shoshone Ida

(Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

1953

State File No. 53- 4925
Local Reg. No. 126
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 7 Miles N.W. Bovill
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Head of Cougar Meadows

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palouse
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Allan b. (Middle) c. (Last) Lamphere

4. DATE OF DEATH (Month) (Day) (Year) 11 (about 20) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 21, 1885
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (State or foreign country) Moorhead, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George N. Lamphere BIRTHPLACE Mystic, Conn.
14. MOTHER'S MAIDEN NAME Sarah Jones BIRTHPLACE Baltimore Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE Arleigh Lamphere ADDRESS Palouse Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overexposure in Subzero weather — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lost in Mountains
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mountains
21c. (CITY, TOWN, OR TOWNSHIP) Near Bovill (COUNTY) Latah (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* Unknown *from the causes and on the date stated above.*

23a. SIGNATURE Donald Ward (Degree or title) Coroner
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 11-13-1958

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 1, 1958
24c. NAME OF CEMETERY OR CREMATORY Short's Chapel
24d. LOCATION (City, town, or county) Moscow (State) Ida.

DATE REC'D BY LOCAL REG. 11/14/58
REGISTRAR'S SIGNATURE Lois E. Skoog
25. FUNERAL DIRECTOR [signature] ADDRESS Moscow, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Supplemental information amended 3/17/89 lh

OCT 16 1987

State of Idaho
CERTIFICATE OF DEATH

State File No. 4926

Local Reg. No. 17

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, **WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL**, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER **IDAHO CODE** 39-241(k) & 39-274

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

DECEDENT — NAME (First / Middle / Last)			SEX	DATE OF DEATH (Mo, Day, Yr)
1 JACK	MICHAEL	FRANKLIN	2 Male	3 November 1953

RACE - (White, Black, American Indian, Japanese, etc)	AGE - Last Birthday (Yrs)	UNDER 1 YEAR (MOS / DAYS)	UNDER 1 DAY (HOURS / MINS)	DATE OF BIRTH (Mo, Day, Yr)	COUNTY OF DEATH
4 White	5a 39	5b	5c	6 November 20, 1914	7a Butte

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTUION — Name (If not in either, give street and number)	IF HOSP OR INST Indicate DOA, OP/Emer Rm, Inpatient (Specify)
7b Arco	7c 23 miles West, Highway 93	7d

STATE OF BIRTH (If not in USA, name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No)
8 Montana	9 U. S. A.	10 Divorced	11	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 516-01-8811	14a Iron Worker	14b Construction

RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Yes or No)
15a Montana	15b Deer Lodge	15c Anaconda	15d Route 1,	15e No

PARENTS

FATHER — NAME	BIRTHPLACE	MOTHER — MAIDEN NAME	BIRTHPLACE
16a Jack C. Franklin	16b Yugoslovia	17a Mary Kovacieh	17b Yugoslovia

INFORMANT — NAME	MAILING ADDRESS (STREET OR R F D NO / CITY OR TOWN / STATE / ZIP)
18a Bob Daniels, Jr.	18b 203 So. Dixon Anaconda, Montana 59711

DISPOSITION

BURIEL, OUT-OF-STATE REMOVAL, CREMATION, ENTOMBMENT, OTHER (Specify)	DATE	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN / STATE)
19a Med. Science	19b 10-14-87	19c Western Pathology Assoc.	19d Pocatello, Idaho

MORTICIAN (Signature) / LICENSE NO	NAME OF FACILITY	ADDRESS OF FACILITY (ZIP)
20a ► C. W. Marvel M-457	20b Marvel Memorial Chapel	20c 153 Lost River Ave. Arco, Idaho 83213

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

To be Completed by ATTENDING PHYSICIAN Only

21a I hereby certify that I attended the deceased from _____ to _____

I last saw the deceased alive on _____ To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(Signature and Title) ►

DATE SIGNED (Mo, Day, Yr) 21b

HOUR OF DEATH 21c

To be Completed by CORONER Only

22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

(Coroner's Signature) ► C. W. Marvel

DATE SIGNED (Mo, Day, Yr) 22b 10-9-87

HOUR OF DEATH 22c Unknown M

PRONOUNCED DEAD (Mo, Day, Yr) 22d ON 8-19-87

PRONOUNCED DEAD (Hour) 22e AT 12:50 p. M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)

23 C. W. Marvel, Butte County Coroner, Arco, Idaho 83213

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo, Day, Yr)
24a (Signature) ► Betty J. Marvel	24b October 14, 1987

9554

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. **PART I** Enter Only One Cause Per Line For (a), (b), (c)

IMMEDIATE CAUSE — (a) Gunshot wound in head (remains discovered 8/19/87) — Interval between onset and death: Unknown

DUE TO, OR AS A CONSEQUENCE OF — (b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF — (c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Yes or No) 26.

TO BE USED FOR EXTERNAL CAUSES ONLY

ACC SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)	DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
27a Suicide	27b After Nov. 20, 1953	27c Unknown M	27d Self-inflicted gunshot wound in head

INJURY AT WORK (Yes or No)	IF TRANSPORTATION ACCIDENT, Specify	PLACE OF INJURY — At home, farm, street, factory, office building, etc (Specify)	LOCATION STREET OR R F D NO, CITY/TOWN OR COUNTY (STATE)
27e No	27f ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____	27g Lava Flow	27h 450 yds S.E. Highway 93 23 miles West of Arco, Idaho

HWH-0128 revised 7-86

*At a minimum, complete items 1; 3; 7a, b, c, d; 20a, b, c; and 23 for the 24 Hour Report & Authorization For Final Disposition

VITAL STATISTICS COPY

№ 12878

RECEIVED
Vital Statistics Unit MAR 17 1989

SUPPLEMENTAL INFORMATION FOR CAUSE OF DEATH

State File No. 53-4926

Name of Deceased	Date of Death	County of Death
Jack Michael Franklin	November 1953	Butte

ORIGINALLY REPORTED INFORMATION

CAUSE OF DEATH

PART I 25 IMMEDIATE CAUSE - Enter Only One Cause Per Line For (a), (b), (c) — Interval between onset and death

(a) Exposure from elements(remains discovered 8/19/87)

DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(b)

DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) — AUTOPSY (Yes or No) 26: No

ACC SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) 27a	DATE OF INJURY (Mo., Day, Yr.) 27b	HOUR OF INJURY 27c	DESCRIBE HOW INJURY OCCURRED 27d
invest	After Nov 20,1953	unknown M	Abandoned vehicle and walked over rough (lava) terrain, probably snow covered

INJURY AT WORK (Yes or No) 27e	IF TRANSPORTATION ACCIDENT, Specify 27f	PLACE OF INJURY — At home, farm, street, factory, office building, etc (Specify) 27g	LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY / STATE 27h
No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	Lava flow	450 yds S.E. Highway 93 23 miles West of Arco

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFIED

CAUSE OF DEATH

PART I 25 IMMEDIATE CAUSE - Enter Only One Cause Per Line For (a), (b), (c) — Interval between onset and death

(a) Gunshot wound in head — Unknown

DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(b)

DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) — AUTOPSY (Yes or No) 26:

ACC SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) 27a	DATE OF INJURY (Mo., Day, Yr.) 27b	HOUR OF INJURY 27c	DESCRIBE HOW INJURY OCCURRED 27d
Suicide	After Nov 20, 1953	Unknown M	Self-inflicted gunshot wound in head

INJURY AT WORK (Yes or No) 27e	IF TRANSPORTATION ACCIDENT, Specify 27f	PLACE OF INJURY — At home, farm, street, factory, office building, etc (Specify) 27g	LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY / STATE 27h
No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	Lava Flow	450 yds S.E. Highway 93 23 miles West of Arco

INFORMATION TO BE COMPLETED BY APPROPRIATE CERTIFIER

PHYSICIAN ONLY	CORONER ONLY		
HOUR OF DEATH 21c	HOUR OF DEATH 22c	PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON	PRONOUNCED DEAD (Hour) 22e AT

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I, the certifying physician/coroner, having personal knowledge of supplemental information which modifies the information originally reported, declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

SIGNATURE	DATE	NAME OF PHYSICIAN OR CORONER
C. W. Marvel	March 16, 1989	C. W. Marvel

ADDRESS

Butte County Coroner, Box # 3, Arco, Idaho 83213

HWH-0603 (2-86)

Supplemental information added 10/29/87 gml

State of Idaho
CERTIFICATE OF DEATH

OCT 16 1987

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, **WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL**, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER **IDAHO CODE** 39-241(k) & 39-274

State File No. 4926
Local Reg. No. 17

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

1 DECEDENT — NAME (First)	(Middle)	(Last)	2 SEX	3 DATE OF DEATH (Mo., Day, Yr.)
JACK	MICHAEL	FRANKLIN	Male	November 1953

4 RACE - (White, Black, American Indian, Japanese, etc.)	5a AGE - Last Birthday (Yrs.)	5b UNDER 1 YEAR (Mos / Days)	5c UNDER 1 DAY (Hours / Mins)	6 DATE OF BIRTH (Mo., Day, Yr.)	7a COUNTY OF DEATH
White	39			November 20, 1914	Butte

7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTUION — Name (If not in either, give street and number)	7d IF HOSP OR INST Indicate DOA, OP/Emer Rm., Inpatient (Specify)
Arco	23 miles West, Highway 93	

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
Montana	U. S. A.	Divorced		No

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b KIND OF BUSINESS OR INDUSTRY
516-01-8811	Iron Worker	Construction

15a RESIDENCE STATE	15b COUNTY	15c CITY, TOWN OR LOCATION	15d STREET AND NUMBER	15e INSIDE CITY LIMITS (Yes or No)
Montana	Deer Lodge	Anaconda	Route 1,	No

PARENTS

16a FATHER — NAME	16b BIRTHPLACE	17a MOTHER — MAIDEN NAME	17b BIRTHPLACE
Jack C. Franklin	Yugoslovia	Mary Kovacieh	Yugoslovia

18a INFORMANT — NAME	18b MAILING ADDRESS (Street or R.F.D. No / City or Town / State / Zip)
Bob Daniels, Jr.	203 So. Dixon Anaconda, Montana 59711

DISPOSITION

19a BURIAL, OUT-OF-STATE REMOVAL, CREMATION, ENTOMBMENT, OTHER (Specify)	19b DATE	19c CEMETERY OR CREMATORY — NAME	19d LOCATION (City or Town / State)
Med. Science	10-14-87	Western Pathology Assoc.	Pocatello, Idaho

20a MORTICIAN (Signature)	LICENSE NO	20b NAME OF FACILITY	20c ADDRESS OF FACILITY (Zip)
C. W. Marvel	M-457	Marvel Memorial Chapel	153 Lost River Ave. Arco, Idaho 83213

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

To be Completed by ATTENDING PHYSICIAN Only

21a I hereby certify that I attended the deceased from _____ to _____

I last saw the deceased alive on _____ To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(Signature and Title) ▶

21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH

To be Completed by CORONER Only

22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

(Coroner's Signature) C. W. Marvel

22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH
10-9-87	Unknown M

22d PRONOUNCED DEAD (Mo., Day, Yr.)	22e PRONOUNCED DEAD (Hour)
ON 8-19-87	AT 12:50 p.m.

23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)

C. W. Marvel, Butte County Coroner, Arco, Idaho 83213

24a REGISTRAR (Signature)	24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
▶ Betty J. Marvel	October 14-1987

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25 **PART I** Enter Only One Cause Per Line for (a), (b), (c)

		Interval between onset and death
IMMEDIATE CAUSE (a)	Exposure from elements (remains discovered 8/19/87)	~~Unknown~~
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

26 AUTOPSY (Yes or No): No

TO BE USED FOR EXTERNAL CAUSES ONLY

27a ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)	27b DATE OF INJURY (Mo., Day, Yr.)	27c HOUR OF INJURY	27d DESCRIBE HOW INJURY OCCURRED
invest.	After Nov 20 1953	unknown M	Abandoned vehicle and walked over rough (lava) terrain, probably snow covered

27e INJURY AT WORK (Yes or No)	27f IF TRANSPORTATION ACCIDENT, Specify	27g PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	27h LOCATION Street or R.F.D. No. / City/Town or County / State
No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	Lava flow	450 yds S.E. Highway 93 23 miles West of Arco, Idaho

HWH-0128 revised 7-86

*At a minimum, complete items 1; 3, 7a, b, c, d; 20a, b, c; and 23 for the 24 Hour Report & Authorization For Final Disposition

VITAL STATISTICS COPY

No 17443

SUPPLEMENTAL INFORMATION FOR CAUSE OF DEATH

State File No. 87-5288

Name of Deceased	Date of Death	County of Death
Jack Michael Franklin	November 1953	Butte

ORIGINALLY REPORTED INFORMATION

CAUSE OF DEATH

PART I 25 IMMEDIATE CAUSE - Enter Only One Cause Per Line For (a), (b), (c)

(a) Exposure — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Yes or No) 26: No

ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 27a	DATE OF INJURY (Mo., Day, Yr.) 27b	HOUR OF INJURY 27c M	DESCRIBE HOW INJURY OCCURRED 27d

INJURY AT WORK (Yes or No) 27e	IF TRANSPORTATION ACCIDENT, Specify 27f	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 27g	LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY STATE 27h
	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFIED

CAUSE OF DEATH

PART I 25 IMMEDIATE CAUSE - Enter Only One Cause Per Line For (a), (b), (c)

(a) Exposure from elements (remains discovered 8-19-87) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Yes or No) 26: No

ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 27a	DATE OF INJURY (Mo., Day, Yr.) 27b	HOUR OF INJURY 27c M	DESCRIBE HOW INJURY OCCURRED 27d
Investigation	After Nov. 20, 1953	Unknown	Abandoned vehicle and walked over rough (lava) terrain, probably snow covered

INJURY AT WORK (Yes or No) 27e	IF TRANSPORTATION ACCIDENT, Specify 27f	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 27g	LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY STATE 27h
No	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	lava flow	450 yds S. E. Highway 93, 23 miles West of Arco, Idaho

INFORMATION TO BE COMPLETED BY APPROPRIATE CERTIFIER

PHYSICIAN ONLY	*CORONER ONLY*		
HOUR OF DEATH 21c	HOUR OF DEATH 22c	PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON	PRONOUNCED DEAD (Hour) 22e AT

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I, the certifying physician/coroner, having personal knowledge of supplemental information which modifies the information originally reported, declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

SIGNATURE	DATE	NAME OF PHYSICIAN OR CORONER
C. W. Marvel	October 27, 1987	C. W. Marvel

ADDRESS: P. O. Box # 3, Arco, Idaho 83213

HWH-0603 (2-86)

Certificate of Death

STATE OF IDAHO

State File No. 4927
Local Reg. No. 259
Reg. Dist. No. 5/0

RECEIVED
APR 24 1954
Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (at this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 139 North Grant

3. NAME OF DECEASED (Type or Print): a. (First) EULALA; b. (Middle) GAYLE; c. (Last) MORRISON

4. DATE OF DEATH (Month) (Day) (Year): February 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: February 25, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *****

10b. KIND OF BUSINESS OR INDUSTRY: ****

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ralph Eugene Morrison — BIRTHPLACE: Downey, Idaho

14. MOTHER'S MAIDEN NAME: Bebe Gayle Thompson — BIRTHPLACE: Downey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: R E Morrison — ADDRESS: Pocatello, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - 32 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature Expulsion of

DUE TO (c): Placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1953, *to* Feb. 25, 1953, *that I last saw the deceased alive on* Feb. 25, 1954, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph B. Hegstad M.D. (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 28, 1953

24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery

24d. LOCATION (City, town, or county) (State): Downey Idaho

DATE REC'D BY LOCAL REG.: OCT 15 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

25. FUNERAL DIRECTOR: Jack Hindmon — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-49021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO